

LEGACY CHANGERS TRAINING INSTITUTE
 for Mental Health Equity and Justice
 Equipping culturally-responsive helping professionals worldwide.




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**

2

COURSE-PACK OF ACTIVITIES & HANDOUTS
 IN ORDER OF USE




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

LEGACY CHANGERS TRAINING INSTITUTE
 www.legacychangers.org
 © Dr. Sonja Sutherland

3

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



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

LEGACY CHANGERS TRAINING INSTITUTE
 www.legacychangers.org
 © Dr. Sonja Sutherland

4

Today...

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



LEGACY CHANGERS TRAINING INSTITUTE
© Dr. Sonja Sutherland

8

Practitioner Preparedness: Cultural Self & Other - Awareness




LEGACY CHANGERS TRAINING INSTITUTE
© Dr. Sonja Sutherland

16

ETHICAL CODES AND CULTURAL COMPETENCE

ACA (2014) Core Professional Values:

1. ...
2. honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts;
3. Promoting social justice...



LEGACY CHANGERS TRAINING INSTITUTE
© Dr. Sonja Sutherland

18

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.



19

19

WHAT IS CULTURAL COMPETENCE RESPONSIVENESS?



20

20

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."



21

21

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.

22

Adapted from Sue et al., 2019



22

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.



23

Ratts et al., 2016



23

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

24

Hays, 2020



24

DEVELOPMENTAL UNDERSTNDING OF INTERSECTION OF IDENTITIES

25

DEVELOPMENTAL UNDERSTNDING OF INTERSECTION OF IDENTITIES

26

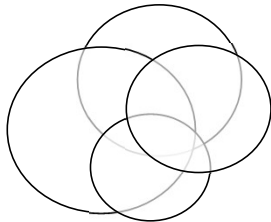
COUNSELOR SELF-AWARENESS - ADDRESSING-GSA

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

The slide is numbered 27 and includes the Legacy Changers Training Institute logo.

27

YOUR PERSONAL INTERSECTION OF IDENTITIES



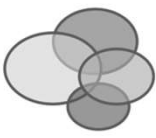
1. Using the worksheet provided, flesh out your ADDRESSING-GSA.
2. Consider the salience of each identity, then describe it with the size of your circle.
3. Be sure to label each circle.

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Sepp Sutherland

31


YOUR PERSONAL INTERSECTION OF IDENTITIES

YOUR PERSONAL INTERSECTION OF IDENTITIES



INSTRUCTIONS:

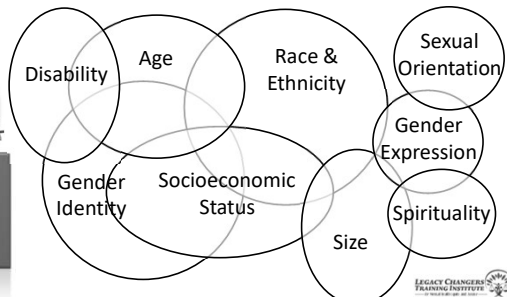
1. Draw your circles of varying sizes to map the salience of your intersection of identities. Be sure to label each circle.
2. Which of these identities is most salient (impactful) in shaping how you impact the world and how it impacts you? *The greater the salience, the larger the circle.*
3. When you're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



LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Sepp Sutherland

32

DR. SUTHERLAND'S PERSONAL INTERSECTION OF IDENTITIES



Disability **Age** **Race & Ethnicity** **Sexual Orientation**
Gender Identity **Socioeconomic Status** **Gender Expression** **Spirituality**
Size


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

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Sepp Sutherland

33

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.




LEGACY CHANGERS TRAINING INSTITUTE
© Dr. Sonja Luffmeier

34

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?




LEGACY CHANGERS TRAINING INSTITUTE
© Dr. Sonja Luffmeier

35

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




LEGACY CHANGERS TRAINING INSTITUTE
© Dr. Sonja Luffmeier

36

MULTICULTURAL ORIENTATION FRAMEWORK

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



(Hook, Davis, Owen & DelBazero, 2017, P. 9)

LEGACY CHANGERS TRAINING INSTITUTE
 www.legacychangersinstitute.com
 © Dr. Seung-Sook Lee

37

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).

