

Addressing Racial and Cultural Differences in Therapeutic Settings

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Behavioral Health

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Disclosures

The presenter has declared that he does not, nor does his family have, any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the presentation. The presenter has declared that he does not have any relevant non-financial relationships.

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Disclaimers

- Discussing diversity can elicit uncomfortable feelings based on our past learning experiences
- Many of the examples focus on differences in race or ethnicity
 - Many of the principles apply to other aspects of diversity
 - Each area of diversity deserves separate trainings

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Agenda

1. Definitions
2. Importance of Understanding and Embracing Diversity
3. Stereotypes, Racism, and Explicit and Implicit Bias
4. Developing a Multicultural Lens
5. Assessing Cultural Constructs
6. Helping Clients of Color Cope with Stigma
7. Racial Issues in Therapy
8. Ongoing Personal Growth



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What Are Our Values & Goals?

When we think about **cultural diversity** . . .

- How do we want our **clinical practice** to be different?
- How do we want our **research** to be different?
- How do we want our **teaching** to be different?
- How do we want our **workplace** to be different?
- How do we want our field to be different?
- How do we want our **lives** be different?
- How do we want to **think** differently?
- How do we want to **behave** differently?

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The Big Eight of Diversity

1. Culture	5. Social/Economic Classification
2. Race/Ethnicity	6. Age
3. Gender	7. Disability
4. Sexual Orientation	8. Religion



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What Is Culture?

- Culture
- Attitudes
- Behaviors
- Symbols



Shared by a large group of people, transmitted.

Image: Hands of various skin tones lifting a globe.

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Ethnicity

The term "ethnicity" refers to shared cultural practices, perspectives, and distinctions that set apart one group of people from another. That is, ethnicity is a shared cultural heritage.

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Intersectionality



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What is an “Ethnic Minority”

- The word “minority” in this usage can be an implicit justification for marginalization of disempowered groups
- Numerical minority status is not the cause of power imbalance/oppression (though it is implied)
- People of color are a numerical majority worldwide
- Prefer the term “people of color” (POC)

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Race

The term “race” refers to groups of people who have differences and similarities in physical features deemed by society to be socially significant, meaning that people treat other people differently based on these perceived or reported differences.

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About Race

Racial Categories in the United States

Race	Origin
White	Europe, Middle East, North Africa
Black	African or part African
Native American	American Indian and Alaska Native
Asian	East or Southeast Asia and India
Pacific Islander	Native Hawaiian or Other Pacific Islander
Hispanic-Latinx*	South and Central American

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Race?

•In 2010, the US Census Bureau changed Hispanic from a "race" to an ethnic group.

*Hispanics can be of any race listed above, but this is problematic as many may instead consider themselves "mestizo" (mixed) or "moreno" (brown).

•In 2014, the Census Bureau considered a new category for populations from the Middle East, North Africa and the Arab world (MENA), however, it was not implemented.



Ghazel is Syrian American but does not identify as "White."

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Is Race Still Important?

In recognition that the racial differences often cited based on skin color alone belie the true genetic similarities and do not highlight the most significant genetic differences, race has been acknowledged to be a "social construct." Social constructs are created ideas or concepts generally accepted by the people in a society.

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Race in the Therapy Room

I had to call 8 therapists just to get an appointment...

I bet a White person would have gotten in a lot quicker.

- You are the therapist
- How do you respond to her?



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Barriers to Mental Health Care (Kugelmass, 2016)

320 NYC therapists (PhD or PsyD) with solo practices randomly selected from a large health insurance provider's HMO plan
Experiment varied race (White/Black), class (middle/working), and gender (M/F)
28% of Whites vs. 17% of Blacks received appointment offers
Offer rates for both Black and White working-class therapy seekers were only 8%
Black working-class males got fewest offers for appointment for evening time (1.2%) versus White middle-class females (20%)

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Understanding and Embracing Diversity

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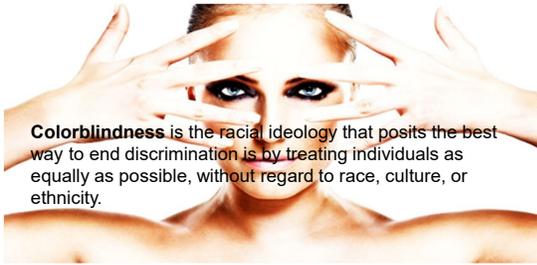
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Only a Photoshop Away

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Colorblind Ideology



Colorblindness is the racial ideology that posits the best way to end discrimination is by treating individuals as equally as possible, without regard to race, culture, or ethnicity.

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...But Colorblind Ideology Can Be a Form of Racism



- Maintains the status quo by refusing to see inequities
- Fails to embrace positive qualities in each cultural group
- Pretends racial/ethnic/cultural differences don't exist

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How Did We Learn to Be Colorblind?



