

# **Wisconsin Public Psychiatry Network Teleconference (WPPNT)**

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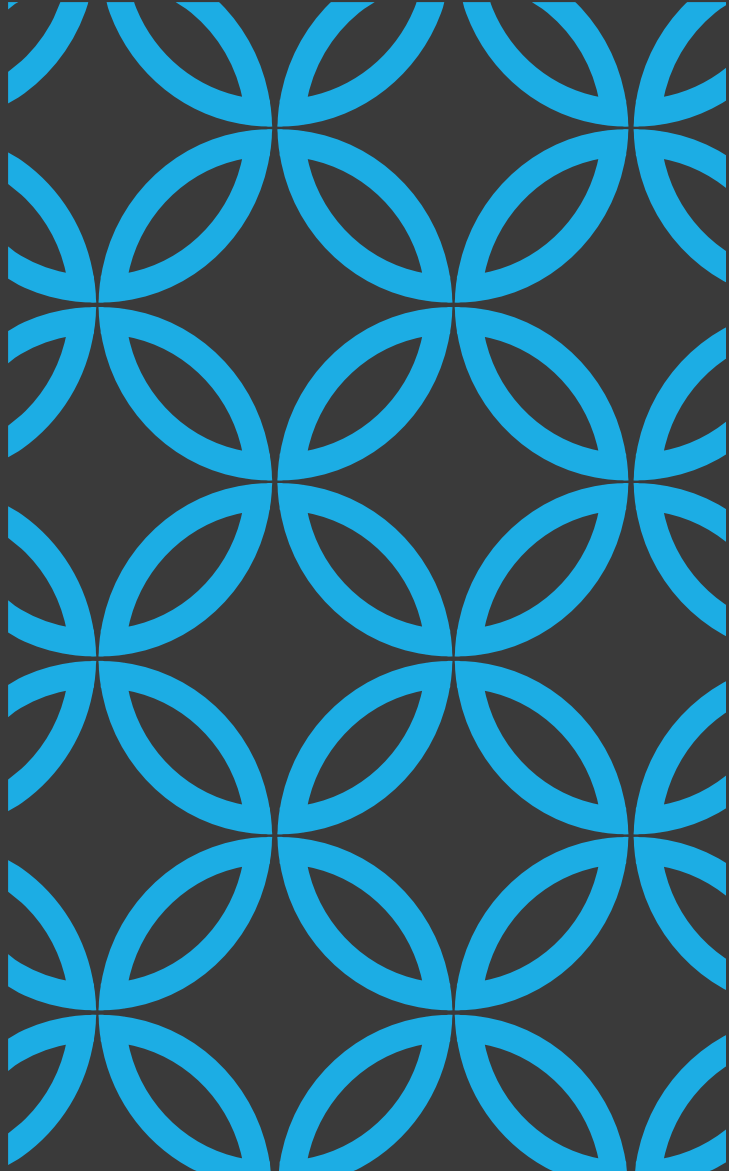
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# UNDERSTANDING AND ADDRESSING RACIAL STRESS AND TRAUMA: FROM CULTURALLY RESPONSIVE COMMUNICATION TO CULTURALLY SENSITIVE CARE

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Presented By:  
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Recognizing Culture Specific Experiences

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Culturally Responsive Communication  
Techniques

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Culturally Responsive Care Techniques

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Takeaways and Questions

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References

# AGENDA

When discussing triggers/stressors in a group, a White client makes the following comment:

“This country is going to shit, and it just pisses me off because they want to act like the victim. They are the ones looting and stealing and protesting ‘Black Lives Matter’. Why are we still going on about that? All Lives Matter.”

