Why are we here?

Participants’ goals...
• How may I be most helpful to you?

Facilitator’s goals...
• Function within your purpose
• Understand your identity
• Examine your process
• Clarify your goal
• Pursue alignment

Personal and professional tension

• Activist
  • Anti-oppression
  • Fair housing
  • Anti-violence against women
• Professional helper/Therapist
  • Substance use
  • Adolescent Delinquency
  • Domestic violence perpetration and victimization
  • Sexual violence victimization
• Researcher
  • HBCU
  • African-American
  • Female
  • Non-heteronormative
  • Unwanted sexual contact
• Educator/Consultant
  • Trauma and violence
  • Prevention
  • Cultural competence/humility/equity
Social justice

* "...full and equal participation of all groups in a society that is mutually shaped to meet their needs."

* "...includes a vision of society that is equitable and all members are physically and psychologically safe and secure." 

(Adams, Bell, & Griffin, 2007)

Accountability

* "...the implicit or explicit expectation that one may be called on to justify one’s beliefs, feelings, and actions to others."

(Lerner & Tetlock, 1999)

Accountability vs. Responsibility

Main difference between responsibility and accountability:

* Responsibility can be shared; accountability cannot.
* Accountable = being responsible and ultimately answerable for your actions.
Accountable to A.S.K.

This relationship between identity, power, and clinical therapy context is represented by three aspects: A.S.K.

- Attitude
- Knowledge
- Accountability
- Skill

Create a culture of accountability

- Increase personal awareness
  - Exposure to conscious and unconscious assumptions and prejudices
  - Question our socialization/personal identities
- Expand knowledge
  - Historical/social information that defines or reflects the problem [privilege/marginalization]
  - Present data reflective of individual incidents and structural/institutional patterns
- Encourage action
  - Assess and model risk through interventions, evaluate outcome and supports of that risk

(Adams, Bell, & Griffin, 2009)

Definition and operation

Culture, Sensitivity & Equity
Cross-cultural relationship-building: Practitioner burden

"...it is not possible to assist clients to examine issues concerning cultural identity and self-esteem if helpers have not done this work for themselves."

(Pinderhughes, 1989, p.19)

Culture

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) identifies culture as...

"the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics."

(USDHHS, 2013, p.24)

A national initiative for culturally and linguistically appropriate services

- Current and projected demographic changes
- Eliminate long-standing disparities
- Improve the quality of services and primary care outcomes
- Meet legislative, regulatory, and accreditation mandates
- Gain a competitive edge in the marketplace
- Decrease the likelihood of liability/malpractice claims

(NCCGoode & Dunne, 2009)
Cultural engagement, Cultural competence, and Cultural humility

Cultural sensitivity

- Barriers
  - Lack of awareness and acceptance of difference
  - Poor insight into one's own cultural values

- Strengths
  - Understanding of the dynamics of difference
  - Development of cultural knowledge
  - Ability to adapt practice skills to fit the cultural context of the client

(Goode & Jones, 2009)

Contextual consciousness

(a) Consciousness about inherent power differentials in person’s social contexts
(b) Sensitivity to clients’ unique experiences within these contexts
(c) Attention to the intersection of the larger context with clients’ relational processes and presenting issues

(Espinol, Knudson-Martin, & Delgado, 2012, p. 374)
Contextual consciousness: Developed

- Attention to power and privilege
- Integration of knowledge and experience
- Opportunities for self-reflection
- The role of teachers and supervisors

(Esmio, Knudson-Martin, & Delgado, 2012)

Contextual consciousness: Operationalized

1) Raised awareness
   clinical experimentation
   developing a theoretical rationale
2) Reflective questioning
   challenging old perspectives
   experiencing positive client-therapist interactions
3) Intentional new lens
   personal responsibility
   commitment

(Esmio, Knudson-Martin, & Delgado, 2012)

Cultural equity

- A paradigm that encompasses the multiplicity of personal, social, and institutional locations that frame identities by placing these complexities within a social matrix that shapes relationships into dynamics of power, privilege, and oppression.

