

- WESTERN CANADA MENTAL HEALTH SUMMIT -

IMPROVING SKILLS & COMPETENCIES FOR MENTAL HEALTH & EDUCATION PROFESSIONALS

WEDNESDAY, MAY 24, 2023 – FRIDAY, MAY 26, 2023

Best Western Premier Calgary Plaza Hotel & Conference Centre
1316 33 St NE, T2A 6B6, Calgary, AB

LILLIAN GIBSON, PH.D

WORKSHOP #7

Healing Strategies and Interventions for BIPOC Communities

Day One | 12:45pm – 4:00pm



LILLIAN GIBSON
PH.D.

Dr. Lillian Gibson, Ph.D., is a licensed clinical psychologist often referred to as a “mood make-over” expert. She is a highly recommended speaker, consultant, and clinician due to her advanced assessment and treatment skills in a variety of settings: inpatient mental health centers, outpatient behavioral care services, and primary care settings. Dr. Gibson takes pride in combining her vocational rehabilitation counseling, and clinical psychology expertise to help clients solve their problems through individual, group, and/or couples therapy for emotional healing and restoration.



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The Western Canada Mental Health Summit
Improving Skills & Competencies for Mental Health & Education Professionals

Healing Strategies and Interventions for BIPOC Communities

Lillian Gibson, PhD (she/her/hers)
Licensed Clinical Psychologist
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Interactive and engaging presentation.

www.racialtraumas.com   LinkedIn

About the Presenter

Lillian Gibson, PhD, Clinical Psychology (She/Her/Hers)

- PhD in Clinical Psychology
 - MS in Rehabilitation Counseling
 - BS in Rehabilitation Services, Minor in Psychology
- Post Doc in Geropsychology
- Outpatient Mental Health Clinic
- Primary Care Mental Health Integration
- Passion to empower other clinicians
- Willingness to listen

 Website

Lillian Gibson, PhD, Presenter

This presentation was independently developed and organized by this presenter based on research from a variety of sources (please see references for details).

Objectives

At the end of this presentation participants will be able to

- Identify core elements of cultural competency for mental health professionals.
- Investigate how clinicians can better conceptualize cases to support Black, Indigenous, and People of Color (BIPOC) communities.
- Analyze trauma diagnostic criteria and the impact of race-based stressors.
- Determine how vicarious trauma impacts clients' emotional functioning.
- Employ the Biopsychosocial Model framework to guide assessment steps and treatment of trauma stemming from racism and discrimination.

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Trigger Warning/Pace Yourself

- The presentation will reflect the identified objectives
 - There are no influences on the content created
 - Content may be trigger and uncomfortable
- For every presented point there likely can be a counter argument
 - The purpose of this course is to engage in dialogue, educate, and empower
 - The ultimate goal of this webinar is to help the clients that sit in front of us in their search for wellness, healing, and/or wholeness as the content is heavy
- Please practice courtesy and respect as it is this presenter's goal to display such

Please make of list of questions to ask throughout the seminar based on content.

Lillian Gibson, PhD, Presenter

Empowering Mental Health Professionals

- Inform treatment options today and tomorrow
 - Therapy practice
 - Consultation
 - Supervision
 - Teaching
 - Family
 - Friends
 - Acquaintances



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Inside a Therapist's Heart

Good Therapy; Noah Rubenstein, LMFT

- I will do my best to sit with any suffering my clients share
- I am open to feedback from my clients. Although I am conscious that I am not full conscious, I will look closely at my internal world as needed and take accountability for my stuff
- My job is not to heal my clients; it is to help my clients heal themselves
- I am confident that I can help my clients care for their wounds without overwhelming them or making their struggles worse.

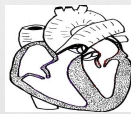


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Experiential Interactive Exercise

- Written description of a mom going to the store



Compare and Contrast Your Responses

Use a 4 in the chat box



Cultural Competence

- Things to ponder
 - What comes to mind when you hear the words cultural competency?
 - What does cultural competency mean to you and your profession?
- Cultural competence has four major components:
 - Awareness
 - Attitude
 - Knowledge
 - Skills

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Cultural Competence

- Awareness: explore differences within values and beliefs
 - Uncovers blind spots that can result in barriers to treatment and assessment processes
 - Biases
 - Stereotypes
- Attitude:
 - Uncovers openness to differing views and opinions
 - Emotional reactions are often influenced by
 - Exposure
 - Empathy
 - Relatability

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Cultural Competence

- Knowledge:
 - Uncovers awareness and familiarity with people of different cultures
 - Cross-cultural interactions in the moment
 - Problem solving, managing people, asking for help, etc.
 - TV and movies alone don't count
- Skills:
 - Uncovers efficacy in managing differences
 - What and how things happen in the moment
 - Do we get better over time
 - Do we stay the same
 - Do we fix our blind spots

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Culture Competence

- Cultural competency as a *process* rather than an end product. From this perspective, competency involves *more* than gaining factual knowledge — it also includes our *ongoing* attitudes toward both our clients and ourselves.



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<https://www.apa.org/pi/families/resources/newsletter/2013/08/cultural-humility>

Worldview

- What does the world look like to you?
- What do you expect?
- How do you see things from your lenses?