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## EMPATHY EXERCISE

# RACIAL MICROAGGRESSIONS

SUE ET AL., 2019

**Table 1**  
*Examples of Racial Microaggressions*

Theme	Microaggression	Message
Alien in own land When Asian Americans and Latino Americans are assumed to be foreign-born	"Where are you from?" "Where were you born?" "You speak good English." A person asking an Asian American to teach them words in their native language	You are not American.  You are a foreigner.
Ascription of intelligence Assigning intelligence to a person of color on the basis of their race	"You are a credit to your race." "You are so articulate." Asking an Asian person to help with a math or science problem	People of color are generally not as intelligent as Whites. It is unusual for someone of your race to be intelligent. All Asians are intelligent and good in math/sciences.
Color blindness Statements that indicate that a White person does not want to acknowledge race	"When I look at you, I don't see color." "America is a melting pot." "There is only one race, the human race."	Denying a person of color's racial/ethnic experiences. Assimilate/acculturate to the dominant culture. Denying the individual as a racial/cultural being.
Criminality/assumption of criminal status A person of color is presumed to be dangerous, criminal, or deviant on the basis of their race	A White man or woman clutching their purse or checking their wallet as a Black or Latino approaches or passes A store owner following a customer of color around the store A White person waits to ride the next elevator when a person of color is on it	You are a criminal.  You are going to steal/ You are poor/ You do not belong. You are dangerous.
Denial of individual racism A statement made when Whites deny their racial biases	"I'm not racist. I have several Black friends." "As a woman, I know what you go through as a racial minority."	I am immune to racism because I have friends of color. Your racial oppression is no different than my gender oppression. I can't be a racist. I'm like you.

# RACIAL TRAUMA

Racial Trauma or race-based traumatic stress injury, refers to emotional or physical pain or the threat physical or emotional pain that results from racism in the forms of racial harassment (hostility), racial discrimination (avoidance), or discriminatory harassment (aversive hostility; Carter, 2007).