(Almeida, 2013)
Cultural equity: Developed

• The process of de-colonizing broader social discourses about the parameters of culture.
  • Education for critical consciousness
  • Accountability through transparency
  • Community-learning circles
  • Progressive coalition-building
  • Usage of action strategies

(Almeida, 2013)

Leveraging social constructs towards individual and social change

Exploring Identity

Facets of cultural identity

• Gender
• Ethnicity
• Race
• Sexual orientation
• Age
• National origin
• Religion
• Socioeconomic status
• Language
• Ability e.g. externally (in)visible
• Appearance e.g. colorism, beauty, etc.
• ...etc.
Racialized discussions, performative identity, and the destructive culture of politeness

White people: black people are doing too much. Wakanda doesn’t even exist.
Black people: Neither does Hogwarts.
White people:

Analysis of Whiteness in the context of anti-racist work

- DiAngelo (2012) writes about the function of white silence during racialized discussions...
- 1) ‘Whiteness’ refers to a set of cultural practices that are usually unmarked and unnamed
- 2) ... is a location of structural advantage, of race privilege
- 3) ... a ‘standpoint’, a place from which white people look at ourselves, at others, and at society
- “...to name whiteness is to refer to a set of relations that are historically, socially, politically, and culturally produced, and that are intrinsically linked to dynamic relations of white racial domination.” (p.3)

Rationales for White silence

- “It’s just my personality—I rarely talk in groups”
- “Everyone has already said what I was thinking”
- “I don’t have much to add.”
- “I am trying to be careful not to dominate the discussion.”
- “I feel intimidated by people in this group who have power over me.”
- “I don’t know much about race, so I will just listen.”
- “I already know all this.”
- “I need time to process.”
- “I don’t want to be misunderstood.”
- “I don’t feel safe.”
- “I don’t want to be attacked.”
- “I don’t want to be judged.”
- “I don’t want to offend anybody.”
- “Anything I say won’t be listened to because I am white.”

(DiAngelo, 2012, pp 6-13)
Rationales for POC silence

- In response to resistance or hostility expressed (consciously or not) by white participants
- Lack of trust based on well-founded experience that one will be penalized for challenging white perspectives
- Sense of hopelessness in the face of white denial
- Taking risks and being vulnerable about one's racial experiences and perspectives and being met with silence, argumentation, or rationalization, all which function as forms of invalidation;
- Being outnumbered in ratio to white people and assessing that there are no allies present for support, were one to challenge white privilege
- Being acutely aware of the power differentials and choosing to protect oneself in the face of inevitable hurt

Reframe concepts of cultural conflict

- Address the interaction, conflict, and cultural change that results from contact between minority and dominant cultures
- Explain different modes of adaptation of racial and ethnic minorities to the dominant culture
- Describe the stressors involved in socialization to two cultures
- Guide assessment and practice with racial and ethnic minorities

(Robbins, Chatterjee, & Canda, 2006)

Intersectionality Theory

- Theoretical paradigm of multi-level, intersecting social locations, forces, factors and power structures that shape and influence life (Crenshaw, 1991; Ramsey, 2014)

- "One of the most significant advances intersectionality provides in attending to the dialectic of domination and privilege, is its explicit linkage of societal domains or power and the experience of both subjective (micro) and social (macro) identity." (Ramsey, 2014, p. 458)
Intersectionality: Central tenets

- Lives cannot be reduced to single characteristics
- Experiences cannot be accurately understood by prioritizing any one single factor or constellation of factors
- Dynamic socially constructed categories/locations
- Social locations are inseparable
- Identity is shaped by interacting and mutually constituting social processes and structures
- Social processes and structures are shaped by power and influenced by both time and place
- Social justice and equity are paramount

(Crenshaw, 1991; Hill Collins, 2000; Hankivsky et al., 2014; Ramsay, 2014)

Activity

Using our power for good

- We each have facets of our identity which are privileged or marginalized by dominant society. The intent of this exercise is tri-fold:
  - 1) Identify aspects of your identity.
  - 2) Signal your vulnerability toward intentional or inadvertent perpetuation of "isms" and other concepts of oppression.
  - *Oppression may manifest internally and externally*
  - 3) Highlight facets of your identity where you can build coalitions across differences.