LEGACY CHANGERS TRAINING INSTITUTE
 www.legacychangersinstitute.com
 © Dr. Seung-Sook Lee

38

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.



Ratts et al., 2016

LEGACY CHANGERS TRAINING INSTITUTE
 www.legacychangersinstitute.com
 © Dr. Seung-Sook Lee

39

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.



45

Ratts et al., 2016

45

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.



46

46

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.



47

47

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.

50

Adapted from Sue et al., 2019



50

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.



51



51

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.

53

Adapted from Sue et al., 2019



53

Ethical Codes & Cultural Competence

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


2) AACCC:
 a) ES1: 500

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

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

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



6) ASERVIC:
 a) Culture and World Views



54

QUESTIONS?



LEGACY CHANGERS TRAINING INSTITUTE
 for Mental Health Equity and Justice
 Equipping culturally-responsive helping professionals worldwide

59

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

Implicit Bias





60

WHAT IS IMPLICIT BIAS?

Rooted in the Unconscious

- Assumptions
- Ingrained beliefs




61

Handelsman & Sakraney, 2015

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.com
© Dr. Seung-Sook Han

61

WHAT IS IMPLICIT BIAS?



Rooted in the Unconscious

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

62

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.com
© Dr. Seung-Sook Han


62

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.



63

Handelsman & Sakraney, 2015

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.com
© Dr. Seung-Sook Han

63

WHAT IS BIAS?

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



64 Handelsman & Sakraney, 2015

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Han

64

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

65 LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Han


65

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."



66 Handelsman & Sakraney, 2015

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Han

66

IMPLICIT 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

67

LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide
© Dr. Seung-Sook Lee

67

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

68

NEA Center for Social Justice, 2021

LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide
© Dr. Seung-Sook Lee

68


QUESTIONS?

LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide


69

69

Key Terms for the next part of our conversation



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.

70


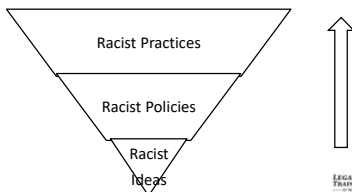
LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seung-Sook Lee

70

Key Terms for the next part of our conversation

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)"





71


LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seung-Sook Lee

71

Key Terms for the next part of our conversation



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.

72



LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seung-Sook Lee

72


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.
- ?
- ?


77 (Ingram et al., 2020)



77


OUR PRIMARY INQUIRY of CRT

~~DOES racism play a role in mental health disparities?~~



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

78 (Howard, 2020)




78

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"




80 (McGee & Stovall, 2015, p.492)




80

OUR PRIMARY INQUIRY of CRT



~~DOES racism play a role in mental health disparities?~~


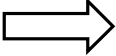



HOW have racist ideas and racism contributed to mental health disparities, and what role do clinicians play in dismantling them?

81 (Howard, 2020) LEGACY CHANGERS TRAINING INSTITUTE

81

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






82 LEGACY CHANGERS TRAINING INSTITUTE

82

Social Determinants of Health: The Mental Health Connection

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



87 LEGACY CHANGERS TRAINING INSTITUTE

87

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

(Yellon et al., 2022)

LEGACY CHANGERS TRAINING INSTITUTE

91

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).

Social Determinants of Health

(Yellon et al., 2022)

LEGACY CHANGERS TRAINING INSTITUTE

92

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

Social Determinants of Health

(Yellon et al., 2022)

LEGACY CHANGERS TRAINING INSTITUTE

94

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

Social Determinants of Health

- Built Environment**: Access to healthy food, Quality of housing, Environmental conditions, Level of crime
- Economic Stability**: Level of Poverty, Employment, Food insecurity, Housing instability
- Social and Community Context**: Social cohesion, Civic participation
- Education**: High school graduation, Enrollment in higher education, Literacy

(Yellon et al., 2022)

LEGACY CHANGERS TRAINING INSTITUTE

95

SDOH: SOCIAL AND COMMUNITY CONTEXT

The Six Major Welfare Programs

- Temporary Assistance for Needy Families
- Medicaid
- Earned Income Tax Credit
- Supplemental Nutrition Assistance Programs
- Supplemental Security Income
- Housing Assistance

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.

