

# **Race, Trauma & Mental Health, Oh My!**

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# OBJECTIVES

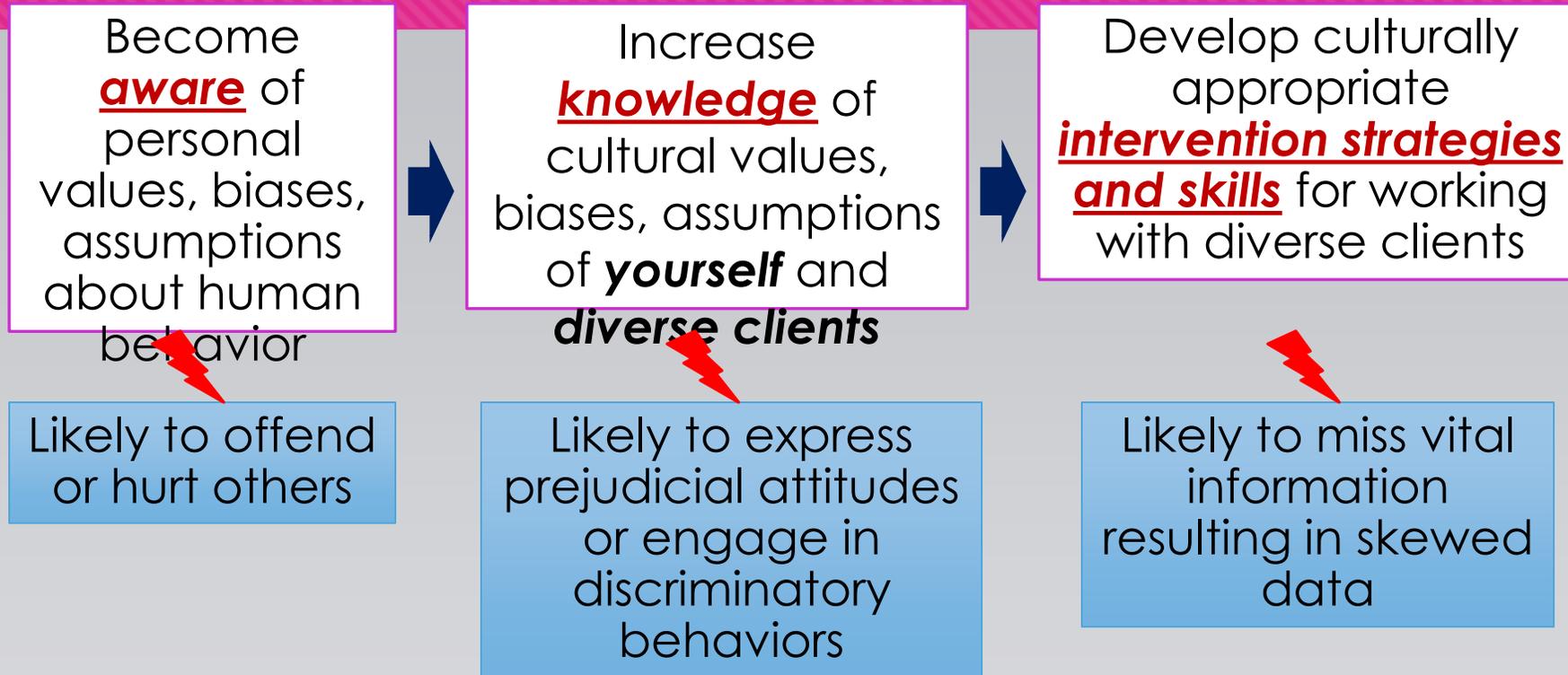
1. Attendees will receive a **brief overview of the Multicultural Competencies** that address awareness, knowledge, and skills
2. Attendees will learn about the **impact of racial trauma on the mental health** for clients of color
3. Attendees will explore **how counselor & client worldviews impact** the counseling experience

# The Need for Diversity/Cultural Competence training

- The National Center for Child Traumatic Stress (NCTSN) views enhancing cultural competence as essential...[to] improving the standard of care for traumatized children, families, and communities...
- NCTSN perspective is that cultural awareness, sensitivity, and understanding need to be infused throughout the operations of every level of an organization to be most effective.