Cultural Humility

- **Cultural humility** is about understanding and developing a process-oriented approach to competency.
 - Openness to understand and learn about other individuals' cultural identities and layers of self
- Lifelong commitment to self-evaluation and self-critique
- Fix power imbalances
 - Lack of respect
 - Therapist is the only expert
 - Denial of psychoeducation, information, and/or resources



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Cultural Competency and Cultural Humility: Cultural Attunement

Reflections on the Self Assessment/Exploration Exercise

- Cultural attunement is understanding the emotional and physiological responses associated with engaging with others within the context of cross cultural dynamics.
 - Assess how you feel processing information about other cultures while reflecting on your own culture
 - Impressions: easy, difficult, guarded, complicated, etc.
 - Does context matter (learning environment, physical space, expectations, etc.)
 - Is dissonance created

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Authenticity is created from this space.

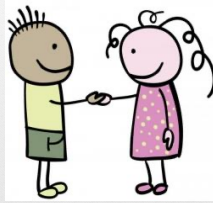
Cultural Competency Script

- As a _____ professional I believe in _____ type of treatment. It is my goal to walk alongside my clients to help _____ by _____.
- I am open to _____.
- I would like for you to feel _____ sharing with me.
- I will do my best to _____.

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Cultural Competency Script in Action

- Website
- Intake paperwork
- Telephone consult
- Supervision statement
- Hiring processes
- Who pays attention:
 - Potential employees
 - Clients (Website reviews)
 - Family members (joint sessions)



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Cultural Competency



Cultural Humility



Case Conceptualization

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Perception of Acts influence Conceptualization

Case Conceptualization

- The basics: What we may have been taught
 - Presenting problem
 - History of problem
 - Past treatments
 - Family history
 - Treatment plan options



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Case Conceptualization

- The 8 Ps
- presentation, predisposition (including culture), precipitants, protective factors and strengths, pattern, perpetuants, (treatment) plan, and prognosis.



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<https://ct.counseling.org/2020/12/case-conceptualization-key-to-highly-effective-counseling/>

Case Conceptualization: Key to highly effective counseling

Sperry & Sperry 2020

- **Presentation:** the nature and severity of one's clinical presentation.
- **Predisposition:** bio-psycho-social-cultural variables linked to the likelihood of a condition presenting.
- **Precipitant(s):** psycho-social stressors linked to the onset of a condition.
- **Protective factors:** variables that reduce risk and onset of a condition.

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Case Conceptualization: Key to highly effective counseling

Sperry & Sperry 2020

- **Pattern:** standard set of behaviors, thoughts, and feelings that circumstantially present.
- **Perpetuants:** recurring internal and/or external outcomes that contribute to the condition.
- **Plan:** intervention goals and proposed approach to reduce intensity and severity of symptoms.
- **Prognosis:** estimation of effectiveness

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Culture Specific Case Conceptualization

- Beliefs about wellness
- Beliefs about mental illness and mental health treatment
- Beliefs about substance use, abuse, and dependence
- Beliefs about substance abuse treatment



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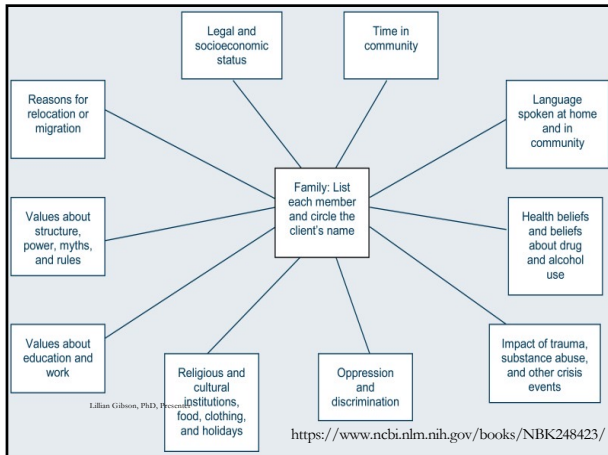
<https://www.ncbi.nlm.nih.gov/books/NBK248423/>

Culture Specific Case Conceptualization

- How would your family view your concerns (presenting problem)?
- How would others close to you view your concerns (presenting problem)?
- What are your thoughts about seeking treatment? Do your family members support your idea to reach out for support?

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<https://www.ncbi.nlm.nih.gov/books/NBK248423/>



Racial Trauma and Minority Stress: Clinician Pulse Check Exercise

Note the following for yourself

- How do you feel?
- What thoughts are rolling through your mind?
- Guarded?
- Open?
- Anxious?
- Displaying self compassion?



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Case Vignette

Anthony (he/him/his) is a 28-year-old married African American male.

He presents with concerns regarding discomfort in social settings. As a city dweller, he typically takes the train to and from work as opposed to “getting stuck in traffic.” He enjoys working as an architect within his firm. His colleagues would describe him as being astute, quiet, reserved, and a hard worker.

On weekends he often finds himself staying at home working on yard projects to remove himself from the hustle and bustle of stores and large crowds instead of spending time with family and friends within a 30-40 mile radius.