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Multiculturalism

The alternative to colorblindness is *multiculturalism*, an ideology that acknowledges, highlights, and celebrates ethnoracial differences



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Do I Need to Become Multicultural?

- Most people of color prefer a multicultural approach to counseling
- When race is avoided by therapists, this leads to negative interpersonal perceptions by African American observers, who may believe that such an approach is actually indicative of greater racial prejudice (Apfelbaum, Sommers, & Norton, 2008)
- Being unwilling to acknowledge racial differences makes it appear as if you do not understand how to interact properly with people from other ethnoracial groups

*Don't treat people the way you want to be treated.
Treat them the way they want to be treated.*

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Diversity Attitudes

Diversity Awareness

Tolerating Diversity

Celebrating Diversity

Embracing & Leveraging Diversity

Demanding Diversity

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Cultural Competence Defined as...

... the ability to work in an effective, inclusive, and equitable manner with individuals across cultural differences.



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CULTURAL COMPETENCE

Ethnically Sensitive Therapy

- Being aware of the existence of differences
- Having knowledge of the client's culture
- Distinguishing culture from psychopathology
- Taking culture into account during therapy

Multicultural Counseling Competence

- Being aware of one's own cultural heritage and biases while respecting other cultures and help-giving practices
- Knowledge, such as understanding sociopolitical factors that affect ethnic minorities
- Skills, such as sending and receiving culturally adequate verbal and nonverbal messages

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CULTURAL COMPETENCE HUMILITY

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Cultural Humility

The Hard Truth

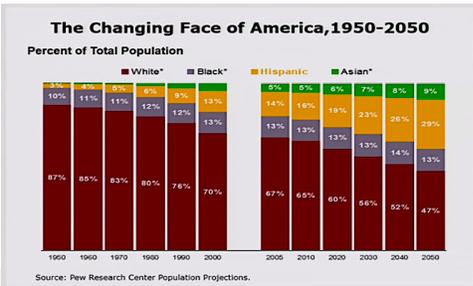
- You can't be competent in every culture
- You can't ever truly be competent in a culture you weren't born/socialized into
- Cultural competence is a journey and not a destination
- **Cultural humility** includes openness, curiosity, lack of arrogance, and genuine desire to understand clients' cultural identities



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Changing US Demographics



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Stereotypes, Racism, and Bias

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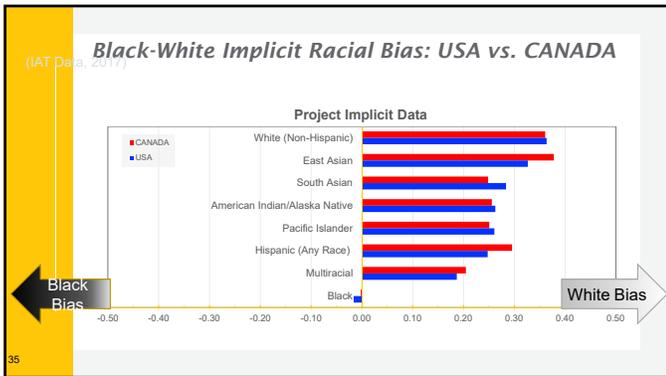
Implicit Bias
RECOGNIZES THAT RACISM IS ILLOGICAL AND WRONG



DOES RACIST THINGS ANYWAY

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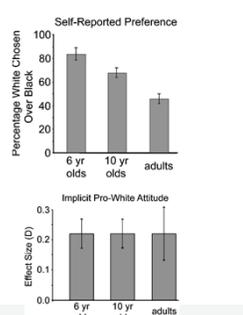
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And They Learn It Early

- Equal amounts of implicit bias seen in children as young as 6 years old when compared with 10- and 19-year-olds ($d=0.22$; Baron & Banaji, 2006)
- But explicit bias decreased with age.



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What Are Stereotypes?

- Stereotype: A widely held but fixed and oversimplified image or idea of a particular type of person or thing.
 - Generalizations used for mental shortcuts.
 - Tend to persist even when presented with accurate information.
- Stereotypes about people are beliefs that the great majority of people within a particular group possess the same traits or characteristics, despite their diversity.

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Stereotypes



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Model Minority Stereotypes

- Cultural expectation placed on Asian Americans as a group
 - Smart, wealthy, hard-working, self-reliant, living "the American dream" docile and submissive, obedient and uncomplaining, spiritually enlightened, and never in need of assistance.
- How can that be harmful?



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Racism Is Not Functional

- Less acceptable to be openly racist
- Nonetheless, we are drenched in negative social messages about people of color (pathological stereotypes)
- All of us absorb these messages and are influenced to some degree
- This affects how we think and act



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Racism & Discrimination

Who experiences it?