- Using your Intersecting Axes of Privilege, Domination and Oppression handout, circle poles on the axis that correspond with your identity. Trace the lines toward your points of intersection.
- Although you are welcome to process your experience, you will not be asked to share any details with other participants.
- Let's go!
Intersecting Axes of Privilege, Domination and Oppression

(Paulo, 1996)

Intersectionality and therapy

- Despite the value of an intersectionality framework, we remain challenged to recognize areas of privilege/marginalization and how it manifests in therapeutic praxis.

(Lee, 2013; 2014; Ramsey, 2014)

Activity
Exploring language and context

- In the United States the socially constructed identity of race represents both a historical and contemporary point of discomfort. The intent of this exercise is to initiate discussions that are perhaps unfamiliar yet productive.
- Using your list of definitions as a reference, each participant will select five terms to incorporate into either:
  - a) a conversation about the recently released film Black Panther, or
  - b) five points of inquiry and discussion with a current or prospective client.
- Following the activity, auditorium and video feed participants are invited to share either:
  - a) your experience with the process; or
  - b) examples of questions you developed for a future therapeutic intervention.
- Let’s go!

Strengthening relationships through language

- Anglo
- Cultural competence
- Cultural identity
- Cultural humility
- Culture
- Discrimination
  ■ Individual
  ■ Institutional
- Ethnicity/Ethnic group
- Ethnocentrism
- Genocide
- Health disparity
- Heteronormative
- Heterosexism
- Non-heteronormative
- Oppression
- Pejorative Tradition
- Prejudice
- Privilege
- Racism
- Stereotype

Exploring differentials in the therapeutic relationship

Clinicians & Power
What we know...

- When clients and practitioners meet in the cross-cultural treatment encounter, each brings multidimensional aspects of their respective cultural identities. ... A sense of connectedness to the past and the present, and the relationship between cultural identity and self-esteem applies to practitioners as well as clients.

- When practitioners are clear and positive concerning their cultural identities, they are more able to help their clients to be so also.

(Pinderhughes, 1989, p.15)

Challenging encounters involve...

- Unshared clinician/client value system
- Lack of knowledge and awareness about client
- Historically based, individual or institutionalized discrimination resulting in cultural mistrust/healthy cultural paranoia
- Clinician unwillingness to identify, claim, or attempt to leverage privilege and power
  - Individual e.g., color, class, gender, sexual orientation
  - Structural e.g., perception of social workers as agents of social control, resource gatekeepers, etc.

(Brown, 2008; Comas-Diaz, 2012; Hays, 2015)

Productive encounters involve...

- Opportunity to clarify value system
- Positioning helper as an introspective ally
- Historical knowledge and awareness to avoid dismissive/invalidating, or a-theoretical orientation toward clients and their presenting issue
- Ability to externalize within session growth e.g., personal/professional power, privilege, and marginalization
  - consciousness raising
  - anti-oppression activism
Clinical negotiation of power

"We view the clinical encounter as a negotiated space within which both therapists and clients can engage with, resist, and challenge the dominant ideologies that contribute to oppression and inequality."

(Lee, 2013, p. 124)

Practitioners and power

• How have you experienced or observed the influence of power in the therapeutic context?

• What strategies have you used to address power in therapy?