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

LEGACY CHANGERS TRAINING INSTITUTE

96

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

Social Determinants of Health

- Built Environment**: Access to healthy food, Quality of housing, Environmental conditions, Level of crime
- Health Care**: Access to health care, Health literacy
- Economic Stability**: Level of Poverty, Employment, Food insecurity, Housing instability
- Social and Community Context**: Social cohesion, Civic participation
- Education**: High school graduation, Enrollment in higher education, Literacy

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

LEGACY CHANGERS TRAINING INSTITUTE

97

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.

Social Determinants of Health

- Built Environment:** Access to healthy food, Quality of housing, Environmental conditions, Level of crime
- Health Care:** Access to health care, Health literacy
- Economic Stability:** Level of Poverty, Employment, Food insecurity, Housing instability
- Social and Community Context:** Social cohesion, Civic participation
- Education:** High school graduation, Enrollment in higher education, Literacy

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

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee

98

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.

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee

99

LEDGE OF MARGINALIZATION

How Inequities / Disparities Arise

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee

100

LEDGE OF MARGINALIZATION

How Inequities / Disparities Arise

101 Jones CP et al. J Health Care Poor Underserved 2009. LEGACY CHANGERS TRAINING INSTITUTE © Dr. Seung-Sook Lee

101

LEDGE OF MARGINALIZATION

How Inequities / Disparities Arise

102 Jones CP et al. J Health Care Poor Underserved 2009. LEGACY CHANGERS TRAINING INSTITUTE © Dr. Seung-Sook Lee

102

LEDGE OF MARGINALIZATION

How Inequities / Disparities Arise

103 Jones CP et al. J Health Care Poor Underserved 2009. LEGACY CHANGERS TRAINING INSTITUTE © Dr. Seung-Sook Lee

103

LEDGE OF MARGINALIZATION

Disparities within and outside of the healthcare system

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

LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide
© Dr. Seung-Sook Lee

104

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?

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

LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide
© Dr. Seung-Sook Lee

105

QUESTIONS?

LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide

106

106

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

LEGACY CHANGERS TRAINING INSTITUTE

107

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

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

LEGACY CHANGERS TRAINING INSTITUTE

108

SYSTEMIC RACISM SIMPLIFIED

https://youtu.be/Y5HQ0_bdQ

LEGACY CHANGERS TRAINING INSTITUTE

109

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 Culture
Discrimination Aggrieved
Offensive Unintentional
Hostile Snub Nonverbal
Marginalized Inflict Group
Minorities Negative Racism
Perceived Behavior Harmful

LEGACY CHANGERS TRAINING INSTITUTE
© Dr. Seung-Sook Lee

110

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?

LEGACY CHANGERS TRAINING INSTITUTE
© Dr. Seung-Sook Lee

112

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

SUCCESS


LEGACY CHANGERS TRAINING INSTITUTE
© Dr. Seung-Sook Lee

113

OTHER IMPORTANT FACTORS TO CONSIDER

Classroom Management Imperatives

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



114 Kunesh & Noltemeyer, 2015

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee


114

OTHER IMPORTANT FACTORS TO CONSIDER

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

Classroom Management Imperatives

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



115 Kunesh & Noltemeyer, 2015

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee


115

OTHER IMPORTANT FACTORS TO CONSIDER

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

Classroom Management Imperatives

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



116 Kunesh & Noltemeyer, 2015

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee


116

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”



117 Banerjee, Sozada-Smith, Lambouthis & Rowley (2017)

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Hanford

117

OTHER IMPORTANT FACTORS TO CONSIDER

Parent Protective Strategies – RACIAL SOCIALIZATION

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



118 Banerjee, Sozada-Smith, Lambouthis & Rowley (2017)


LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Hanford

118

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)



119 Banerjee, Sozada-Smith, Lambouthis & Rowley (2017)

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Hanford


119


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)

"...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)

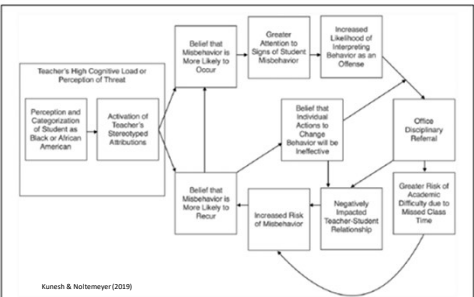





LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee

120

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?





LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee

121

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





NEA Center for Social Justice, 2021
LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee

137

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”



138

Kunesh & Noltemeyer (2019)



138

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

139

McGinnis, 2017



139

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...

140

McGinnis, 2017




140

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)




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


LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seppa Erdmann

146

QUESTIONS?



LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide




147

147

Understanding Racial Trauma

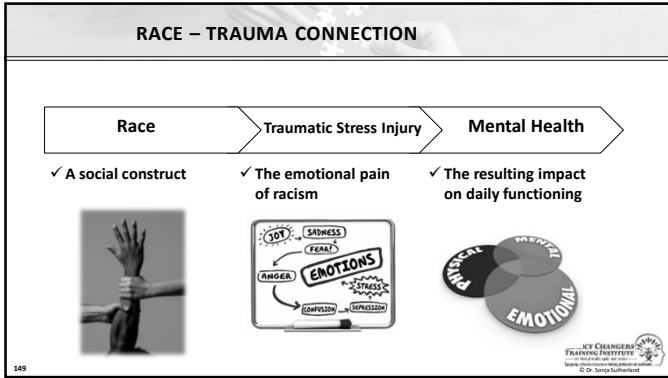
- ✓ The Socio-Political Context
- ✓ The Race-Trauma Connection
- ✓ Race, Trauma, & Health
- ✓ Microaggressions
- ✓ Racial Battle Fatigue
- ✓ Traumatic Stress



148

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seppa Erdmann

148




149

Health Ramifications of Race-Based Trauma

“...interpersonal racism” is more likely to show up

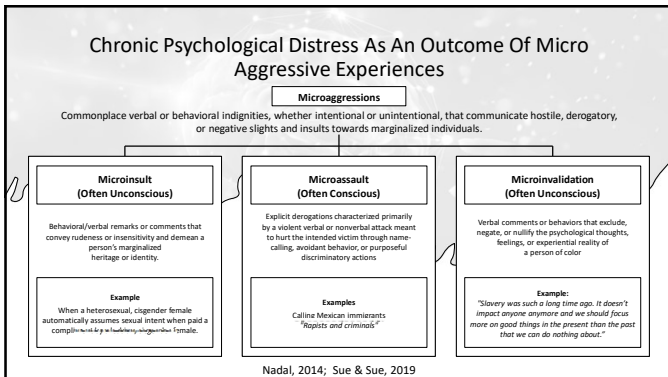
- psychologically as traumatic stress, depression or anxiety, and/or
- physiologically through higher incidences and chronicity of illnesses like hypertension, stroke, heart disease and others



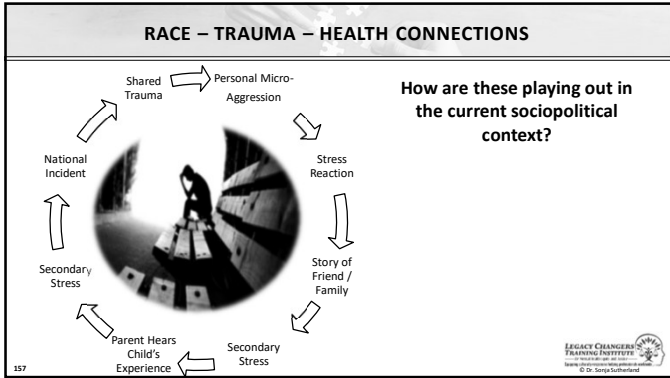
150

Smith et al, 2006; Carter, 2007; Garcia & Sharif, 2015
 LEGACY CHANGERS TRAINING INSTITUTE
 www.legacychangers.org
 © Dr. Seung-Suh Park