Anthony’s wife has discussed his short temper, being wound up, spacing out when with the family, restless sleep patterns, and being jumpy for “no apparent reason.”

Anthony’s primary care provider has prescribed him sleep medications that don’t appear to help with his nightmares. He is currently awaiting additional body scans to help inform his treatment due to what seems to be unexplainable body aches, and fatigue.

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Case Vignette

At his relatives' wishes, he has gone to therapists in the past who diagnosed him with an anxiety disorder and sleep disturbance.

He presents back to therapy in an effort to develop stress management techniques as he has found himself on edge more often than not. Anthony is not quite sure why he continues to experience such symptoms.

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PTSD: Criterion A
Traumatic Life Events

- Combat or other military experience
- Sexual or physical assault
- Learning of the violent or accidental death of a loved one
- Child sexual or physical abuse
- Serious accidents (e.g., car wreck)
- Natural disasters (e.g., fire, tornado, hurricane, flood, earthquake)
- Terrorist attacks

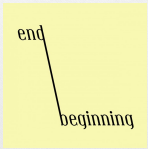


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Limitations present when diagnosing racial trauma due to microaggressions

PTSD: DSM-5
4 Types of Symptoms

1. Reliving/Re-experiencing the event (one)
 - intrusive memories, dreams, flashbacks, mental and/or physical reactivity
2. Avoiding reminders and memories/thoughts/feelings of event (one)
 - People, places, conversations, activities, objects, situations (triggers)
3. Having increased negative thoughts and feelings (two)
 - Changes in view of self, others, world (maladaptive)
 - Guilt/shame, sadness, anxiety/fear, anger, emotional numbness
4. Hyperarousal (two)
 - irritable, reckless, on guard, jumpy, paranoid, can't sleep or concentrate

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Limitations present when diagnosing racial trauma

PTSD: DSM-5

- Duration (1 month)
- Functional Impairment
 - Distress
 - Disruption
- Exclusion
 - Non-secondary to other factors
 - Medication
 - Substance use
 - Other Illness

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Racial Trauma

- A form of race-based stress
 - People of Color and Indigenous Individuals (POCI)
 - Black, Indigenous, and People of Color (BIPOC)
 - More terms later
- Reactions to dangerous events, and real or perceived experiences of racial discrimination
- Traumatic experiences may include threats of harm and injury, humiliating, and shaming events, and witnessing racial discrimination

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(Gomez-Diaz & Neville, 2019)

Racial Trauma and Minority Stress

- **Important Consideration:** It involves ongoing individual and collective injuries due to exposure and re-exposure to *race based stress, minority stress, and stress for marginalized groups*.

- Examples may include but are not limited to

- Descendants of Slaves
- Native Americans
- War Survivors
- Refugees
- Immigrants
- Religious/spiritual beliefs
- Black, Indigenous, and People of Color (BIPOC)
- Individuals with Disabilities



In Unknown Author is Riemer Jansen

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(Gomez-Diaz & Neville, 2019)

Minority and Marginalized Stress

- Immigration typically occurs when a person crosses an international border and becomes a permanent resident in another country
 - Possible permanent status
- Migration typically occurs within the borders of the same country, or cross international borders
 - Possible temporary location

There is not a universal script to personal experiences.

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Minority Stress and Racial Trauma

- Day to Day Stressors
 - Grand Army (Netflix)
- Stigma, Discrimination, Microaggressions
 - Speaking in native language
 - Cultural attire
 - Hair (workplace rules/standards)
 - CROWN Act
 - Creating a respectful and open world for natural hair in 2019 by Dove and the CROWN Coalition with State Senator Holly J. Mitchell of California
- Chronic/Enduring/Repetitive Exposure to Trauma Stressors for POC
 - Daily settings across the globe (multiple categories/intersectionality: gender, socioeconomic status, abilities)



Image courtesy of Unlabeled Author in second order photo

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Microaggressions

Perception of Acts influence Conceptualization

- Assumption of Intellectual Inferiority
- Second-Class Citizenship
- Assumption of Criminality
- Assumption of Inferior Status
- Assumed Universality of the Black American Experience
- Assumed Superiority of White Cultural Values/Communication Styles



(Sue et al, 2008)

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Data Collection/ Assessment Measures for Treatment

- Clinical Interview
- Clinician Administered PTSD Scale for DSM-5
- Primary Care PTSD Screen for DSM-5
- Brief Trauma Questionnaire

- Sometimes diagnosis(es) change
- As the sessions progress add what's needed to clarify (on-going evaluation/assessment)
 - Assessments: comfort, expertise, and training/consultation
- The biggest mistake is not being adept at listening
 - Cultural competence

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Data Collection/Assessment Measures

- Uconn Racial/Ethnic Stress & Trauma Stress** (Williams and Zane 2022)
 - English and Spanish versions
 - Comprehensive assessment of race-based trauma
 - Question design models the DSM-5 Cultural Formulation Interview
- Race Based Trauma Stress Symptom Scale** (Carter and colleagues 2013)
 - 52 item assessing psychological and emotional stress reactions to racism and racial discrimination
 - Measures the the following: Depression, Anger, Physical Reactions, Avoidance, Intrusion, Hypervigilance/Arousal, and Low Self-Esteem.
- Generalized Anxiety Disorder Screener (GAD-7)
 - Symptom tracking
- Beck Anxiety Inventory (BAI)
 - Symptom tracking
- PTSD Checklist-Civilian Version (PCL-Civilian-5)
 - Symptom tracking