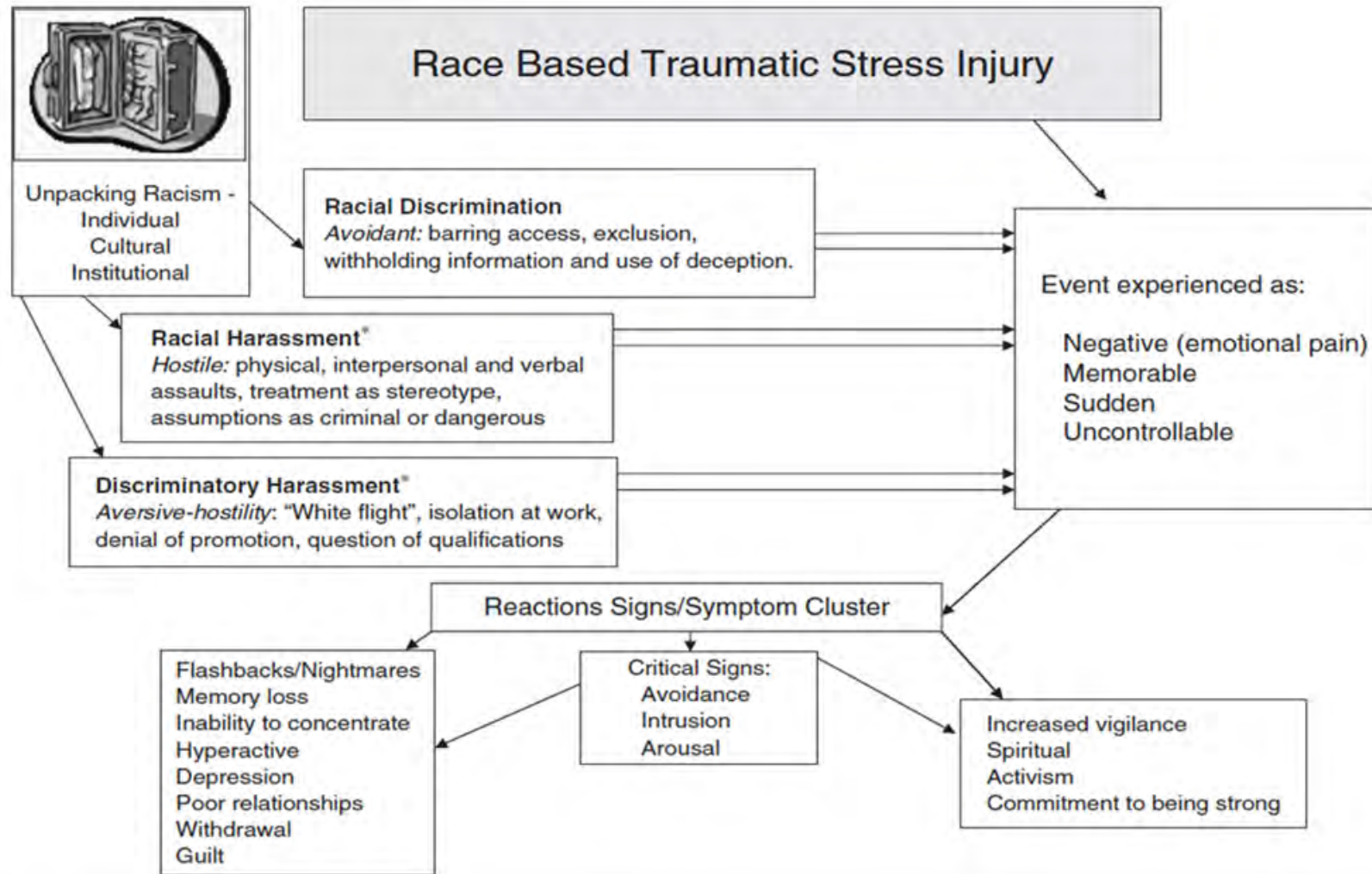


Figure 1 Race-Based Traumatic Stress Injury

\*May be more harmful.



# IMPACT OF RACISM/STRESS/TRAUMA ON WELLBEING

## Psychosocial

### Increased risk for...

Depression and anxiety (Assari et al., 2017; Lee et al 2020)

Substance Use Issues (Hurd et al., 2014; Lee et al., 2018)

Increased feelings of threat and low feelings of comfort (Swim et al., 2003)

Positive psychotic symptoms (i.e., unusual thinking, disorganization, suspiciousness; Anglin et al., 2014)

Lower psychological resources/coping engagement (Joseph et al., 2021)

## Physiological

### Linked to the higher risk for stress-related diseases like...

High blood pressure

Cardiovascular reactivity and disease (hypertension, stroke)

Gastrointestinal issues and disease

# EMPATHY EXERCISE

You are this client, and you are experiencing hopelessness, worry, anxiety about your racialized experiences. So, you decide to try individual therapy. You describe your history including group disengagement, discriminatory/bias interactions with your providers, and PTSD related to sexual trauma. You explain you have grown to mistrust your providers and only utilize healthcare services when you experience extreme distress, suicidality, or self-harm that are brought on by racial stress related to your sexual trauma. As a result, providers document your symptoms as the following:

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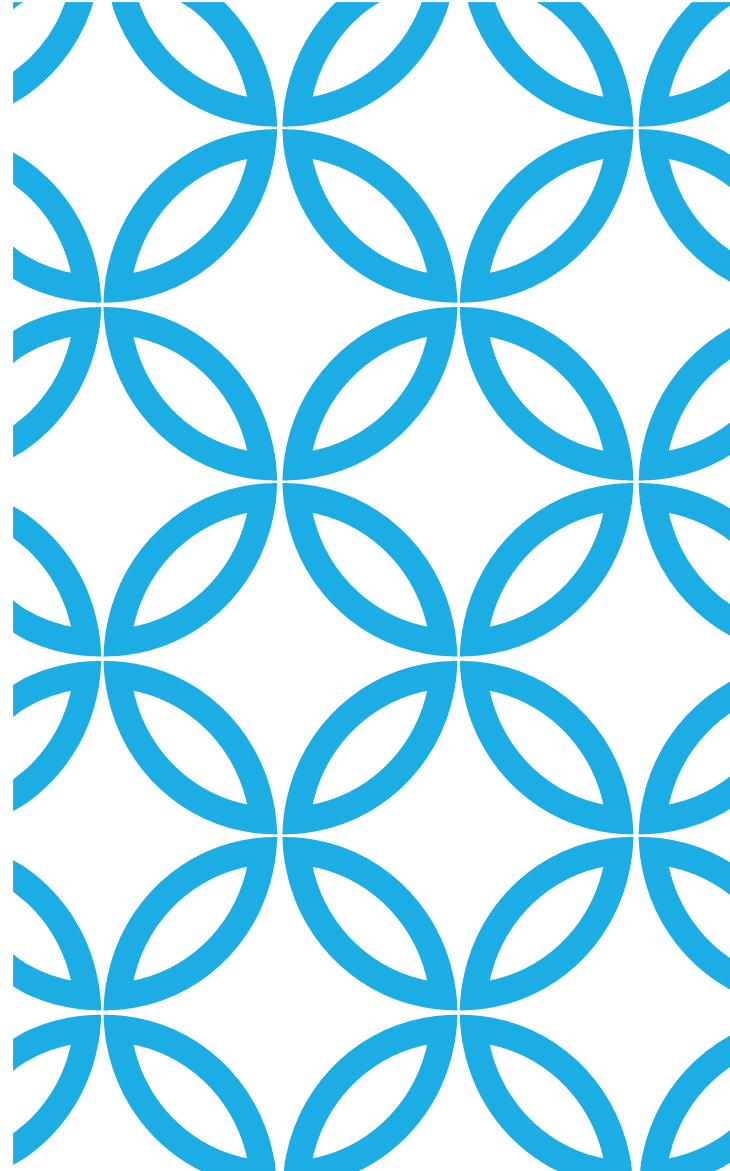
“Patient then continued to talk extensively about perceptions of reality”

“Paranoia about systemic racism and mistrust of the world/society”

Do you feel about this language?

- Clinicians may perceive people of color as less honest, more paranoid, suspicious, and prone to hallucinations, and make different judgements on their presentations that would contribute to an increase in perceived paranoid symptoms (Eack, et al., 2012; Trierweiler, et al., 2007; “Schizophrenia,” 2013; Kennedy, 2022)
- When diagnosing Black patients, clinicians overemphasize psychotic symptoms and dismiss mood-related symptoms (Gara, et al., 2019) – disparity is partially explained by racial bias (Strakowski, et al., 1997)

## DIAGNOSIS AND DOCUMENTATION



# CULTURALLY RESPONSIVE COMMUNICATION TECHNIQUES

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# THE ADDRESSING FRAMEWORK

## Ways to assess

### Ask about salient identities

“It is important for me to understand other ways you interact with and view the world. I am curious if there are any cultural influences that may impact our work together. For example, being aware of age and religion help deepen my understanding of who you are. Are there any other characteristics you feel may be important for me to know?”