- African Americans report the most racial discrimination, compared to Hispanic, Asian, and White Americans (Chao, Asnaani, & Hofmann, 2012)
- All minority groups experience much more racial discrimination than Whites (Woo, 2018)
- The darker your skin, the more likely you are to experience racism (Klonoff & Landrine, 2000)

Who perpetrates it?

- People of any group can perpetrate racism and discrimination
- Anyone of any race can suffer as a result of racism and discrimination
- However, to discriminate the perpetrator must have some degree of power over the victim

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Dr. Chester Pierce (1970)

"Most offensive actions are not gross and crippling. They are subtle and stunning. The enormity of the complications they cause can be appreciated only when one considers that these subtle blows are delivered incessantly.

"Even though any single negotiation of offense can in justice be considered of itself to be relatively innocuous, the cumulative effect to the victim and to the victimizer is of an unimaginable magnitude."

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Characteristics of Microaggressions

- Small racist acts that are not clearly racially motivated (Pierce, 1970; Sue et al., 2007)
- Occur frequently in everyday situations (Suárez-Orozco, et al., 2015)
- Create uncertainty and anxiety in ethnic/racial minorities (Torres, Driscoll & Burrow, 2010)



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How Can You Identify a Microaggression?

- Microaggressions are deniable acts of racism that, reinforce pathological stereotypes, reinforce inequitable social norms and power differentials, and/or communicate exclusion.



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MICROAGGRESSION	EXAMPLE
1. Assumptions about Citizenship	"What is your nationality?" to a person of color
2. Forcing a Racial Category	"What is your race?" to a person of color
3. Assumptions About Intelligence, Competence or Status	"How did you get so good at science?" to an African American
4. False Colorblindness	"I don't think of you as Hispanic."
5. Criminality or Dangerousness	"Be careful, that guy looks like a thug to me" or, campus police harass students of color.
6. Denial of Own Bias	"I would never treat a minority person differently."
7. Myth of Meritocracy / Racism Doesn't Exist	"Everyone has an equal chance at success."
8. Reverse Racism Hostility	"Discrimination against Whites is bad too."

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MICROAGGRESSION	EXAMPLE
9. <i>Pathologizing Presumed Cultural Differences</i>	"Why are Black people are so loud?" or "Black fathers are just not around."
10. <i>Second Class Citizen / Ignored and Invisible</i>	Waitress forgets to take order of customer of color.
11. <i>Tokenism & Speaking for Whole Group</i>	Including a person of color to promote illusion of inclusivity.
12. <i>Connecting via stereotypes</i>	"What's your favorite basketball team?" to an African American. "Affectionate" use the the n-word, racial jokes
13. <i>Exoticization & Eroticization</i>	"I've always had a thing for Asian girls," or "Can I touch your hair?"
14. <i>Avoiding & Distancing</i>	Cashier putting change on counter instead of hand, or "Don't talk about race - it's not polite."
15. <i>Environmental Exclusion</i>	No people of color depicted in workplace artwork.
16. <i>Environmental Attacks</i>	"Robert E. Lee High School" in Montgomery, AL

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Does Everyone Have to Agree for It to Be Considered a Microaggression?

- No one group agrees 100 percent on anything.
- Not all targets will realize they have been microaggressed against.
- Only a few need to find something offensive for it to be a problem.

Dinner-party example



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(Continued)

Most Common Microaggressions Committed by Therapists

Mean	SD	Microaggression
0.80	0.82	Avoided discussing or addressing cultural issues in our session(s).
0.75	0.78	Sometimes was insensitive about my cultural group when trying to understand or treat my concerns or issues.
0.70	0.61	Sometimes minimized the importance of cultural issues in our session(s).
0.65	0.74	At times seemed to have stereotypes about my cultural group, even if he or she did not express them directly.
0.63	0.74	Sometimes seemed unaware of the realities of race and racism.
0.57	0.71	Seemed to deny having any cultural biases or stereotypes.
0.48	0.75	May have thought at times that I was overly sensitive about cultural issues.
0.40	0.71	At times seemed to overidentify with my experiences related to my race or culture.
0.38	0.67	May have either overestimated or underestimated my capabilities or strengths based on my cultural group membership.
0.25	0.54	May have offered therapeutic assistance that was inappropriate or unneeded based on my cultural group membership

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Microaggressions and Clinical Encounters



- People of color may find it difficult to respond to racial microaggressions in clinical visits owing to self-doubt and power dynamics.
- The nebulous nature of microaggressions may contribute to frustration, anger, and discouragement by minority patients.
- Harm clinicians cause by microaggressions could be unknown or underestimated.