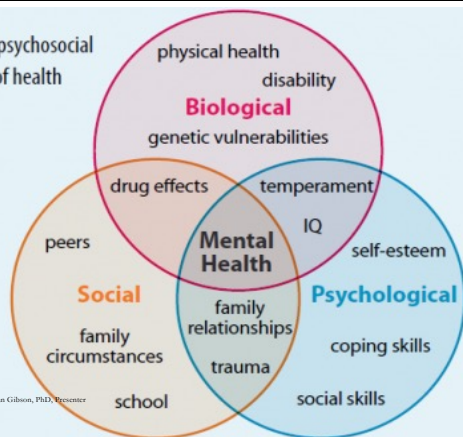
Research best fit while considering comfort, expertise, and training/consultation

Trauma, Stress, and The Body Biopsychosocial Framework

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(Candace, 2013)

The biopsychosocial
model of health



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Physical Health Consequences of Trauma and Stress

- Neurological conditions
 - Epilepsy, MS, stroke
- Vascular conditions
 - Hypertension, cardiac disease
- Gastrointestinal disease
 - Ulcer, stomach problems, hernia, liver or kidney disease
- Metabolic/Auto-immune conditions
 - Diabetes, thyroid disease, lupus or other auto-immune
- Bone/Joint condition
 - Arthritis, rheumatism

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(McKeever & Huff, 2003)

Physical Health Consequences of Trauma and Stress

- Associated with:
 - Increased number of current physical symptoms
 - Increased probability of chronic health problems
 - Poorer physical health functioning
 - Increased number of cardiovascular risk factors (e.g. smoking, obesity, sedentary lifestyle)
 - Headaches (chronic, daily)
 - Menstrual problems
 - Fibromyalgia
 - Chronic fatigue syndrome
 - Musculoskeletal pain

(McKeever & Huff, 2003)

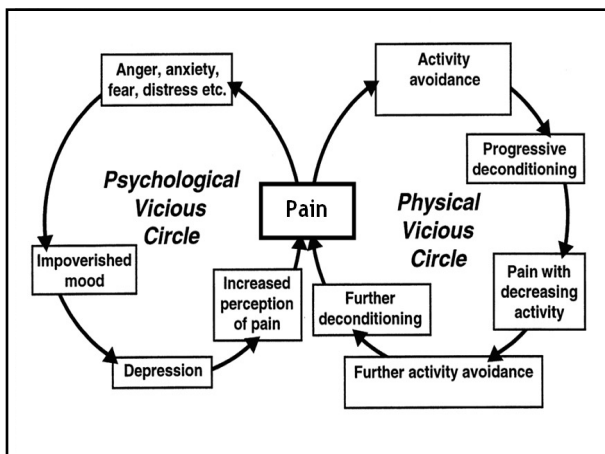
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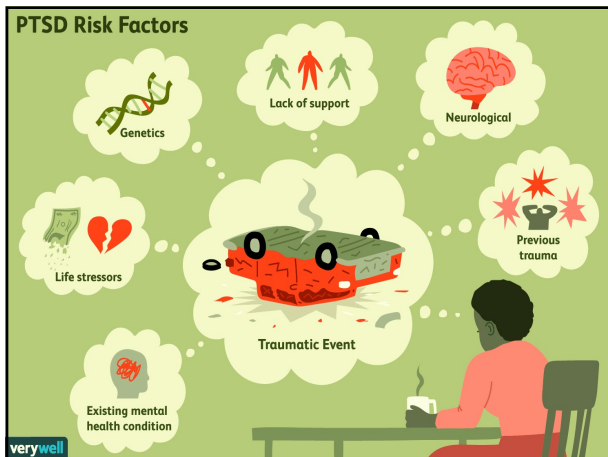
Chronic Health Conditions, Trauma, and Stress—Symptom Overlap

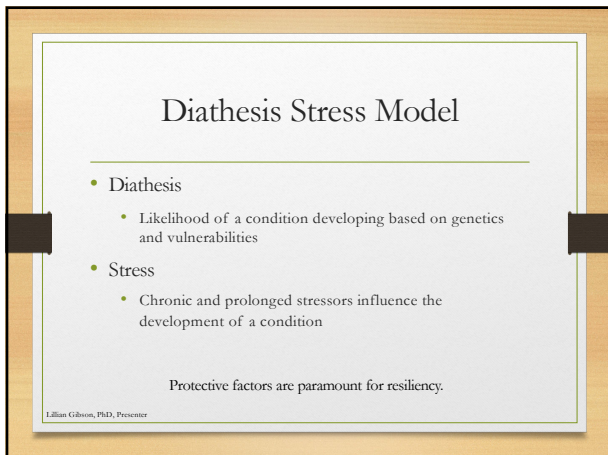
- Somatic hypervigilance
- Biases in attention toward threatening stimuli
- Heightened startle reaction
- Emotional numbing (absence of positive emotion)
- Avoidance
- Dysregulation in stress response