Table 1

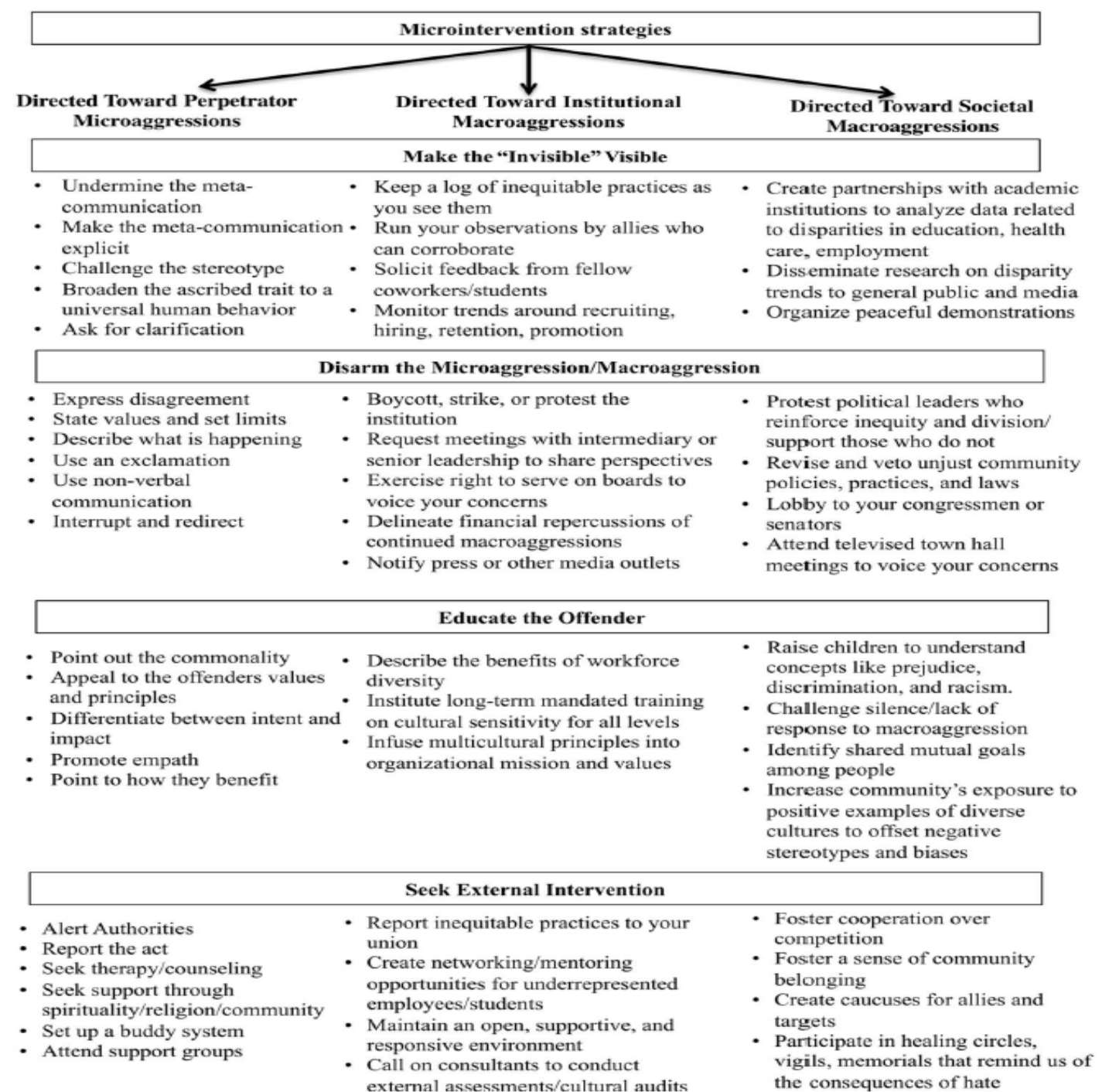
*The ADDRESSING Framework: Summary of Cultural Influences and Related Minority Groups*

Cultural influence	Minority group
Age/generational	Children, elders
Developmental disabilities	People with developmental disabilities
Disabilities acquired later in life	People with disabilities acquired later in life
Religion and spiritual orientation	Religious minority cultures
Ethnic and racial identity	Ethnic and racial minority cultures
Socioeconomic status	People of lower status by class, education, occupation, income, or rural/urban habitat
Sexual orientation	Gay, lesbian, and bisexual people
Indigenous heritage	Indigenous/Aboriginal/Native people
National origin	Refugees, immigrants, international students
Gender	Women, transgender people

*Note.* From Hays, P. A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy* (2nd ed.). Washington, DC: American Psychological Association.