The complex function of Therapist Self-Disclosure (TSD)

• TSD has three effects on the therapeutic process for the client:
  • 1) relationship development;
  • 2) perception of therapist presence and empathy through transparency, attentiveness, and responsiveness; and
  • 3) support increasing depth and vulnerability

(Lee 2014, p. 16)
The complex function of Therapist Self-Disclosure (TSD)

• Contemporary psychodynamic/ Relational (Geller, 2003)
  • Inescapable e.g., physical appearance, office décor, etc.
  • Inadvertent (i.e., transference/counter transference)
  • Intentional TSD
• Cognitive-behavioral (Goldfried, Burcull, & Eubanks-Carie, 2003)
  • Modeling effective coping skills and client disclosure
  • Normalizing client struggles
• Feminist/ Narrative (McHale, Van Ormer, & Simi, 2006; White 2007)
  • Addressing power imbalances
  • Promoting egalitarian relationship
  • Empowering the clients
(As cited in Lee 2004, p. 16)

Leveraging TSD tension to deepen the therapeutic relationship

• Identity is performative:
  • "as a site of politics each individual takes up different identities in different contexts and for different purposes" (Lee, 2013, p. 101)
• Recognize that a description of (or offer to disclose) your identity reveals conscious and unconscious bias that may influence transference/counter-transference within the clinical (and supervisory) relationship

Leveraging TSD tension to deepen the therapeutic relationship

• If you disclose your understanding of how identity may impact your theoretical orientation, clinical intervention, etc., maximize it:
  • Discuss acculturation/resistance to "colonial values" e.g., marriage, parenting, developmental milestones
  • Develop explicit methods to navigate cross-cultural differences/tension within the session
  • Assess culturally adaptive coping mechanisms and natural helping tendencies
  • Explore within-group diversity
  • Solicit collaborations that increase and enrich service provision
(Lee , 2013)
Strategies to address power in therapy

- Minimize license/credential/expertise
- Acknowledge complementary and dialectic identities within the dyad e.g., emphasize community membership and formal/informal identity
- Strategic use of titles, names, and fictive kin relationship
- Acknowledge role tension/prioritization during ethical dilemmas e.g., documentation and mandated reporting
- Model permission seeking and establishing of boundaries

Applying a culturally sensitive lens

Trauma and Violence

African-American female sexual assault

Historically → Contemporarily

Why does sexual assault occur?

How can I help victims/survivors heal?
**Prevalence of sexual violence**
- Lifetime estimates of rape or attempted rape of women range from
  - 32.3% among multiracial women
  - 27.9% among American Indian/Alaska Native women
  - 21.2% among Black women
  - 20.5% among non-Hispanic white women
  - 13.6% among Hispanic women
- Lifetime estimates of rape, other forms of SV
  - 46.1%, 42.9% of bisexual women
  - 13.1%, 46.4% of lesbian women

(Basile, DeGue, Jones, Freire, Dills, Smith, & Raiford, 2016)

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**Lack of culturally specific interventions**

- **S**: Social norms that protect against violence
- **T**: Teach skills to prevent sexual violence
- **O**: Provide opportunities to empower and support girls and women
- **P**: Create protective environments

**SV**: Support Victims / Survivors to Lessen Harms

- Change norms
- Recognition that social and cultural communities differ
- Tailor and evaluate treatment programs for racial/ethnic groups and/or sexual minorities

(Basile, DeGue, Jones, Freire, Dills, Smith & Raiford, 2016)

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**Three theoretical strategies**

- **Explanatory theories**
- **Trauma specific theories/Treatment modalities**
- Guidance to address trauma and violence using a culturally sensitive lens in psychotherapeutic work with clients

- **Identity/Standpoint theories**
Hypothesizing sexual violence

"Just world belief" (Lemer, 1980)
- Good things happen to good people
- Bad things happen to bad people
- The world should be a fair and just place

Routine Activity Theory (Cohen and Felson, 1979)
- A motivated offender with criminal intentions and the ability to act on these inclinations,
- A suitable victim or target
- The absence of a capable guardian who can prevent the crime from happening