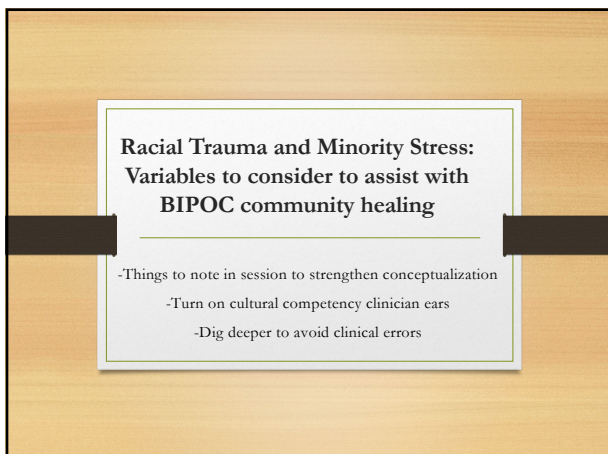
(Carter, Kirkman, & Johnson, 2003)

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Ecological System Level Definitions

- Individual:** identity, temperament, sex, biological makeup
- Micro Cultural System:** parents, siblings, peer network, instructors, coaches, school/work, religious beliefs, cousins
- Extended Cultural System:** friends of peers, churches in community, and community factors.
- Macro System:** legislative issues, law rulings, court decisions
- Historical Context:** Generational Trauma (upcoming slides)

Lillian Gibson, PhD, Professor

(Sue, & Sue, 2003)

Racial Identity Development During Childhood

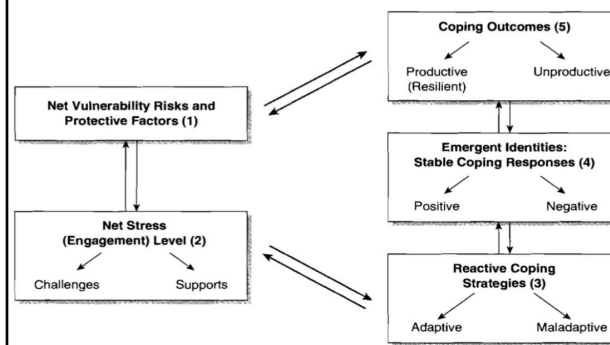


Figure 20.1 Phenomenological Variant of Ecological Systems Theory

Racial Identity Development During Childhood

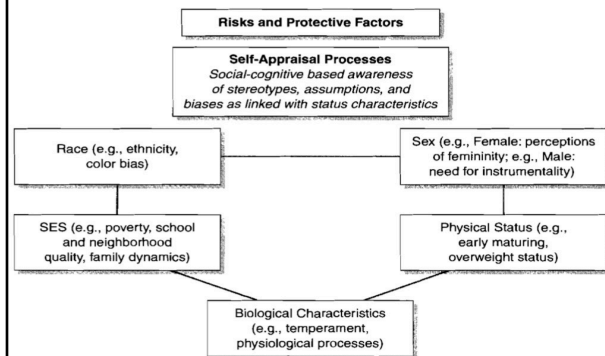


Figure 20.2 Phenomenological Variant of Ecological Systems Theory: Factors Contributing to Self-Appraisal Processes

Learning About Race and Individual Differences

...how to behave in a store so a shop clerk won't accuse you of stealing, or clothes you shouldn't wear while driving if you don't want to be pulled over by the police:

- – *Don't put your hands in your pockets.*
- – *Don't put your boodie on.*
- – *Don't be outside without a shirt on.*
- – *Check in with your people, even if you're down the street.*
- – *Don't be out too late.*
- – *Don't touch anything you're not buying.*
- – *Never leave the store without a receipt or a bag, even if it's just a pack of gum.*
- – *Never make it look like there's an altercation between you and someone else.*
- – *Never leave the house without your ID.*
- – *Don't drive with a wifebeater (male tank top) on.*
- – *Don't drive with a de-rag (male head covering) on.*
- – *Don't go out in public with a wifebeater or a de-rag.*
- – *Don't ride with the music too loud.*
- – *Don't stare at a Caucasian woman.*
- – *If a cop stops you randomly and starts questioning you, don't talk back, just compromise.*
- – *If you ever get pulled over, put your hands on the dashboard and ask if you can get your license and registration out.*

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(Wong, 2020)

Vicarious Learning

• Sports Psychology

- If he can be great, so can I
- If she can do it, I can do it better



John DeLano, Jr. Unknown
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• Social Psychology

- If he was punished, I don't want to get punished either
- If it didn't work for her, it may not work for me

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Vicarious Learning

- Type of learning derived from indirect sources such as observation, rather than direct instruction

• Social learning theory

- Children's play
- Emulate adults
- Influence
 - Bill Moyers Journal of Rosedale: The Way it is
 - The Boy in the Striped Pajamas/The Boy in the Striped Pyjamas
 - British 2008 Film
 - Holocaust drama two 8-year-old boys (son of Nazi commandant and Jewish inmate)



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The Psychology Behind It: Vicarious Learning Trauma