# Cultural Diversity - it starts with YOU!

## Multicultural Competence



### Tips:

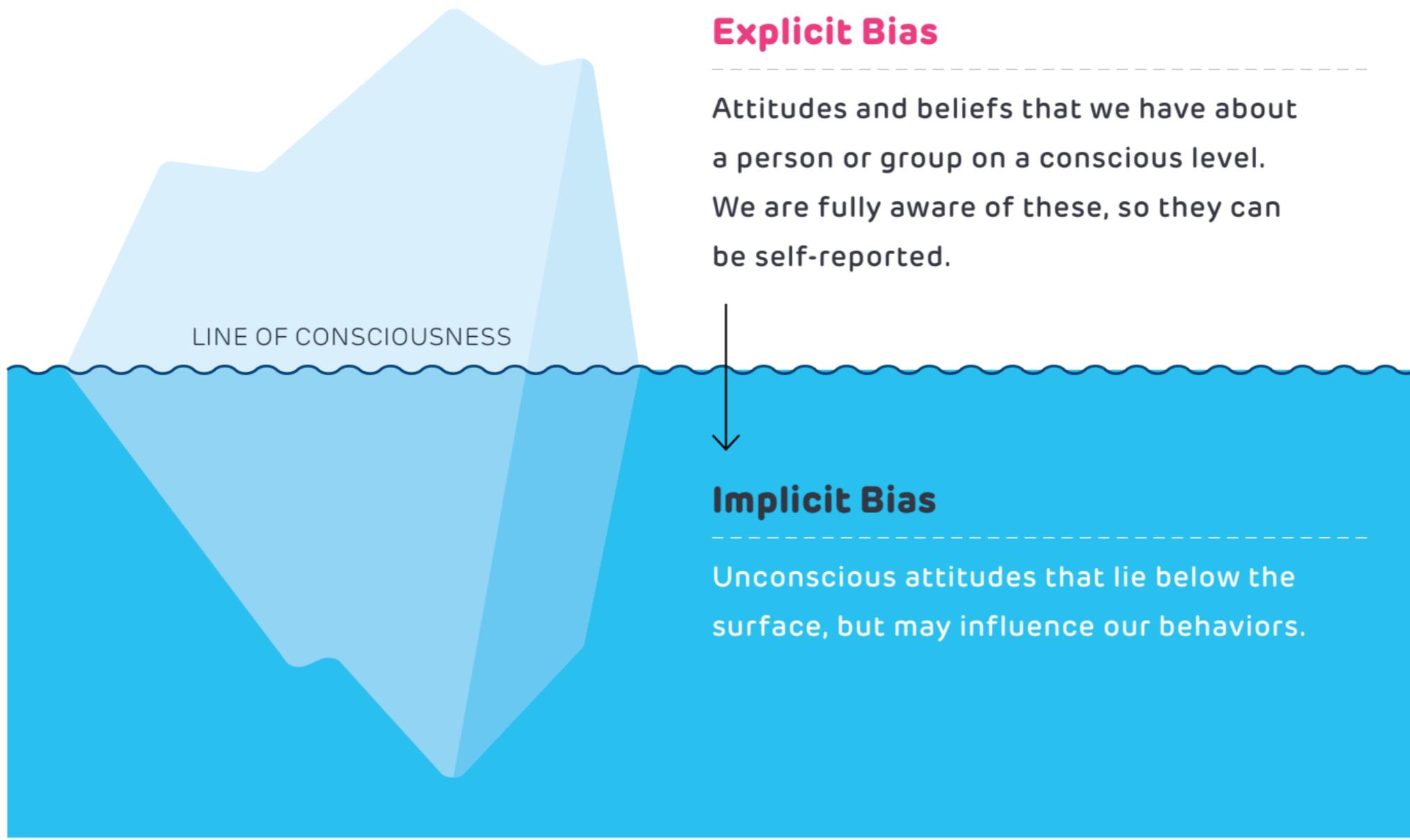
- Explore your own values, beliefs, histories, etc. to help increase awareness of self
- Explore and learn about others different from you
- Careful with generalizing about others
- Adjust as needed to ensure effective communication with others different from you

