

Panel: IDEA (Inclusion, Diversity, Equity, and Access) in EMDR Consultation Consultant Day Handout – March 24th, 2023

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What are some challenges and opportunities to create a safe space for EMDR Therapists and Consultants to talk about IDEA – Inclusion, Diversity, Equity, and Access? By Yunetta Smith

- Ask consultees if they prefer to meet in a group that is specific for their intersection of identities or if they want to have a mixed group (for example: BIPOC only groups).
- Ask questions about race, and culture as a part of case conceptualization.
- Provide opportunities for EMDR therapists to explore their own assumptions, biases, and expectations.
- Offer a space of compassion and responsiveness to explore cases and consultee's own thoughts and feelings.

How can consultants develop and maintain cultural awareness and humility and support consultees who work with clients from minoritized populations with the guiding principles of inclusion and accessibility? By Cheryl Kenn

Consultation can be envisioned as the three points in a triangle: consultant, consultee and client. Many factors including the cultural identity (e.g., race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, economic status and or mental or physical ability) of the three individuals involved will determine the outcome of the communication. In the game, “telephone” a player whispers a message to an individual next to them and, by last player, the message is revealed to have errors in the retelling. We as consultants can only help the consultee and their client to the degree that cultural identity is appropriately understood through the three layers of translation and interpretation inherent in the consultation “chain of communication”. The feedback must also be transmitted appropriately and “received” appropriately. We must ensure that how we perceive, interpret and transmit our messages, are accurate through the 3 layers of communication and that we as consultants check our work through the feedback given by the client to the consultee.

Cultural humility reflects a commitment to ongoing learning and self-reflection about cultural issues in EMDR therapy with the goal of collaboration in a mutual learning experience.

Examples of how Consultants can promote cultural humility in EMDR consultation:

1) Form an atmosphere of safe exploration

- Generate an atmosphere of exploration, safety, and inclusivity. Consultees will feel at ease about discussing their thoughts and concerns about their clients and their own cultural experiences do so in environments that are non-judgmental and accepting.
- Cultivate self-awareness of one's own cultural background and how this is reflected in one's values, ideology and perceptions.
- Encourage self-reflection and the exploration of their own cultural background, paying attention to bias, limiting beliefs or assumptions about others. Use reflective or open-ended questions to promote self-exploration.
- Collaborate and work with your consultee to work as a team to address issues of culture. Help the consultee become aware of their own "inner dialogue" about the client. Feeling safe to voice challenging feelings about particular aspects of the work is a vital component of the shared relationship.

2) Foster an environment that focuses on the uniqueness of the client (and consultee) and understand that culture and the client's background, values, ideology and perceptions are relevant and unique.

- Create a safe environment promoting sharing, integrating and addressing cross-cultural material or issues with the consultee or client, *if and when* relevant across the consultation as a whole.
- Assume nothing about the client and prioritize the action of understanding of the client as a unique individual, devoid of generalizations or automatic assumptions about their character or ability.
- Be aware that increasing diversity reflects distinct cultural conceptions of the family. Minoritized groups may value a lineal, collateral, or individualistic orientation. The U.S. diversity makes it important to take a multidimensional view to understanding its family structures. Be sensitive not to stereotype or generalize. Knowing that some group members may share common values and worldviews does not mean that all in the group are the same. *Some points from Sue, Derald Wing., Sue, David et al. Counseling the Culturally Diverse: Theory and Practice. Wiley, 9th ed. March 2022.*
- Become aware of the generic characteristics of counseling and psychotherapy. Western Mental health services arise from a particular cultural context and from the medical model and thus are influenced by assumptions and values that may not be applicable to all groups. *Some points from Sue, Derald Wing., Sue, David et al. Counseling the Culturally Diverse: Theory and Practice. Wiley, 9th ed. March 2022.*

3) When making recommendations for treatment interventions, consider how psychological problems are related to systemic problems.