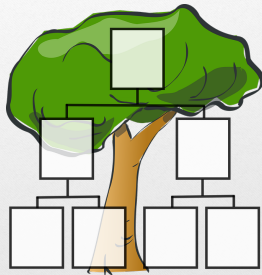
- Recorded murders and deaths
- News outlet changes
 - Reading
 - Court Proceedings
 - Audio recordings
 - Film
 - Entertainment
- Social Media
- Family story telling (generation to generation)/News Reports
- First hand accounts of trauma



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Generational Racial Trauma Factors Vicarious Trauma

- Silent Generation (1925-1945)
- Baby Boomers (1946-1964)
- Generation X (1965-1975)
- Millennials (1980-1994)
- Generation Z (1995-2012)
- Generation Alpha (2013-2025)
 - Trayvon Martin, February 2012
 - Sandra Bland, July 2015
 - Freddie Gray, April 2015
 - Walter Scott, April 2015
 - Tamir Rice, November 2014
 - Michael Brown, Jr. August 2014
 - John Crawford, August 2014
 - Eric Garner, July 2014
 - Ahmaud Arbery, February 2020
 - George Floyd, May 25, 2020

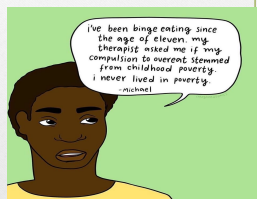


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(Belgrave & Allison, 2006)

Identity

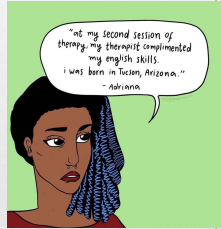
- Self identification matters in relation to trauma
 - How do I see myself
 - Social Identity
 - Racial Identity
 - Ethnic Identity
 - How does my therapist view me
 - How do I see my clients
 - How do my clients view me
 - How do my peers view me



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Identity

- Self identification matters in relation to trauma
 - How do I see myself
 - Social Identity
 - Racial Identity
 - Ethnic Identity
 - How does my therapist view me
 - How do I see my clients



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Identity: Clients tell the story of their culture, not the clinician

- Examples include but are not limited to
 - Person of Color (POC)
 - People of Color and Indigenous Individuals (POCI)
 - Queer and Trans People of Color (QTPOC)
 - Black, Indigenous, and People of Color (BIPOC)
 - Black
 - Negro
 - Black
 - African American
 - Creole
 - Biracial
 - Mulatto
 - Multicultural
- Terminology is important/Pronouns matter



by
Lillian
Gibson
Author is
located
under L.L.
Gibson

Lillian Gibson, PhD, Presenter

(Belgrave & Allison, 2006)

Heuristics Hurt

Heuristics

A problem solving approach for approximation.

- Not guaranteed to be optimal or rational
- Rule of Thumb, Educated Experience Guess
 - Traffic
 - Deal Purchases
 - Quality



Assumptions about race, culture, and ethnicity take place daily.

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Generational Racial Trauma

- The emotional ties between child and ancestors are essential to the development of our values. These bonds often determine the answers to myriad questions such as: "Who am I?" "Who am I to my family?" "Who can 'we' trust?" and who are our enemies?" "What ties me to my family?" And, most importantly, "of these ties, which do I reject and which do I keep?"
- It requires close listening to the stories of our parents and grandparents, with special attention to the social and historical milieu in which they lived — especially its military, economic, and political turmoil.

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(Castellon, 2012)

Although trauma exists, healing, resiliency and strength are present too.

Generational Strengths

- Pride
- Traditions
- Language
- Art
- Insights
- Strengths
- Food



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Case Vignette and Conceptualization

Anthony is a 28-year-old married African American male.

He presents with concerns regarding discomfort in social settings. He has always done so due to his mother's demands regarding what he "should, or should not" do when exiting the family home.

As a city dweller, he typically takes the train to and from work as opposed to "getting stuck in traffic." The anxiety of being prepared to deal with traffic violations is truly at the base of his avoidance.

He enjoys working as an architect within his firm. His colleagues would describe him as being astute, quiet, reserved, and a hard worker. But little does he share, he often gets distracted and finds himself ruminating over news reports.

On weekends he often finds himself staying at home working on yard projects to remove himself from the hustle and bustle of stores and large crowds, but he has even found this difficult to do lately.

He desires to be more present with his parents in the next town over (30-40 mile radius), but Anthony struggles to explore ways he can enjoy himself as his body tension sometimes becomes overwhelming.

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Case Vignette and Conceptualization

Anthony's wife has discussed his short temper, being wound up, spacing out when with the family, restless sleep patterns along with nightmares, and being jumpy for "no apparent reason." If he were to be totally honest, he finds himself mourning the loss of people he has never met following online news reports and social media updates (vicarious exposure).

Anthony's primary care provider has prescribed him sleep medications that don't appear to help with his nightmares. He is currently awaiting additional body scans to help inform his treatment due to what seems to be unexplainable body aches, and fatigue.

At his relatives' wishes, he has gone to therapists in the past who diagnosed him with an anxiety disorder and sleep disturbance. His grandfather was civil rights pioneer who encouraged him to always "seek help" no matter what. He recalls his great grandfather speaking of Emmitt Till's murder, his grandfather speaking of Dr. MLK's murder, and now he finds himself speaking to his son about Trayvon Martin's murder following the murder of George Floyd. He recounts being detained (held against will) while in college returning back to his dorm following a study session.