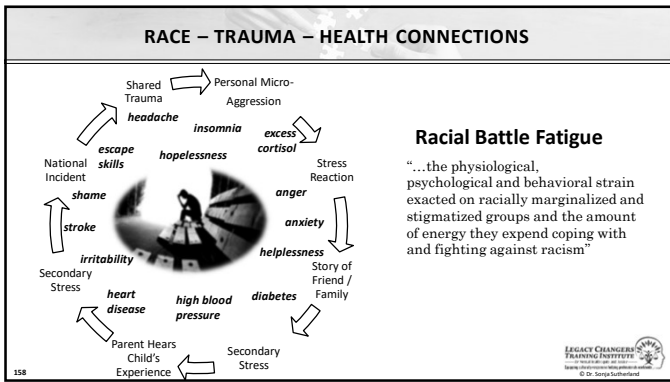
150



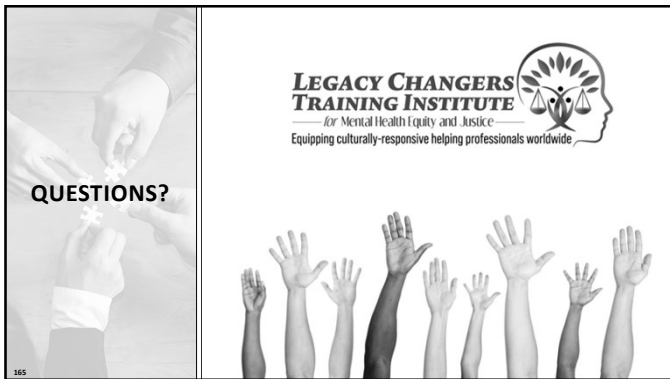
151



157



158



165

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

- ✓ What Makes It So Difficult
- ✓ Asking Directly

166

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seung-Sook Lee

166

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?

167

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seung-Sook Lee

167

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

168

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seung-Sook Lee

168

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."



176

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?



177

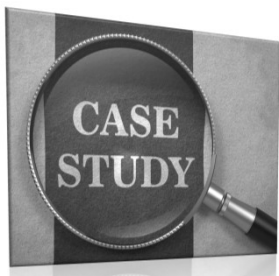
SOME LATINX CULTURAL VALUES

- ✓ **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




178

Responding to Client Bias in Session



LEGACY CHANGERS TRAINING INSTITUTE
 www.legacychangers.com
 © Dr. Sepp Schutland

179



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!"


LEGACY CHANGERS TRAINING INSTITUTE
 www.legacychangers.com
 © Dr. Sepp Schutland

180

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?




LEGACY CHANGERS TRAINING INSTITUTE
 www.legacychangers.com
 © Dr. Sepp Schutland

181

Responding to Client Bias in Session

When and how should we respond?

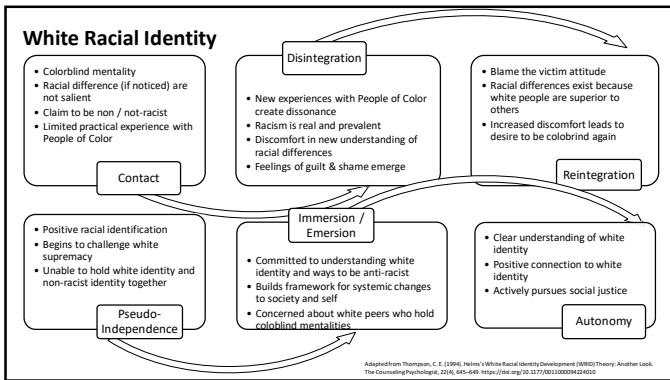
- Consider the client's goals and how prejudice is related to these goals.
- Assess the client's racial identity.
- ...



182 MacLeod, 2013; MacLeod, 2014

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seena Sutcliffe

182




184

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.



185 MacLeod, 2013; MacLeod, 2014


LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seena Sutcliffe

185

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.




186 LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide
© Dr. Sandra A. Schulz

186



LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide



187

187

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




190 LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide
© Dr. Sandra A. Schulz

190

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 ...


Increasing	Staying the same	Decreasing
81%	17%	2%



... 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.

Experienced at least one of the incidents	%
Favored someone might threaten or physically attack them	43
People acted as if they were uncomfortable around them	32
Been subject to racial slurs or jokes	27
Someone made a remark they should go back to their home country	26
Someone made a remark that they are to blame for the coronavirus outbreak	14
Someone expressed support for them	32

*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 9-21, 2021.