- Realize that many minority groups' problems and concerns are related to systemic and external forces rather than to internal psychological problems. The effects of poverty, discrimination, prejudice, systemic oppression, marginalization, etc. indicate that counselors might be most effective in actively aiding clients to deal with these forces, acting as "agents of change" rather than in pursuing self-exploration and insight approaches. **Some points from Sue, Derald Wing., Sue, David et al. Counseling the Culturally Diverse: Theory and Practice. Wiley, 9th ed. March 2022.**
- Be sensitive and ready to provide or advocate for multilingual services as well make accommodations accessible for people with disabilities. Be aware of how the demands of clinical work may place minoritized populations at a disadvantage. **Some points from Sue, Derald Wing., Sue, David et al. Counseling the Culturally Diverse: Theory and Practice. Wiley, 9th ed. March 2022.**
- Consider the need to provide community counseling supportive services providing outreach to the minority population. The typical one-to-one, in-the-office meetings are more effective when supplemented with more action-oriented supports. Effective multicultural counseling must involve roles and activities in the natural environment of the clients (e.g., schools, churches, neighborhoods, playgrounds) versus in mental health clinics. **Some points from Sue, Derald Wing., Sue, David et al. Counseling the Culturally Diverse: Theory and Practice. Wiley, 9th ed. March 2022.**

3) Create opportunities for reflection and exploration.

- Regularly self-reflect and examine the motivations behind particular ideologies, perceptions, attitudes, and treatment interventions relevant to clients who present with differences from our own world-view or identity. Cultivate a willingness to look for blind-spots, correct any missteps, and find ways to improve one's work as needed while knowing that cultural competence is not fixed state, but an evolving therapeutic capacity.
- Support learning through implementing reading materials with approaches for diverse populations, modifying protocols in accordance to cultural norms, EMDR culturally-based and spiritual strategies and protocols, engaging with professional communities, online learning groups, trainings etc. Emphasize that regardless of what is learned that the client's background and experience is unique.
- Check your work. Follow up to see if interventions discussed were followed through on and if they were, how successful they were.

What does it mean to offer EMDR consultation that strives to work with decolonization/anti-racist lenses? By Layla Asamarai

Colonization has been oppressive in the ancestral, generational, and personal histories of many of our clients. We aim to deliver our services with intentional de-colonization. Here are some examples of how we do that:

- Recognize the limitations of Western psychology which primarily focuses on the individual and nuclear family of origin.
- The client is always identified as the expert in themselves and their experiences.
- Acknowledge power dynamics within a client-provider relationship and minimize this power dynamic.
- Differentiating between cultural competency and anti-oppressive practice.
- Providers are transparent about their own intersecting identities, privileges, and lived experiences that they do or do not have, especially when asked.
- Utilize psychological diagnoses with understanding that these diagnoses were based on a majority western/white/cis/hetero client population and that there is a high risk of pathologizing normal, appropriate responses to oppression and trauma.
- Conduct psychological testing with understanding that most psychological tests were normed on western/white/cis/hetero client population and being mindful of the limitations of subsequent results
- Recognize individual choice as well as systemic limitations.
- Allow for flexibility and fluidity in modalities when working with clients.
- Support clients through cultivating a practice of self-care, building a network of community care and advocating for institutional care.

See more information in this website: <https://theluminousmind.com/decolonization.html>)

This is a two-part question for consideration today. The first is to provide some examples about ways to work with a consultee with similar identities like my own? What was helpful in my own process of EMDR consultation? The second part of the question is around a term brought to us by Norma Day-Vines called broaching and what that might look like in consultation (Day-Vines et al., 2007, 2020) by Kriss Jarecki

My experience with consultation

- I never mentioned that I was legally blind as it never occurred to me.
- A worry I had at the beginning was “what if I miss something critical with a client because I didn’t see it?” I never mentioned this to anyone as I worried people might question my competency. It didn’t end up being an issue because we sit close to clients when doing EMDR and through research, I learned that my brain is resilient.
- I would have a conversation with consultees asking about worries and educating them to alleviate concerns.

Broaching (Day-Vines et al., 2007, 2020) leads to accessibility for consultees and clients.