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Mental Health Consequences of Microaggressions and Everyday Racial Discrimination

- △ Stress (Torres, Driscoll, & Burrow, 2010)
- △ Anxiety (Soto, Dawson-Andoh, & BeLue, 2011)
- △ Depression (Mouzon et al., 2017; Nadal et al., 2014)
- △ Low self-esteem (Nadal et al., 2014)
- △ Substance use (Clark et al., 2015; Gerrard et al., 2012)
- △ Alcohol abuse (Blume et al., 2012)
- △ Severe psychological distress (Banks et al., 2006; Hurd et al., 2014)
- △ Suicide (O'Keefe et al., 2015; Hollingsworth et al., 2017)
- △ Obsessive-Compulsive Disorder (Williams et al., 2017)

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Medical Mistrust & Stigma

- Ethnic minorities often under-utilize health care services out of fear of mistreatment, being hospitalized involuntarily, or being used as "guinea pigs" (Ayalon et al., 2007)
- Increased stigma in communities of color surrounding mental health care
- Greater distrust of the medical establishment and mental health care, many believing that medical institutions hold racist attitudes (Gamble, 1993; Whaley, 2001)
- Negative perceptions may be rooted in historical abuses (i.e., slavery, germ warfare/genocide, internment camps) or daily experiences of discrimination
- May not see a provider under problems are severe, end up in ER, or legal system

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Developing a Multicultural Lens

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Racial Identity and Attitudes

- Clinicians are not able to make effective decisions about therapeutic interventions without knowledge and awareness of the racial identity dynamics present in the interaction between **themselves** and their **clients**.
- Discussions of race play an important role in the development of the therapeutic alliance.
- Without this component, the therapist will have an incomplete understanding of the client and their issues.



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Racial and Ethnic Identity Development

- Racial and ethnic identity development is a process, which can be challenging for *everyone*.
- People often start at a stage where they don't think much about their race and ethnicity.
- Over time, they decide what this aspect of their identity means to them.
- A stronger, positive ethnic identity protects people of color from some of the harms of racism.



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Minority Identity Theory Model

- Conformity**—Individuals accept the values of the majority culture, value white ideals.
- Dissonance**—Individuals acknowledge personal impact of racism, owing to an event or trigger. Confusion and conflict emerge.
- Resistance**—Active rejection of the dominant culture and active involvement in one's own culture. May "hate" white people.
- Introspection**—Starts to question the values of both his or her minority group and the dominant group.
- Integrative Awareness**—Develops cultural identity based on both minority and dominant cultural values. Feels comfortable with self and own identity. Wants to contribute to larger society.

Cross, 1971, 1991; Sue & Sue, 2003; Atkinson, Morten, & Sue, 1998

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Internalized Racism

- People of color at an early stage of ethnic identity development will likely suffer from some degree of **internalized racism**
- Internalized racism is a form of internalized oppression, whereby people of color believe they are inferior to White people
- Involves both conscious and unconscious acceptance of the socio-racial hierarchy
- Such individuals may participate in oppressing other people of color, even those in their own ethnoracial group
- Internalized racism has been repeatedly correlated with a variety of poor psychological and physical health outcomes, including depression and anxiety
- Can interfere with forming social connections with other people of color

Sue, D.W. & Sue, D., 2016

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Social Distance Based on Racial Identity

Client Stage of Identity Development	Client Attitudes	White Therapist Minority Client (different races)	Minority Therapist Minority Client (same race)
Conformity	Pro-white Anti-POC Self-hatred		
Dissonance/Resistance	Anti-white Pro-POC		
Introspection	Questions Own Group & Dominant Group		
Integrative Awareness	Accepts Self, Own Group, & Dominant Group		

Vertical axis label: R A P P O R T (green arrow pointing up), T R U S T (purple arrow pointing down)

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Racial Identity Attitudes

- As clients of color reach more advanced racial identity statuses, they become more inclined to prefer counselors of their same race.
- Although clients with a strong ethnic identity (Integrative Awareness) will recognize that they may be able to benefit from a competent therapist of any race.



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What Is Whiteness? (Dlamini, 2002; DiAngelo, 2011)

- Most white people do not think about their own whiteness, do not define themselves by skin color, and consequently experience themselves as *nonracialized*.
- Many do not see how their whiteness has given them *power and privilege* compared with nonwhites, especially if their own experience of their lives has been of hard work and struggle.
- This can make developing a positive and prosocial white racial identity challenging.

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Insulated From Racial Stress (DiAngelo, 2011)

- White people in our society live in a social environment that protects and insulates them from racial stress.
- This perpetuates the nonracialized view of self and is hypothesized to decrease the ability of white people to tolerate racial stress.
- Discussions about race induce discomfort and may trigger a range of defensive moves.
 - For example, display of emotions such as anger, fear, and guilt and behaviors such as arguing, silence, and leaving the stress-inducing situation (avoidance).
- These behaviors function to reinstate white racial equilibrium.
- This can make productive discussions about race challenging.