He returns to therapy in an effort to develop stress management techniques as he has found himself on edge more often than not. Anthony is not quite sure why he continues to experience such symptoms as he "just has anxiety and a sleep disturbance problem."

Lillian Gibson, PhD, Presenter

Case Vignette Highlights For Culturally Competent Clinicians

-What are we now noticing about this case

-Contextual factors have presented

*generational trauma

*expectations

*others worldviews

-Cultural dynamics

-Social media

*reliving events

-News reports

*reliving events

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Diathesis Stress Model and Racial Trauma

• Diatheses

• Likelihood of a condition developing based on genetics and vulnerabilities

• Generational Trauma

• Migration

• Immigration

• Identity

• Social and Political History

• Stress

• Chronic and prolonged stressors influence the development of a condition

• Minority Stress

• Microaggressions

• Othering (Marginalized Stressors)

• Work Stress

• Health Issues

• Psychosocial Stressors

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Protective factors are paramount for resiliency.

What's Next?

- What treatment is most appropriate right now?



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Intervention/Treatment Planning

- Assessment
- Context
- Treatment Planning
 - What do we do?
 - What are my areas of expertise as a mental health professional?
 - What are my strengths as a mental health professional?
 - What are my areas of needed improvements as a mental health professional?
 - What does the patient want?
 - Client centered considerations
 - Commitment
 - Readiness
 - Awareness

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Motivational Enhancement

- Identify short-term goals
 - What are the treatment expectations over the next 30-45 days?
 - Let's look at where you would like to be in your life and see how that compares to where you are now?
 - Functioning
 - Coping
 - Knowledge
 - Understanding
 - Social support

Motivational Enhancement for the Culturally Competent Clinician

- Help patient to develop “a light at the end of the tunnel mindset” by offering hope/resolutions to the presenting problem
- Assist in generating personally and culturally relevant, benefits of engaging in treatment
- Explore potential barriers to treatment (cultural norms, attitudes and expectations)
- Explore and problem solve potential obstacles to treatment (support, time commitments, etc.)

Assessment of Psychosocial Variables

Positive Factors

Areas of Improvement

Thoughts

Emotions

Behaviors

Social

Rumination

Sad

Pacing

Identity

Safety concerns

Overwhelmed

Pleasant
Activities

Sense of
Belonging

Fear of being
judged

Emotionally
Numb

Avoidance

Connections

Hopeless

Over Exertion

Isolation

Value Driven

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Intervention/Treatment Planning

- Trauma Treatment Options
 - Psychoeducation
 - Normalization
 - Mindfulness
 - Whole Health/PCP Contact
 - Diet
 - Exercise
 - Valued living
 - Behavioral Activation

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Intervention/Treatment Planning

- Evidence Based Psychotherapies (EBPs) Examples
 - Prolonged Exposure
 - Eye Movement Desensitization and Reprocessing
 - Acceptance and Commitment Therapy
 - Cognitive Behavior Therapy for Insomnia
 - Imagery Rehearsal Therapy for Nightmares
- Minimize the use of “treatment training/learning cases” for BIPOC clients
 - Normative Data
 - Clinician Flexibility Needed
 - Clinician Proficiency Needed

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Biopsychosocial Model/Framework Exercise

	Symptoms	Treatment
Bio		?
Psycho		?
Social		?

- What shows up with your client based on this framework?
- Are there any connections (bi-directional relationships)?
- What are the pros and cons of using this framework to formulate treatment for racial trauma?

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(Clark, Anderson, & Williams, 1999)

Evidence Based Psychotherapies (EBPs)

- Empirically Sound
- Gold Standard
- Laser Focused Symptom Tracking and Reduction
- Treatment Protocols
 - Pros
 - Cons
- Drawbacks
 - Normative Data
 - Length
 - Structure (manualized)



Three Pillars of EBPs

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Morales & Norcross, 2010

Selecting Treatment and Cultural Responsiveness

- EBPs should be framed within the values and traditions of the client's culture
 - Example: honoring the deceased
- Conceptualization should be within the realms of the clients culture, values and traditions
 - Example: avoid microaggressions
- Appropriate language and context is important
 - Example: how does the patient self identify
- Client's preference is paramount
 - Example: medication management could be a faux pas

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Intervention/Treatment Planning

- Treatment should focus on primary symptoms along with client's willingness to engage in treatment
 - A cognitive based therapy could initially be too overwhelming
- Dual therapies may be an option for some clients dependent upon their needs
 - Individual therapy and a process group
 - Individual therapy and art therapy
 - Individual therapy and couples counseling
 - Individual therapy and yoga

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Interventions/Trauma Treatments: Provide the Education

- Evidence Based Psychotherapies
 - Prolonged Exposure
 - Talking and doing
 - Change avoidance behaviors to confront triggers (internal and external)
 - Express natural emotions associated with the traumatic event

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Interventions/Trauma Treatments: Provide the Education

- Evidence Based Psychotherapies
 - Cognitive Processing Therapy (CPT)
 - Thinking and writing
 - Change thinking about the trauma, self, others, and the world in general.
 - Express natural emotions associated with the traumatic event