194 (Edwards, 2021) 

194

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 ...

Foreign born	2nd generation	3rd generation or higher
12%	9%	79%




195 (Tamir & Anderson, 2022) 

195


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).

196 (Hayes, 2018; Pizarro 2021) 

196

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)

LEGACY CHANGERS
TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee

197

**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



LEGACY CHANGERS
TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee

198

**NON-MIGRATORY POPULATIONS
FORCED DISPLACEMENT & ENSLAVEMENT**

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

- Spain establishes dominance & subjugation
- Christopher Columbus

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

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

INDIAN REMOVAL ERA (from desired lands) 1850-1878

RESERVATION ERA (moved to undesirable lands)

- traditional practices and ceremonies outlawed

NEW AMSTERDAM (Manhattan)

- ✓ Campaign to exterminate Natives

SLAVE TRADE BEGINS

- Kidnapped and sold
- 13 colonies evolve

BOARDING SCHOOL AND LAND ALLOTMENT ERAS 1879-1933

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

ENSLAVEMENT & FORCED CONVERSION TO CHRISTIANITY

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

"THANKSGIVING DAY" MASSACRES

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

LEGACY CHANGERS
TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee

80 percent of the current contiguous lower 48 states are on Indian Lands (Nies, 1996)

199

STRUCTURAL RACISM IMPACTS ALL THESE PEOPLE GROUPS OF COLOR

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

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Schulman

200

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.)

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Schulman

201

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)

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Schulman

202

QUESTIONS?

**LEGACY CHANGERS
TRAINING INSTITUTE**
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide

206

**Feedback
Informed
Treatment**

**LEGACY CHANGERS
TRAINING INSTITUTE**
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide

207

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

**LEGACY CHANGERS
TRAINING INSTITUTE**
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide

208

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.



211

(Prescott, 2017)

211

RELEVANCE OF FEEDBACK INFORMED TREATMENT (FIT)



212

(Prescott, 2017)

212

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.



213

(Prescott, 2017)

213


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?

218 (Pescott, 2017, p. 43)





218

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






219

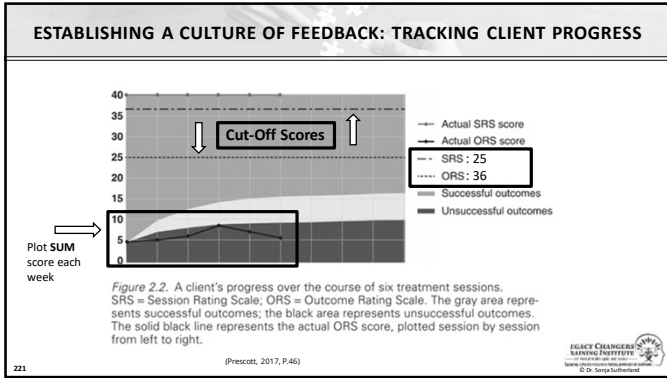
THE SESSION RATING SCALE - SRS

Using the Session Rating Scale in online sessions

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

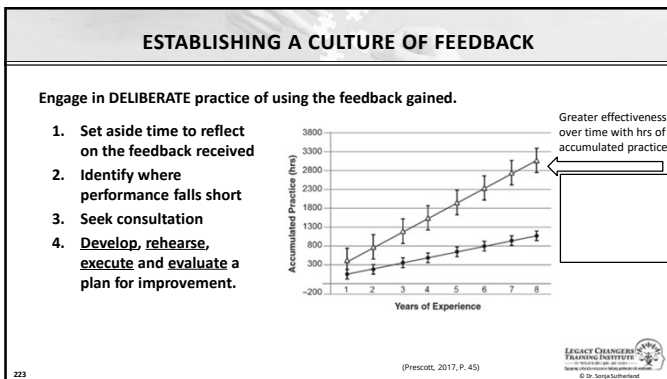
220



221

- ### 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)