- Invite clients to share what communities and cultures they identify with and belong to.
- Acknowledge cultural differences between client and therapist. I share my low vision and describe what that might look like in session.
- Ask about positive experiences, things learned and ways the client has contributed to their community to use as a resource.
- As far as disability- Ask about diagnosis, what is the client's relationship with the disability, how do they navigate in their world?
- Don't assume what the client needs. Invite clients to let you know if they need anything so they can ask for what they need and when they need it.
- Research and educate yourself on the brain, on the disability, etc.
- Being aware of accessibility options for EMDR such as-
 - Sending cognition lists via email so a client can enlarge it or use voice over or closed captioned. Offering to read them out loud.
 - Using online DAS options as they offer sound, and you can make the ball very large
 - Offer visual prompts such as faces for emotions and numbers for VoC and SUD.
 - Knowing things like even if a person has complete paralysis they can still blink and move their eyes up and down vertically so we can have them follow fingers up and down. Point to SUD numbers and have them blink once when we get to the correct number if they are a person who can't speak, etc.
- Have handouts that list various resources in the community.
- Keep offering telehealth as this has been a significant opening for and inclusion of folks with a disability.
- I have client videos of using EMDR with folks with a disability that I share with consultes.

Additional comments on Broaching by Cheryl Kenn

- Be aware of knowing the right time and degree to address broaching. Be respectful not to pressure a consultee or their client to open-up a discussion about their own or your culture, race, gender, class, identity etc. when the person has values of or has been raised in a collectivistic culture. The collectivistic value-system may cause the person asked to speak about their culture to feel selfish or betrayed and may cause inner conflict or shame. The conflict most likely go unsaid, or, the client may comply, under duress, with the therapist - an authority figure to please them. Discussions about identity have their place, are important and revelatory, yet subtleties in how they affect different individuals or groups need to be considered on a case-by-case basis, keeping the cultural values of the person in mind.
- Try to be sensitive to not speak to your consultant or client as a group to make a point or to use their presence to demonstrate awareness of inequity. Singling out a person for their race (etc.), even with good intentions e.g. to compliment them or show them you are aware of inequity etc., can wound for a different reason. Being "selected" for whatever identified

difference alone can cause the “singled-out person” to be made to feel conspicuous, shamed and/or othered. Calling a person out for whatever trait that makes them different from the majority renders them conspicuous and removes their person-hood. They are now just objects. They are only made visible by a non-minoritized person, for their otherness.

What does it mean to be an EMDR Consultant that practices IDEA and how can we enhance allyship among consultants in building an IDEA aligned EMDR community? Question by Mark Nickerson. Comments below by Chery Kenn.

- Through the first contact and through the History Taking Phase, consider the broadest possible client’s clinical picture is influenced by themes of culture with re: to culture, race, class, identity etc.
- Know thyself – how does who I am influence how I see the client? How I see the consultee? How the consultee sees their client? How the client sees their therapist/ the consultee? Is this impacting the work? If so, how?
- Look for blind spots. If working with a consultee from a minoritized group, explore what ways you, as the consultant, might be able to support or form allyship from a perspective of understanding and what ways you might need to learn from the consultee? Having a dialog where the consultant can also learn from the consultee, and the consultee can learn from the client, is the best way to avoid blind spots or misattunements. Being aware of what is unfamiliar or outside of one’s own knowledge base is key.
 - As a consultant, embody the qualities of a role model for the consultee. The consultee and consultant can take the stance of being open to learning from the client, while making sure not to burden the client with too much responsibility to “teach” the therapist.
- 4) Find the balance between active **curiosity and appropriate timing** with regards to exploring issues around cultural identity as they pertain to the clinical picture. Also be careful to not be “overly-zealous” or “forced”, trying too hard to “send a message” to the consultee/client. Be aware not to become fixated on just one aspect of the person.
- 5) Hold an attitude of self-analysis, self-reflection and a willingness to adapt or change when a misperception or misunderstanding is made. We must bear in mind that critical errors can be made when we make assumptions about identity without fully understanding or knowing what or how a client’s (or consultee’s or consultant’s) identity plays a role in what they are bringing to treatment. Be ready to self-examine, recognize and adjust attitudes, interventions if needed. Use self-assessment tools and adopt practices of self-analysis to promote openness to new perspectives. In addition to adopting a stance of inquiry, know one’s limitations and seek assistance when necessary.



As in the formation of secure attachment, be prepared to correct mis-attunements. A healthy therapeutic relationship depends more on ruptures that are appropriately repaired and less on the absence of mis-attunements.