Identity/Standpoint e.g., Black Feminism
- Interlocking oppression e.g., "facets of simultaneous and intersecting marginalized social identities"
- Standpoint epistemology e.g., "you’re the expert of your experience, positioned at the center of participant/observer inquiry"
- Everyday knowledge e.g., "mother wit/ good sense and collective wisdom of experience"
- Dialectical images e.g., "contemporary identity is remnant of negative historical archetypes"
- Social justice praxis aka "talk AND action"

(Crenshaw, 1991)

Culturally grounded meaning

"In the context of clinical intervention, culturally grounded meanings and practices can afford therapeutic possibility even as they complicate whether and how patients find therapist actions and recommendations intelligible, useful, and worthwhile."

(APA, 2017, p. 66)
Grounded meaning of optimal functioning

Seven core principles of optimal African American psychological functioning:

1. Unity of the family, community, nation, and race;
2. Self-determination including the African American people's right to define, name, and speak for themselves;
3. Collective work and responsibility focused on communal problem-solving;
4. Cooperative economics to build businesses profiting the community and world;
5. A sense of purpose and engagement in purposeful living;
6. Creativity with an eye toward building community aesthetic and creative traditions, and
7. Faith and intentional belief in the community, family, and leaders and in the possibilities that struggle leads to positive change.


Activity

Michelle: Initial assessment

- African-American
- Female, prefers pronouns "she, her, hers", identifies as "masculine of center"
- Early 20's, in a monogamous relationship for 1 yr
- While describing growing up, states she "went from being called womanish into a tomboy." Recalls feeling like "one of the guys" during adolescence.
- First-year student in an HBCU, "wanted to be surrounded by my people."
- Describes multiple instances of unwanted sexual contact:
  - Early on: Between 12-13 yrs. of age by older "play cousin", States her mother "found out and talked to a church elder" with no effect, Client expresses feeling conflicted/detached spiritually but states, "it wasn't a big deal, I've experienced much worse and never told anyone, until my current lady."
  - Most recent: Two weeks ago she was assaulted by African American male "friend" after hanging out late at night. She states, "Client shows marked emotion when she recalls that while being penetrated, he whispered in her ear, "You want to look and act like a man? You'll never be anything but a p***y. This is what a 'real' penis feels like."

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Michelle (cont.)

- Did not report assault to local or campus police, "Even the Black cops are racist. I'm not going to snitch on my own." Has personal history of street harassment by civilians and police. "I always have to keep my guard up...I can't ever sleep."
- Encouraged to come to treatment by current partner, Denise, who she told about her history of victimization
- Reports struggling with depression and PTSD; denies suicidal ideation

<table>
<thead>
<tr>
<th>Relevant cognitions based on Black Feminist Standpoint</th>
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<tbody>
<tr>
<td>- Dialectical images of Black women e.g., transgressive femininity</td>
</tr>
<tr>
<td>- strong (therefore not at risk of violence)</td>
</tr>
<tr>
<td>- asexual or castrating (and therefore incapable of heteronormative intimacy)</td>
</tr>
<tr>
<td>- hypersexual (therefore ill-suited for long-term relationships or parenting)</td>
</tr>
<tr>
<td>- criminal (therefore unworthy of protection or support)</td>
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<tr>
<td>- Perception of cultural betrayal</td>
</tr>
<tr>
<td>- within-group violation of trust</td>
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<tr>
<td>- protector versus perpetrator</td>
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<tr>
<td>- cultural norm of literal or fictive kin</td>
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<tr>
<td>- Investment in cultural loyalty</td>
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<tr>
<td>- Racism</td>
</tr>
<tr>
<td>- Criminal justice involvement</td>
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<td>- Community restitution</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Integrating theoretical frameworks with treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Consider &quot;Hypothesizing Sexual Violence&quot; slides in your approach. Prepare to report back about the experience.</td>
</tr>
<tr>
<td>- Address Michelle's following statements:</td>
</tr>
<tr>
<td>- If I get 'caught sleeping', I'll be hurt me again.</td>
</tr>
<tr>
<td>- Everyone man is 'suspect'...It may not be rape but it's just a matter of time before most of them will try something.</td>
</tr>
<tr>
<td>- I seriously doubt that the criminal justice system can protect me.</td>
</tr>
<tr>
<td>- I can't change my identity...I'll always be vulnerable because of who I am.</td>
</tr>
<tr>
<td>- God turned his back on me because of how I live my life.</td>
</tr>
<tr>
<td>- This would never have happened to me if I was more &quot;femme.&quot;</td>
</tr>
</tbody>
</table>
Theoretical frameworks