# MICROINTERVENTIONS

## SUE ET AL., 2019





# CULTURALLY RESPONSIVE STEPS — IN THE MOMENT

If person approaches reporting concerns of racial discrimination or harassment:

- **Validate and Affirm** the person experiencing the racism and aim to work collaboratively over confrontationally
- **Discuss and Assess** the situation and perceived safety of the individual/group
- **Provide support** by empathic listening and highlighting Veteran strengths and abilities. **Direct** them to appropriate staff (e.g., primary therapist, case manager, manager)
- **Consult & Take Action**

(Culturally Responsive Practice Hays, 2009)



Case Example	Culturally unresponsive	Culturally Responsive
Treatment	<p><u>Providers response:</u> “You cannot control how others treat you, you can only control how you respond”</p> <p><u>Veteran’s reaction:</u> Reported feeling like the provider was telling him to “get back in line” (e.g. invalidation) and did not want to share with them again.</p>	<p><u>Providers response:</u></p> <ul style="list-style-type: none"> <li>• <b>Validated</b> his experience by saying, “I am sorry you experienced that,”</li> <li>• <b>Affirmed</b> it by <b>discussing</b> the historic inequities of the VA</li> <li>• <b>Acknowledged</b> his faith/spiritual strengths to realign his hope and purpose.</li> <li>• <b>Consulted</b> with treatment team about continued care with a provider of color.</li> </ul> <p><u>Veteran’s reaction:</u> Reported feeling, ‘heard and seen’ and committed to seeking MH services after discharge.</p>
Documentation	<p>“Patient then continued to talk extensively about perceptions of reality”</p> <p>“Paranoia about systemic racism and mistrust of the world/society”</p>	<p>“There was no evidence of psychosis at this time, however, the veteran engaged in persecutory ideation regarding his treatment from a specific supervisor.”</p> <p>“The writer provided the veteran some psychoeducation on racial stress and its relation to his presenting MST.”</p>

# RESIDENTIAL TREATMENT CLINICAL EXAMPLE

**Situation:** Black client reported to an individual staff member that another Veteran had used racial slurs toward him in community space.

- **Validate and Affirm:**
  - “I am sorry this happened to you. That sounds really awful, and I am glad you came to talk with me. Can you tell me more about what happened?” )
- **Discuss and Assess:**
  - Described feeling unsafe, eating meals in his room to avoid interacting with Veteran
- **Provided support & Direct**
- **Consult & Take Action:**
  - Consulted with staff including case manager of the client who used the racist language
  - - Client who engaged in racist behavior was discharged within 48-72 hours following report to staff

## Process Improvement:

- Veteran did not report behavior until a few days later due to:
  - Fear of reporting it
  - Belief that ‘nothing will happen’ and ‘no one will believe me’
- Staff began to ‘investigate’ by reviewing security footage
- Delayed response where Veteran who engaged in racist behavior remained in program for 48-72 hours follow staff awareness

## EMPATHY EXERCISE

You are a client, and you are in crisis, so you self admit to inpatient treatment. While trying to work with your treatment team and explain what you are experiencing. You tell them that the anniversary of your sexual trauma (where you were overpowered by white males in positions of power) just passed and a few days ago you walked off the job due to feeling that your supervisor was treating you unfairly because of your race and, like there was “no reward for living.” You express feelings mistreated, devalue, and powerless to social circumstances outside of your control.

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Your provider responds: “You can’t control how others treat you, you can only control how you respond.”

How might you feel?

## Limitations in Current Evidence Based treatment protocol

CBT protocols (e.g., CPT and PE) may not be equipped to address racial trauma (Comas-Diaz, 2016; Williams et al., 2014) due to