222



223

HOW IS THIS HELPFUL WHEN WORKING WITH DIVERSE POPULATIONS

Proactive therapy style preferred over passive therapy style

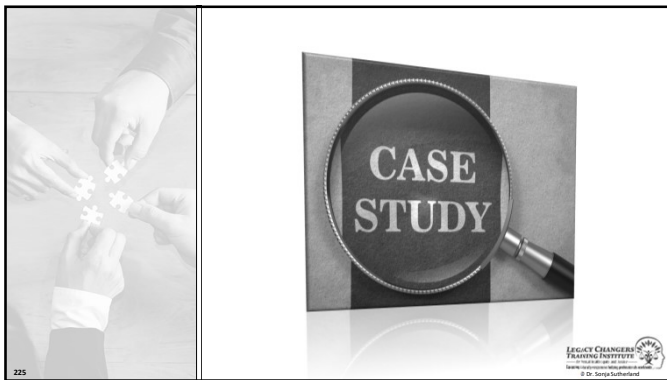
- 1. Passive therapy complaints included lack of
 - ≠ feedback
 - ≠ information on progress
 - ≠ deep exploration of client's experiences
- 2. Proactive therapy style appreciation included
 - ✓ Providing direct answers
 - ✓ Concrete tips, advice
 - ✓ Mentoring
 - ✓ Psychoeducation
 - ✓ Skills development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



224 Chang, D. F., & Berk, A. (2009). Making cross-racial therapy work: A phenomenological study of clients' experiences of cross-racial therapy. *Journal of Consulting and Psychology, 66*(6), 521-536. <https://doi.org/10.1037/a0016955>

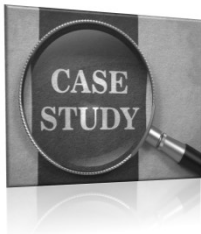


224



225

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...

226



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.



227

227

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.

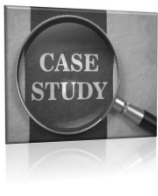
Marsha paused to think about what her new client had said. Even though Marsha grew up in a spiritual household, she has espoused atheism in the last few years because she does not believe she has ever seen spiritual beliefs benefit anyone (in particular her mother who always had strong spiritual beliefs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



228

228

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



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

- 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?
- 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?
- 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?




229

229

Add to Your Toolbox

Available in Multiple Languages



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.mychopfly.com/reflections/performance-metrics/products/performance-metrics-licenses-for-the-ors-and-srs>



LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide

© Dr. Scott D. Miller

230



LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide

231

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



A SSESMENT

TREATMENT

LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide

© Dr. Scott D. Miller

232

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




ASSESSMENT

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seepa Subramanian

233

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)

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seepa Subramanian

234

RACIAL TRAUMA ASSESSMENTS

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

PART 1: Frequency of Experiences
Experiencing discrimination can be very stressful, and sometimes people can feel specific types of stress due to discrimination that impact their daily lives. This can be caused by one very stressful experience of discrimination, or several smaller experiences of discrimination over the course of one's life. Based on these experiences in your life, answer the following questions. Please keep in mind that ratings should reflect whether the type of stress was caused by discrimination.

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

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

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seepa Subramanian


235

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.*).



244

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seung-Sook Lee

244

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:

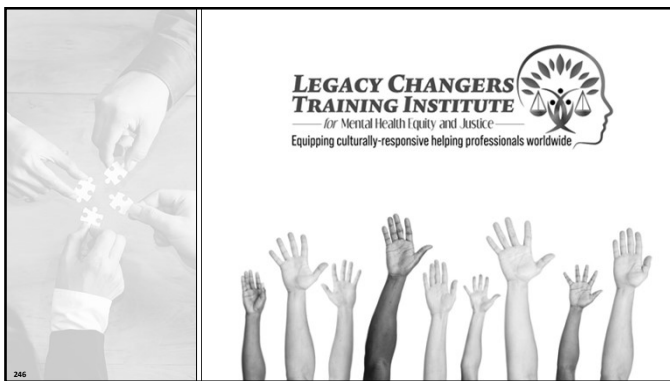
- Support practice of Buddhist mindfulness practices in session
- Provide and practice use of feelings wheel in session



245

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seung-Sook Lee

245



LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide

246

246

Sayed

CASE STUDY

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee

247

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

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee

249


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.