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White Identity: Stages of Racial Consciousness

- Contact:** denies racism/cultural differences/dominant group membership, may be colorblind or insensitive.
- Disintegration:** moral dilemma between choosing one's ethnic group and greater humanity goals.
- Reintegration:** some resolution of dilemma; however, still intolerant of other groups (blaming), racial superiority bias.
- Pseudo-independence:** limited acceptance and efforts to connect with minorities who share similarities.
- Immersion/emersion:** increased understanding and acceptance of white privilege, may still be acting on guilt.
- Autonomy:** acceptance of one's whiteness, the roles one plays in perpetuation, values diversity, less fear and guilt about reality of racism.

(Helms & Carter 1990) & Helms (1995)

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Therapists May Struggle With Their Own Ethnic Identity

- For example:
 - A Black therapist in an early stage of racial identity development may feel hostility toward a Black client, resulting in distancing and an unsuccessful therapeutic alliance.
 - A White therapist in an early stage may become upset and defensive when confronted with racially charged material from a client of color.
- Assumptions should not be made about goodness of fit based on race in advance of an assessment of racial identity development in both the client and therapist.

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Assessing Cultural Constructs

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Cultural Values ≠ Stereotypes

- Remember, pathological **stereotypes** are *overgeneralized* and/or *false* ideas about a group to justify or explain inequities
 - Mainly to help the privileged group feel less guilty
- Cultural values** are actual differences in the beliefs, attitudes, and practices of a particular group
 - These represent average differences
 - Obviously, **not everyone** in a given cultural group identifies with *all* of their group's cultural values
 - But most people in that cultural group will understand and appreciate the differences, even if they don't adhere to them

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Individualistic Vs. Collectivistic cultures

Individualism

"I" identity.
Promotes individual goals, initiative, and achievement.
Individual rights are seen as being the most important. Rules attempt to ensure self-importance and individualism.
Independence is valued; there is much less of a drive to help other citizens or communities than in collectivism.
Relying or being dependent on others is frequently seen as shameful.
People are encouraged to do things on their own; to rely on themselves
People strive for their own successes

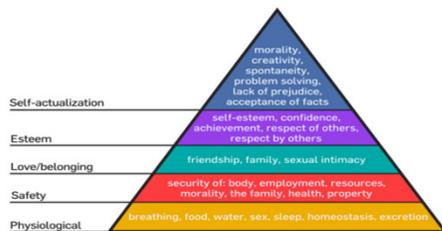
Collectivism

"We" identity.
Each person is encouraged to be an active player in society, to do what is best for society as a whole rather than themselves.
The rights of families, communities, and the collective supersede those of the individual.
Rules promote unity, brotherhood, and selflessness.
Working with others and cooperating is the norm; everyone supports each other, as a community, family or nation more than as an individual
People strive for a strong cohesive group

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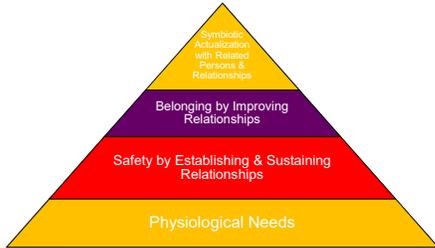
Western Hierarchy Of Needs (Maslow, 1943)



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Chinese Hierarchy of Values (Cheng, Sculli, & Chan, 2001)



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Assessing Cultural Constructs – Self Report Measures

- Culturally-Informed Demographics Questionnaire (Wadsworth et al., 2016)
- Multigroup Ethnic Identity Measure (MEIM-12; Roberts et al., 1999)
- General Ethnic Discrimination Scale (GEDS; Landrine et al., 2006)
- Stephenson Multigroup Acculturation Scale (SMAS; Stephenson, 2000)
- Duke University Religion Index (DUREL; Koenig & Bussing, 2010)
- Racial Microaggressions Scale-Modified (RMAS; Torres-Harding & Turner, 2015)
- Trauma Symptoms of Discrimination Scale (Williams & Kanter, 2017)
- Race-Based Traumatic Stress Symptom Scale (RBTSSS; Carter et al., 2013)

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Assessing Cultural Constructs

DSM-5 Cultural Formulation Interview (APA, 2013)

- Cultural Definition of the Problem
- Cultural Perceptions of Cause, Context and Support
- Cultural Factors affecting self coping and past help seeking
- Cultural Factors affecting current help seeking

DSM-5 CFI Supplementary Modules

- Explanatory Model
- Level of Functioning
- Social Network
- Psychosocial Stressors
- Spirituality, Religion & Moral Traditions
- Cultural Identity
- Coping and Help-Seeking
- Clinician-Patient Relationship
- School-Age Children and Adolescents
- Older Adults**

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Clinical Interview Assessment

UConn Racial/Ethnic Stress & Trauma Survey (UnRESTS)

- Demographics
- Six questions to assess ethnoracial identity development
- Semi-structured interview to probe for a variety of racism-related experiences
 - Direct Overt Racism
 - Racism Experienced by Loved Ones
 - Vicarious Racism
 - Covert Racism and Microaggressions
- Checklist to help determine if racial trauma meets DSM-5 PTSD criteria
- Available in English and Spanish

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

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Coping with Stigma

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Coping with Stigma

- When people of color report racial maltreatment, clinicians should not immediately ascribe this to personality factors.
 - Clients should be believed and supported.
- Therapist and other clinicians must recognize that microaggressions are both clinically harmful and a form of racism.
- Patients need to learn how to put words to what is happening to them.
 - Strengthening their ethnic identity may also be helpful.