# Dimensions of Culture

- **Race**
- **Ethnicity**
- **Nationality**
- **Gender**
- **Age**
- **Marital/Relationship Status**
- **Sexual Orientation**
- **Family Structure**
- **Disability**
- **Language**
- **Religion/Spirituality**
- **Other nonvisible**
- **Socioeconomic Status**
- **Others?**

# Pyramid of Hate





## Explicit Bias

Attitudes and beliefs that we have about a person or group on a conscious level. We are fully aware of these, so they can be self-reported.

## Implicit Bias

Unconscious attitudes that lie below the surface, but may influence our behaviors.

# Trauma: Know the Signs

## Re-Experiencing

- Replaying the memory
- Nightmares and flashbacks

## Hyperactive Nervous System

- Feeling on guard
- Being easily startled
- Difficulty sleeping
- Loss of interest in sex

## Avoidance

- Trying not to think about the event
- Avoiding anything related to it

## Emotional Reactions

- Fear and anxiety
- Anger
- Guilt
- Sadness
- Feeling numb

## Changed Views of the World and Self

- Difficulty trusting people
- Believing the world is extremely dangerous
- Blaming oneself
- Self-criticism for reaction to trauma







# Microaggressions

What are  
microaggressions?

Microaggressions are  
subtle

Microaggressions are real

Microaggressions are a  
form of discrimination

## **Macroaggressions**

Systematic/institutional  
discrimination

Impacts entire cultural  
groups

# Identifying & Challenging Microaggressions

## Identifying & Challenging Microaggressions

- Ask questions to get at any underlying assumptions
- Acknowledge what happened to the person affected
- Be an active bystander and explain to the person saying or behaving in a harmful way why their actions had a negative impact, even if unintentional

## Reflection questions to explore if we are demonstrating microaggressions

- What was my intention?
- What assumptions are behind what I said or did?
- What was the impact?

Source: What are microaggressions? [https://youtu.be/QTVa55n\\_X4Y](https://youtu.be/QTVa55n_X4Y)

# Understanding Worldview

- An overriding cognitive frame of reference
- Set of assumptions about his/her world that influence perception, learning, values, and behaviors

# Locus of control

- **Internal control (IC):** People's beliefs that reinforcements are contingent on their own actions, and that they can shape their own fate.
- **External control (EC):** People's beliefs that reinforcing events occur independently of their actions and that the future is determined more by chance and luck.

# Locus of responsibility

Measures: degree of responsibility or blame placed on the individual or system.

- Person-centered or Person-blame
  - Rugged individualism / The American dream
    - Relationship between hard work/ability and success
    - Typical of clinical practice
- Situation-centered or System-blame
  - Success/failure is blamed on socioeconomic system

# LOCUS OF CONTROL - YOUR PERSONALITY SNAPSHOT



## ***EXTERNAL***

- ▶ Believe success or failure is a result of luck, chance, fate, or powerful others
- ▶ Tends to be negative, gives up easily, not try too hard
- ▶ Will not initiate contact or attempt to repair damage relationships
- ▶ Work better when pace is automated
- ▶ Feels victimized by illness & stress and take less preventive action
- ▶ Correlated with emotional instability, anxiety, neuroticism
- ▶ Feel more anger & perceive others to be less friendly

## ***INTERNAL***

- ▶ Believe they have control of personal successes and failures
- ▶ Do better in jobs where they can set their own pace
- ▶ More health conscious and seek medical attention when needed
- ▶ Less prone to stress-related illnesses, anxiety or depression
- ▶ High achievement and expects to perform well
- ▶ More independent, achieving and dominant

# Cultural influences on mental health

- Culture influences how people experience the discomfort associated with mental health symptoms
- A way of expressing sufferings (e.g., traumas) are called “idioms of distress”
  - One of the most common idioms of distress is somaticizing – the expression of mental distress in terms of physical suffering.
  - Another could be “an attack on nerves” “having a nervous breakdown”