- Lack of more diversity empirical study

- Lack of psychoeducation on racial stressors

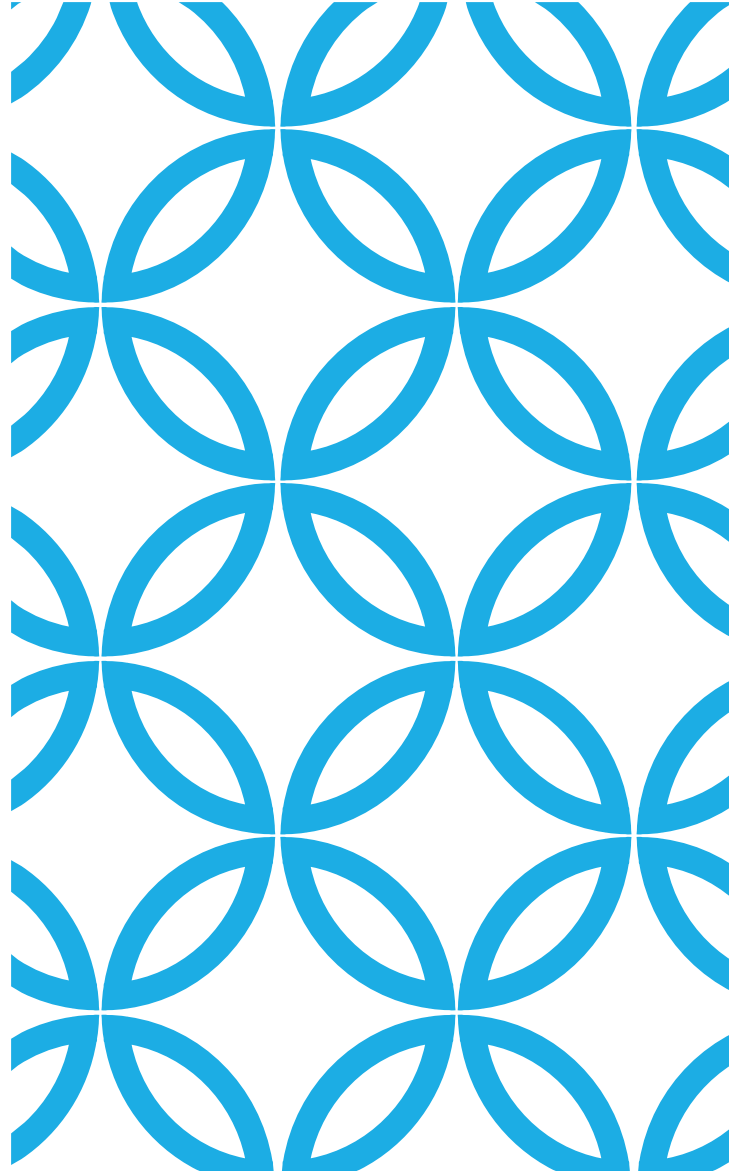
- Providers discomfort with racial dialogue and lack of knowledge regarding issues of systemic racial oppression, persecution, and discrimination (Sue et al., 2010)

# THE TREATMENT

# IMPACT OF RACISM ON HELP SEEKING

Clients of Color under utilize mental health care

- Provider dissatisfaction; perceived lower quality patient-provider relationships (Spont et al., 2017)
- More negative experiences including access and communications (Jones et al., 2016)
- Healthcare discrimination (Rickles, et al., 2010)



# CULTURALLY RESPONSIVE CARE TECHNIQUES

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# EVIDENCE-BASED APPROACH

## Culturally Responsive CBT (Hayes, 2009 & 2016)

- Clarifying external vs internal sources of stress
- Validating experience
- Explore cultural strengths and supports
- Consider and recognize cultural influence on cognitive, emotional, behavioral, and physiological components of the client's problem.



# EVIDENCE-BASED APPROACH

## Racial Stress and Trauma Treatment (Williams, 2023)

- From a CBT perspective
- Measure-based care protocol (require assessment similar to CPT)
- Outlines the education/competency need to address racial stress and trauma
- Assessment to 12 session intervention
  - Stabilization- “Stopping the Bleeding”
  - Healing
  - Empowerment

# CASE EXAMPLE

## The Client

71-year-old Black Male

EBP clinic-referred for CPT for trauma

Diagnosis- PTSD and chronic pain

## Problem list

- PTSD sx: irritability, anger, reoccurring dreams, avoidance, hypervigilance, isolation
- Other issues: sleep, helplessness

## History

Complex trauma presentation- 2 physical assaults prior to military service, 1 assault in service-resulted in medical d/c

All incidences of assault were racially motivated.