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When Mistreatment Happens: The Catch-22

- Deciding to do nothing (sitting on one's anger) occurs frequently in people of color, because victims may
 - Be unable to determine whether a microaggression has occurred
 - Be at a loss for how to respond
 - Be fearful of the consequences
 - Rationalize that "it won't do any good anyway"
 - Engage in self-deception through denial ("It didn't happen")
 - Be ignored or dismissed when communicating problems to superiors
- Responding with anger/striking back (perhaps a normal and healthy reaction) is likely to engender negative consequences.
- Telling others can result in negative social consequences.

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Validate Experiences of Discrimination/Oppression

- When client discloses perceived discrimination/oppression, avoid:
 - Automatically looking for alternative explanation (e.g., Could it be that they meant something else?)
- Validate experiences and feelings (Hays, 2009)
 - You weren't there – as a stigmatized person of color who was present for the event, your client is in the best position to determine if a racist event occurred (McKinnon, 2016)

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Identify Strengths and Supports
(Hays, 2009)

- Cultural Strengths/Supports = Resources for Treatment
- Types of cultural strengths/supports
 - Personal strengths (e.g., pride in culture, religious faith, work ethic)
 - Interpersonal supports (e.g., extended family, traditional celebrations)
 - Environmental supports (e.g., comfort foods, access to cultural activities, community)



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Helping People of Color Cope (1)

- Place the blame where it belongs (on the perpetrator and, secondarily, our cultural dysfunction)
- Seek social support within one's community (e.g., close friends, family, people who "get it")
- Limit exposure to cues of racism, as needed while recovering (e.g., signing off social media)
- Utilize religious or spiritual practices for comfort (e.g., prayer, meditation)

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Helping People of Color Cope (2)

- Seek positive distraction from cues of racism (e.g., engaging in pleasurable activities)
- Participate in restful and relaxing activities (self-care)
- Engage in peaceful activism (making meaning from pain)
- Educate others – and be patient! (facilitate mutual understanding)

DeLapp, R.C.T. & Williams, M. (2016, July 18). Proactively Coping With Racism. *Psychology Today*. <https://www.psychologytoday.com/blog/culturally-speaking/201607/proactively-coping-racism>

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Look for Harmful Coping

- Denial
- Substance use
- Aggression
- Self-blame
- Self-harm
- Suicidal ideation

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Help Make an Escape Plan

- Is it traumatizing and still happening?
 - Those affected need space to heal
 - Identify the major sources of stress
 - Make a plan to change the environment
 - Find a new job
 - Move to a new neighborhood
 - Remove toxic people as close friends
- Not easy but sometimes necessary



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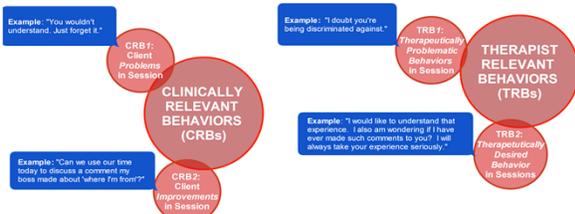
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Diversity Issues in Therapy

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Functional Analytic Psychotherapy (FAP) for Cultural Issues in Therapy



Miller, A., Williams, M. T., Wetmore, C. T., Kanter, J., & Tsai, M. (2015). Using functional analytic psychotherapy to promote awareness and connection in racially diverse dentist-therapist dyads. *The Behavior Therapist*, 38(6), 150-156.

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Therapist Conceptualization of TRBs

- Life history (turning points in identity development)
 - Significant interactions or cognitions about ethnoracial differences
 - Understanding how life history relates to the appropriate white/racial identity model
- Presenter's examples of life history and relevant TRBs:
 - **Contact** – Lily white Wausau – no experience, staring; hearing racist comments in family and outside environment; colorblind into college.
 - **Disintegration** – Hearing revocation of racist beliefs, without change in behaviors to support this.
 - **Reintegration** – Interpreting plight as result of individual decisions of minorities and not part of a larger systems issue; whites make better decisions?
 - **Pseudoindependence** – I have a black friend! No attempt to understand how being a minority affects him.
 - **Immersion/Emersion** – Lack of exposure in graduate school – compensated by a lot of exposure with Dr. Williams. More explicit and meaningful valuing of diversity begins.
 - **Autonomy** – Recognizing feelings of guilt; reduction in reaction to guilt feelings. Sense of empowerment that I can be a change agent.