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Interventions/Trauma Treatments: Provide the Education

- Evidence Based Psychotherapies
 - Eye Movement Desensitization and Reprocessing
 - Mental focus on negative thoughts, emotions, body sensations
 - Bilateral brain stimulation promotes adaptive response to trauma

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Interventions/Trauma Treatments: Provide the Education

- Evidence Based Psychotherapies
 - Acceptance and Commitment Therapy
 - ACT helps people become open and willing to experience their inner feelings while they focus attention, not on trying to escape or avoid pain (because this is impossible), but on living a meaningful life.
 - Acceptance and Commitment Therapy
 - Attempts to escape pain will never work
 - Attempts to practice control are not effective
 - Attempts to view self as one's thoughts as his/her thoughts are problematic
 - Engaging in a cycle of distress is maladaptive
 - Non-action is problematic

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Interventions/Trauma Treatments:
Provide the Education

- Mindfulness
 - Mindfulness has been defined as the practice of paying attention to your moment-to-moment experience in an intentional, non-judgmental way.

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Intervention Options:
Provide the Education

- Evidence Based Psychotherapies
 - Cognitive behavioral therapy for insomnia (CBTI)** helps client learn adaptive sleep-related practices. Interventions address:
 - Conditioned arousal
 - Poor sleep hygiene
 - Retrain the sleep drive and circadian clock
 - Imagery rehearsal therapy (IRT)** is a cognitive-imagery approach with proven efficacy in the treatment of nightmares.
 - Imagery rehearsal therapy not only has potential to reduce nightmare intensity and frequency, but has shown clinically meaningful decreases in all clusters of posttraumatic stress disorder symptoms as well as insomnia.

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BIPOC Coping and Healing Awareness Model

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Racial Trauma and Minority Stress Intervention/ Treatment Checklist for Healing

- Identify prominent symptoms
- Note stage(s) of change
- Cultural Compass
 - Cultural Competence
 - Cultural Humility
- Culture sensitive implementation
- Client approved

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Application of Skills: Case Vignette Revisited

- Anthony's therapist was able to explain his college experience (race based stressor) in relation to his current anxiety symptoms and sleep difficulties.
- His therapist was mindful of important language to use when exploring his distress.
- The therapist considered cultural factors when working with Anthony to develop his treatment plan.
- Measures were used to track treatment progress and the therapeutic alliance.

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Case Revisited: Treatment Planning for Healing

- Anthony is aware of his thoughts and can find ways to keep busy even when in pain
 - Behavioral activation: valued activities/SMART Goals
 - Extended cultural system (become a mentor)
- Anthony limits exposure to news programs or social media updates that are stressful
 - Mindfulness
 - Perhaps a tune up by revisiting skills
- Anthony is wound up about feeling tired, and sleep problems
 - Cognitive Behavioral Therapy for Insomnia (sleep hygiene)
 - Imagery Rehearsal Therapy for Nightmares (IRT for Nightmares)



Does not want to commit to a 12 or 16 week program at this time

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Fostering a Therapeutic Alliance:

- Listen with an intent to understand
- Explain your perception of the problem
- Acknowledge and discuss differences and similarities
- Recommend treatment
- Negotiate treatment

Perception of Acts influence Conceptualization

As We Close Out

Recommendations for Therapists

- **Respect clients' world views**
 - Self identity
 - Generational beliefs
 - Values
 - Community beliefs
 - Trauma exposure (direct and indirect)
- **Understand your world view**
 - Assumptions
 - Awareness
 - Empathy
 - Compassion
 - Your why



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Important Terms

- **Cultural assimilation**
 - An ethnic minority sacrifices his/her/they's own culture to integrate into society
 - Why would one want to engage in assimilation: avoidance, fear, shame
 - Day to Day Stressors
 - Stigma, Discrimination, Microaggressions
 - Speaking in native language
 - Cultural attire
 - Hair (workplace rules/standards)
 - Chronic/Enduring/Repetitive Exposure to Trauma Stressors
- **Acculturation**
 - Processes in which a person or group from one culture adopts practices and values from another culture while still retaining their own culture
 - Examples: Immigrants adapt to the culture of their new country, but still maintain values, perspectives, and practices of their original culture

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Clinical Cases We May See

- Work stress
 - Lack of support
 - Attire
 - Hair
 - Promotions
- Family related issues/concerns
 - Multiracial/Biracial marriages
 - Rearing of children based on culture
 - Blended family norms
 - Adoption related concerns
- School
 - District program standards/norms
 - Academic progression concerns
 - Disciplinary actions
- Immigration
 - Evaluations
 - Assimilation/Accommodation
 - Generational differences

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Practical Recommendations: Scripts

- There has been a lot going on lately, would you like to take time to process this?
- I know we typically talk about managing your anxiety, but I was wondering if you wanted to switch gears and focus on recent events?
- I have been reading and processing a lot of reports lately, and I want you to know that this is a safe space. Is there anything we can do within the next hour that would be most helpful for you?

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Thank you for your attention and participation.


**Healing Strategies and
Interventions for BIPOC Communities**

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