Table 2  
Healing Racial Trauma Treatment Protocol

Phase	Goal	Techniques
Assessment	Understand the scope of the client's racial stress and trauma	Use of validated scales and clinical interview to assess racial stress/trauma
Part 1: Stabilization – “Stop the Bleeding”		
1. Making Sense of Racism	Reduce shame by helping client understand racism is caused by society and is not the client's fault	Provide psychoeducation about racism and resulting harms
2. Coping & Self-Care	Increase functional strategies and decrease dysfunctional ones	Assess coping and self-care strategies, and discuss these with client
3. Cultivating a Support Network	Reduce stress and provide resources for when racial stress occurs	Identify existing social supports and find ways to create more
Part 2: Healing		
4. Dismantling Internalized Racism	Reduce shame, increase feelings of belongingness	Cognitive defusion and restructuring, cultural exploration/appreciation
5. Understanding Race & Whiteness	Increase feelings of control by better predicting racism in environment	Psychoeducation about race, including the invisibility of Whiteness
6. Exposure & Processing of Experiences of Racism ( <i>repeat as needed</i> )	Habituation through exposure, new thinking about event, reducing distress, shame and guilt	Conversations about distressing events, expressive writing, Socratic questioning, artistic expression
7. Learning Strategies to Combat Racism	Skill building to respond to racism in various situations, increase confidence to act	Journaling racist events to discuss in session, review of possible responses, role play
Part 3: Empowerment		
8. Practicing Combatting Racism in Everyday Life ( <i>repeat as needed</i> )	Increase feelings of agency toward racism, reduce feelings of helplessness and victimization	Responding to racism in daily life, graduated exposure, make predictions and processing outcomes, skill building
9. Posttraumatic Growth and Meaning Making	Recognize and reinforce success	Consolidating events into a cohesive and meaningful narrative
10. Social Action, Activism, and Healing Outside Therapy	Ongoing meaning-making of prior trauma, promote change in one's environment, feel agentic	Evaluation of values, exposure to challenging situations, attempting racial justice goals
11. Good-Byes – Moving On	Relapse prevention	Synthesize course of treatment and mastery of techniques

# INCORPORATING RACIAL HEALING

## Integrative approach

- CR-CBT
  - To affirm and acknowledge his experience and identify strengths
- CBT for racial stress/trauma (Williams; 2023)
  - Two sessions on Part 1-2
    - Impact statement after step 4
  - Step 5 and 6 required processing of grief and loss
- Cognitive Processing Therapy

# ABOVE ALL IS EDUCATION/TRAINING!

Providers should

Understand the biopsychosocialspiritual model

Be able to identify/diagnose racial trauma/stress

Have a good understanding of microaggression and racism

Be able to initiate a non-defensive repair of any microaggressions or cultural sensitivities committed in session

Have done their own personal anti-racism work and allyship work

Be willing and competent in discussing racism and cultural issues

Learn about a clients' cultural from the client and other sources

Have a working understanding of individualistic versus collectivistic cultural worldviews

Understand models of racial identity development and racial socialization

# Takeaways & Questions

- There are biopsychosocial affects of racism
- The cumulative/chronic effects of encounter with racism can lead to racial stress and trauma
- Racial discrimination/bias in treatment and documentation impact engagement in healthcare
- We are forever learner- Get the education/training you need
- Practices
  - ADDRESSING Model
  - Microinterventions
  - CR-CBT
  - CBT for Racial wounds

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“WE WILL HAVE TO REPENT IN THIS GENERATION NOT MERELY FOR THE HATEFUL WORDS AND ACTIONS OF THE BAD PEOPLE BUT FOR THE APPALLING SILENCE OF THE GOOD PEOPLE.” DR. MLK JR.

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