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Therapist Conceptualization of TRBs

- Defining clear goals and values for ethnoracial areas
 - Many of us have goals/values as a therapist
 - Master CBT and related therapies for PTSD, Substance Use, and OC-spectrum conditions
 - Be compassionate, respectful
 - How many relate to populations based on ethnoracial characteristics?
 - Learn if alternative methods of delivery for therapy language and techniques are needed and seek out experiences to practice these skills and pursue my other core values in a larger multicultural context
 - Expand my core therapeutic values to situations outside of therapy

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Racial Issues in Therapy (1)

Daily Life Problem

- Client of color coping with invalidating comments from others
- i.e., many non-POC/White people not understanding what they're saying can be hurtful

In Session Response

- Problem (CRB1): Failure to bring up feeling microaggressed against by therapist and avoiding conflict.
- Goal (CRB2):
 - Small: Expressing anger toward therapist for microaggression.
 - Larger: Expressing thoughts and concerns about being misunderstood without allowing anger to take over.

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Racial Issues in Therapy (2)

Daily Life Problem

- People of color who have had adverse racial experiences may have deep mistrust for White individuals

In Session Response

- Problem (CRB1): Engaging only to a superficial extent with therapist.
- Goal (CRB2): Openly voicing fears with therapist.
- Small: Allowing self to open up, and trust therapist with difficult information.
- Larger: Expressing apprehension, stating potential problems, opening up with intimate info.

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Racial Issues in Therapy (3)

Daily Life Problem

- Shame (internalized racism) associated with stigmatized racial and ethnic group
- Low self-esteem and self-hatred

In Session Response

- Problems (CRB1): Reject/avoid discussing race or mocks own race. Avoids therapist of own ethnicity due to shame towards ethnic group.
- Goals (CRB2): Exploring feelings towards own culture and expressing shame in session. Choosing a therapist of same or similar ethnicity to better connect with culture.

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Bridging Form

Part A (to be completed shortly after therapy session):
What stands out to you about our last session? Thoughts, feelings, insights?

On a 10 point scale, how would you rate the following items a) - d)?

- a) helpfulness/effectiveness of session: _____ what was helpful? what was not helpful? _____
- b) how connected you felt to your therapist: _____
- c) how engaged/involved you felt with the topics being discussed _____?
- d) how present you were in the session: _____

What would have made the session more helpful or a better experience? Anything you are reluctant to say or ask for?

What issues came up for you in the session/with your therapist that are similar to your daily life problems?

What risks did you take in the session/with your therapist or what progress did you make that can translate into your outside life?

Did you feel the therapist showed respect and acknowledgement to your cultural identity?

Part B (to be completed just prior to next therapy session):
What were the high and low points of your week?

What items, issues, challenges or positive changes do you want to put on the agenda for our next session?

How open were you in answering the above questions #1-7 (0-100%)?

Anything else you'd like to add?

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What if You Run Into Problems Discussing Race/Diversity?

- The same skills you have developed for other relationships can work here:
 - Reflect on your perspective, bias, attitudes, and worldview so that you build self-awareness.
 - Be willing to experience the discomfort of letting go of "what you know."
 - Assume that others' perspectives are as valid as your own (even if another is mistaken, confrontation has the opposite effect you seek).
 - Speak with humility. Listen with openness.
 - Find genuine areas of common concern and connection.
 - Over time, build competence and confidence.

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Supportive Statements

- Many people are so worried about being offensive that they completely avoid talking about race, ethnicity, and culture
- Supportive and positive statements about a person's culture can be an important means of helping them feel understood
- Many therapists miss opportunities to be supportive out of fear of making a mistake

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Invite Clients (and Others) to Call You Out

I want you to feel comfortable and appreciated as we work together. Please let me know if anything I say or do makes you feel disrespected in any way.



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What To Do If You Are Called Out?



Recognize the difference between being a racist and committing a racist act.

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Don't get defensive. Agree there is a problem to be solved.



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Show you care about their feelings.

- Preemptively apologize for causing hurt.



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Ask why they think what you did was racist.



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Validate their perspective.



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Acknowledge your biases.



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Clarify any misinterpreted remarks or behaviors.



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Make it right.



It's bad enough you have to deal with comments like this at work, you shouldn't have to deal with it in therapy too.

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Responding to microaggressions by clients

- Clients may commit microaggressions against their therapists or make microaggressive statements against others
- Microaggressions and underlying racist attitudes are an appropriate target for therapeutic intervention
- Clients who microaggress in session are likely harming others in their lives
- Therapists should address these behaviors in session to help increase understanding, awareness, and empathy in clients

Sue, D. W., Alsaidi, S., Awad, M. N., Glaeser, E., Calle, C. Z., & Mendez, N. (2019). Disarming racial microaggressions: Microintervention strategies for targets, White allies, and bystanders. *American Psychologist, 74*(1), 128-142.