# Helpful Communication Techniques

## Technique

### 1. Reflecting

## Rationale

Reflects back to clients their emotions, using their own words

### 2. Silence

Allows clients to explore all thoughts/feelings; prevents cutting conversation at a critical point or missing something important

### 3. Paraphrasing

Restating, using different words to ensure you have understood the client; helps to clarify

### 4. Making Observation

Helps client recognize feelings he/she may not be aware of connect with behaviors

### 5. Open-ended questions

Encourage client to take responsibility for direction of interaction; avoids yes/no responses

### 6. Encouragement

Encourages client to continue

### 7. Reframing

Presenting same information from another perspective (more positive)

# Tips for the Provider

## **Trauma Informed Care** (Treatment Improvement Protocol (TIP) Series, No. 57 of SAMHSA)

Understanding:

- Traumatic stress reactions and common responses to trauma
- How trauma can affect treatment, engagement, and the outcome of behavioral health services
- Trauma affects everyone differently – no matter if the trauma is one time, multiple or long-lasting repetitive events

○ **Respecting individual styles of coping**

○ **Internalizing/Countertransference**

# Treatment modalities

- **Cognitive Behavioral Therapy** (at the core is exploring the connection between thoughts, feelings, and behaviors)
- **“Family” Therapy** (broad in scope – may not be biological family members but others who are supportive). This could include community resources
- **Group Therapy** – homogeneous groups might prove to be more effective when it comes to racial traumas

# Some interventions

(The Legacy of Trauma – American Psychological Association - February 2019, Vol 50, No. 2)

- **Survival Genogram:**
  - A visual of a family tree to highlight family relationship, health and psychological patterns – aimed at the transgenerational trauma experience
  - Key: to explore family life lessons – examples: never let your guard down. Explore ways the lessons (messages) have helped or hindered them
- **Name the problem** – recognize the racially oriented symptoms such as worry and fear that stems from racial trauma (in essence, identifying the things that are problematic)
- **Embrace self-care practices** – mindfulness, exercise other nurturing activities
- **Prevention** – reducing exposure to potential triggers such as news about race-based police shootings or provocative/challenging race-related items
- **Addressing present day traumas** like racism that relate to the original trauma is key to helping new generations heal & move on

# Best Practice Highlights for Treating Diverse Populations

## American Psychiatric Association

A guide to help you contextualize your assessment and treatment when working with diverse populations.

- [Working with African American Patients](#)
- [Working with Appalachian Patients](#)
- [Working with Asian Patients](#)
- [Working with Latino/a Patients](#)
- [Working with LGBTQ Patients](#)
- [Working with Muslim Patients](#)
- [Working with Native American Patients](#)
- [Working with Refugee and Forced Displacement Patients](#)
- [Working with Women Patients](#)

# References/Sources

Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). *Counseling the Culturally Diverse: Theory and Practice*. (8 ed.) Wiley.

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural competencies and standards: A call to the profession. *Journal of Counseling & Development*, 70, 277-486.

Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). Promoting systemic change through the ACA Advocacy Competencies. *Journal of Counseling & Development*, 87, 260-268.

ACA Code: E.5.b. Cultural Sensitivity Counselors recognize that culture affects the manner in which clients' problems are defined and experienced. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders.

ACA Code: E.5.c. Historical and Social Prejudices in the Diagnosis of Pathology Counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and strive to become aware of and address such biases in themselves or others.

# References/Sources

Reducing Racial Disparities in Health Care by Confronting Racism (September 27, 2018)  
<https://www.commonwealthfund.org/>

What are microaggressions? [https://youtu.be/QTVa55n\\_X4Y](https://youtu.be/QTVa55n_X4Y)

Cracking the Codes: Unconscious Bias <https://youtu.be/F05HaArLV44>

Anti-Defamation League (www.adl.org)

New York Times Magazine – Racism’s Psychological Toll (June 2015)