- "Just world belief" (Lerner, 1980)
- Good things happen to good people
- Bad things happen to bad people
- The world should be a fair and just place
- Routine Activity Theory (Cohen and Felson, 1979)
- A motivated offender with criminal intentions and the ability to act on these inclinations.
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- Identity Standpoint e.g., Black Feminism (Crenshaw, 1991)
- Interlocking oppression e.g., "The concept of simultaneous and intersecting marginalized social identities"
- Standpoint epistemology e.g., "you're the expert of your experience, positioned at the center of participatory inquiry"
- Everyday knowledge e.g., "mother wisdom/ good sense and collective wisdom of experience"
- Dialectical images e.g., "contemporary identity is remnant of negative historical archetypes"
- Social justice praxis aka "talk AND action"

Maximize consultation and supervision

- Challenge yourself to alternate supervision and consultation frameworks
  - Feminist
  - Multicultural
- Improve your ability to evaluate therapeutic progress/outcomes
  - Specific
  - Measurable
  - Achievable
  - Results-focused
  - Time-bound
- Explore supplemental strategies for initial assessment
  - PTSD Checklist-C (PCL-C)
  - Patient Health Questionnaire-9 (PHQ-9)
  - DSM-5 Cultural Formulation Interview Patient Version
  - DSM-5 Cultural Formulation Interview Patient Version - Supplementary Modules
- Initiate difficult dialogues
  - Identity
  - Transference/Countertransference e.g., oppressor/Internallyized oppression, traumatic experiences/African-American trauma
  - Therapist self-disclosure
  - Therapist self-care

Reflection on personal values and importance of self-care

- Identify your values and beliefs, they will serve as your moral compass
  - What values do I believe in?
  - What social issues do individuals appear in conflict over...? Who do I stand with?
- How can you productively engage as an ally during social justice struggles?
  - What am I doing/willing to do about [insert conflict]?
  - What is the physical and emotional cost of my being engaged in conflicts for social justice?
  - Where will I draw relief, healing for myself during this important work?
Activity

Finally, take a few moments...

- Write down at least two things you promise you will do!
- What commitments will you leave with today?
- Identify someone in the room who will work with you on being accountable to this commitment and applaud the hard work you plan to do
- Exchange contact information

THANK YOU

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Websites, Online Magazines & Journals

- Colorlines
- The Praxis Project
- Understanding & Dismantling Privilege: The official journal of the White Privilege Conference
- Everyday Feminism
- BDG: Black Girl Dangerous
- The Southern Poverty Law Center
- National Black Disability Coalition
- The National Coalition for Sexual Freedom

Personal assessment

E.g., Cultural and Linguistic Competence Health Practitioner Assessment (CLCPA)

- Factor 1: Knowledge of culturally and linguistically diverse populations
- Factor 2: Adapting practice for culturally and linguistically diverse patient populations
- Factor 3: Promoting the health of culturally and linguistically diverse communities

Organizational assessment

Assess your agency, its location and relationship to ethnic and racially diverse communities

- Office of Minority Health’s Think Cultural Health website, National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: www.thinkculturalhealth.hhs.gov/clas