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Working with Supervisors (Oshin, Ching, & West, 2019)

- Most clinical supervisors are White and may have had little to no training in cultural issues
- Many trainees know more than their supervisors about working with people of color
- However, they still need guidance and training in navigating cultural issues
- Supervisors and trainees need to have honest dialogues about how trainees need to be supported in working with people from different cultural background
- Trainees of color may need additional supports for these navigating issues

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Tell Your Supervisor what You Need

I appreciate all the great training I am getting here, but I do think I need more focused guidance on working with clients from different cultural groups.



Oshin, L. A., Ching, T. H. W., & West, L. M. (2019). Supervising Therapist Trainees of Color, Ch 10. In M. T. Williams, D. C. Rosen, & J. W. Kanter (Eds.), *Eliminating Race-Based Mental Health Disparities: Promoting Equity and Culturally Responsive Care Across Settings*. Oakland, CA: New Harbinger Books.

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Ongoing Personal Growth

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Personal Growth as a Clinician (1)

(Miller, Williams, Wetterneck, Kanter, & Tsai, 2015)

- What is difficult for you to address regarding race, culture, or other differences you have with your clients?
- What stereotypes do you hold?
- What were you told about others who were ethnoracially different?
- What are your experiences having or not having power in relation to race or class?

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Personal Growth as a Clinician (2)

(Miller, Williams, Wetterneck, Kanter, & Tsai, 2015)

- What are your preferred therapeutic methods that may not be culturally attuned or adequate?
- What steps can you take to learn more about your clients' cultural backgrounds?
- How might you be inadvertently repeating negative or oppressive interactions representing the majority culture with clients?
- How can you make use of therapeutic "mistakes" or microaggressions in ways that increase therapeutic alliance?

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Cross-Cultural Friendships

- Mutually supportive, congenial, and intimate relationship between two persons of different ethnic or racial backgrounds
- Increase multicultural competence by providing alternative perspectives of race, racism, power, and privilege (McKinney, 2006; Okech & Champe, 2008)



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Connect Across Race (McKinney, 2006)
 (Ingraham, 2014; Okech, & Champe, 2008)

3 out of 4 White people have no non-White friends.



The average white American has...

1 black friend	1 Latino friend	1 Asian friend	1 mixed race friend	1 other race friend	3 friends of unknown race	91 white friends
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Connect Across Race
 (Ingraham, 2014; McKinney, 2006; Okech, & Champe, 2008)

2 out of 3 Black people have no non-Black friends.



The average black American has...

8 white friends	2 Latino friends	0 Asian friends	3 mixed race friends	1 other race friend	4 friends of unknown race	83 black friends
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Combat Invisible Systems of Dominance

- Recognize our societal psychopathology (racism).
- Reject White privilege.
- Give people of a color an equal voice in all forums.
- Call out all forms of racism.
- Embrace cultural humility.
- Keep learning.



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Experiential Learning (Williams & Kanter, 2019)

- Research supports the importance of active learning using experiential strategies that put participants in contact with counter-stereotypical examples (Lai et al., 2014; Pope et al., 2011)
- Sensitive experiential exercises that facilitate intergroup contact while allowing students to explore their biases and reactions are powerful learning tools
- This can be conceptualized as a form of exposure, a clinical technique to reduce pathological fear and avoidance in clients with anxiety (Wolpe, 1969)
- These experiential assignments can be thought of as "exposures" to address interracial anxieties through disconfirmation of cognitive distortions (e.g., pathological stereotypes) and habituation to feared stimuli (e.g., talking about race)

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Example Exercises

- Assess your own ethnic and racial identity and your stage of development. Journal about any feelings of shame, embarrassment, stigma, and feelings of appreciation and pride. Share your journal with a supportive person in your life.
- Have a discussion over lunch with a colleague of a different cultural background about culturally-influenced/related experiences. Share your experiences, and ask about theirs.
- Identify a stereotype or misconception you held about another ethnic group. Search the psychological literature to learn accurate information about the group.
- Attend a service at a house of worship where everyone "looks different from you." Go by yourself, and experience what it's like to be a cultural outsider. Attend a foreign language service.
- Participate in a BLM rally or LGBTQ pride parade

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Application

- Try at least one of the following with a client:
 - Use at one of the cultural scales described with a client
 - Ask a client to share with you something about their cultural heritage you might not be aware of
 - Ask a client of color about experiences with racism
 - Acknowledge and apologize for a microaggression you committed
 - Other ideas?

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Summary

- Our world is becoming more diverse
- In order to meet the needs of our clients we need to be multiculturally competent and display cultural humility
- There are measures that are culturally sensitive
- There are models of treatment that integrate cultural important aspects into therapy
- Practicing awareness and promotion of diversity in all aspects of your life will provide experiential learning for your clinical practice