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangers.org
© Dr. Seung-Sook Lee


250

SAYED



CASE STUDY

RELEVANT CLINICAL INFORMATION




Demographics	
Family of origin	
Mental status	

251

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seung-Sook Lee

251

SAYED



CASE STUDY


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.

252

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seung-Sook Lee

252

SAYED



CASE STUDY


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.

253

LEGACY CHANGERS TRAINING INSTITUTE
www.legacychangersinstitute.com
© Dr. Seung-Sook Lee


253

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.



LEGACY CHANGERS TRAINING INSTITUTE
 www.legacychangersinstitute.com
 © Dr. Seung-Sook Lee

261

Culturally Responsive Treatment Planning

Goal

Objectives

Interventions


• _____

• _____

• _____


• _____

• _____





LEGACY CHANGERS TRAINING INSTITUTE
 www.legacychangersinstitute.com
 © Dr. Seung-Sook Lee

262



LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
 Equipping culturally-responsive helping professionals worldwide





263

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?

LEGACY CHANGERS TRAINING INSTITUTE
© Dr. Seung Suk Lee

273

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

LEGACY CHANGERS TRAINING INSTITUTE
© Dr. Seung Suk Lee


274

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.

LEGACY CHANGERS TRAINING INSTITUTE
© Dr. Seung Suk Lee

275



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.

PEI & Psychotherapy Networker (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PEI Inc. https://standinghub.pei.com/en-us/racial-justice-racial-trauma-issues_annotated_submission.html#id=70627c56-e413-3918-1273a3894635

276

Becoming an Ally

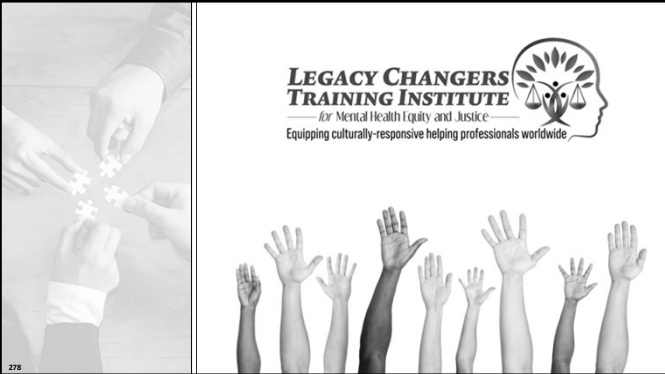
"...No one can call themselves an ally. The people you ally yourself with call you an ally. That's when you know you're an ally. It's not a class you took...or a sticker you put on your door."

Monica Williams, PhD

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

PEI & Psychotherapy Networker (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PEI Inc. https://standinghub.pei.com/en-us/racial-justice-racial-trauma-issues_annotated_submission.html#id=70627c56-e413-3918-1273a3894635

277



LEGACY CHANGERS TRAINING INSTITUTE
for Mental Health Equity and Justice
Equipping culturally-responsive helping professionals worldwide

278

Counselor's Corner
Legacy Professional Development & Training
Counselors this corner is just for you!

Live In-Person & Live Online Workshops
Whether it's for license or certificate renewal, career development, or to increase job opportunities

[LEARN MORE →](#)

On-Demand CE Workshops
Earn your CEs online in the comfort of your home or office

[LEARN MORE →](#)

Supervision Services
Supervision is provided for mental health clinicians seeking to pursue and/or maintain licensure

[LEARN MORE →](#)

www.LegacyProfessionalDevelopment.com

284

LEGACY CHANGERS Worldwide

Encouraging your family to build stronger legacies of wellness that can transform your family tree...in one generation.

www.LegacyChangersWorldwide.com

285

Be Well Everyone!

[Dr. Sonja Sutherland, LPC, BC-TMH, ACS](mailto:Dr.SonjaSutherland@LegacyProfessionalDevelopment.com)

Website: www.DrSonjaSutherland.com

Email: Dr.SonjaSutherland@LegacyProfessionalDevelopment.com

LEGACY CHANGERS WORLDWIDE TRAINING INSTITUTE
www.legacychangersworldwide.com
© Dr. Sonja Sutherland

286
