

CONSULTANT DAY



USING MULTICULTURAL FRAMEWORKS TO INFORM CULTURALLY RESPONSIVE EMDR CONSULTANCY

THURSDAY, AUGUST 24, 2023
ARLINGTON, VA

CARLTON E. GREEN, PH.D.
he/him/his/name



GOOD AFTERNOON!



THANK YOU!!



Dr Carlton
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Case Study

CONSULTEE

Dr. Michelle Ramirez
Licensed Clinical Psychologist
African-American
Moderate EMDR Experience

GOAL

Dr. Ramirez seeks consultation to enhance her EMDR skills and culturally-responsive approach.

CONSULTANT

Sarah Thompson
EMDR Consultant
White
Extensive EMDR Experience

GOAL

To provide effective consultation to Dr. Ramirez while considering cultural nuances.

WHAT DO YOU FEEL? WHAT HAPPENS IN YOUR BODY?

Case Study

Dr. Michelle Ramirez, an experienced African-American psychologist, seeks consultation with EMDR consultant Dr. Sarah Thompson to expand her EMDR skills. Dr. Ramirez wants to ensure that her EMDR practice is culturally responsive, especially considering the potential impact of race on trauma experiences and therapy outcomes. Dr. Ramirez shares a case involving an African-American client who experienced racial trauma. She emphasizes the significance of understanding the role of racial identity and its impact on her client's trauma response. Dr. Ramirez highlights her client's experiences of racial microaggressions and systemic discrimination in schools and at work. She emphasizes the importance of acknowledging these factors in the EMDR therapy process. Dr. Ramirez suggests incorporating cultural rituals and metaphors related to African-American experiences to enhance the client's engagement and healing. She believes this will create a more resonant therapeutic environment. Dr. Thompson acknowledges Dr. Ramirez's perspective but also mentions that EMDR therapy is based on the principle of universality. She points out that trauma responses often share commonalities regardless of cultural background. Dr. Thompson mentions that her training has emphasized treating all clients equally and avoiding drawing attention to cultural differences. She believes that a colorblind approach could lead to better therapeutic outcomes. Dr. Ramirez expresses concern about the potential for countertransference when addressing racial trauma. She believes that personal biases, including those of the therapist, can influence the therapeutic process.

Whites are more likely than blacks, Hispanics and Asians to say too much attention is paid to race

% saying there is ___ attention paid to race and racial issues in our country these days

	Too much	Too little	Right amount of
All adults	41	37	21
White	50	28	21
Black	12	67	19
Hispanic	27	50	20
Asian*	36	39	25

DIFFERENT PERCEPTIONS



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Ethics
IN
PSYCHOTHERAPY
AND
COUNSELING

5TH
EDITION

A PRACTICAL GUIDE

KENNETH S. POPE
MELBA J. T. VASQUEZ

WILEY

“It would be remarkable if we therapists were completely free of the prejudices that afflict the rest of humanity. Life is remarkable in so many ways, but not that one. For any of us, various cultural, racial, ethnic, political, religious, and other groups – or topics related to these groups – may evoke an intense emotional response. The response may be subtle or powerful. We may be ashamed of it or embrace it as important. We may be reluctant to mention it to certain people. We may view it as not politically correct or – a more forbidding barrier for many of us – as not emotionally correct.”

(Pope & Vasquez, 2016, p. 282)

SUPERVISION

MOST IMPORTANT COMPONENT OF MENTAL HEALTH TRAINING RELATED TO DEVELOPING TRAINEES' COUNSELING COMPETENCE

TRAINEES

- **LEARN FROM MORE EXPERIENCED PRACTITIONERS**
- **CUSTOMS, NORMS, LANGUAGE, AND RULES RELATED TO PROFESSIONAL MENTAL HEALTH PRACTICE**

(BERNARD & GOODYEAR, 2009; HOLLOWAY, 1992; TUMMALA-NARRA, 2004; WONG & WONG, 1999)

SUPERVISION

SUPERVISORS

- **EVALUATE TRAINEES**
- **ATTEND TO TRAINEES' PROFESSIONAL FUNCTIONING**
- **MONITOR THE WELL-BEING OF TRAINEES' CLIENTS**

(BERNARD & GOODYEAR, 2009)

MULTICULTURAL SUPERVISION



SUPERVISORS AND SUPERVISEES

- **ACTIVELY ASSESS AND INTEGRATE INTO TREATMENT THOSE INDIVIDUAL DIFFERENCES AND CULTURAL FACTORS (E.G., RACE, ETHNICITY, GENDER, SEXUAL ORIENTATION, RELIGIOUS IDENTITY)**
- **INFLUENCING BOTH A CLIENT'S WELL-BEING AND THE RELATIONSHIPS IN THE COUNSELING TRIAD (I.E., SUPERVISOR-SUPERVISEE, COUNSELOR-CLIENT)**

(ARTHUR & COLLINS, 2009; CONSTANTINE, 2003)

MULTICULTURAL SUPERVISION

- **SUPERVISORS EXPLICITLY ADDRESS RACE AND CULTURE AS RELEVANT ASPECTS OF TRAINEES' PERSONAL AND PROFESSIONAL DEVELOPMENT AND CLIENTS' THERAPEUTIC OUTCOMES**
- **SUPERVISORS AND SUPERVISEES ATTEND TO THE RACIAL AND CULTURAL INFLUENCES ON THE COUNSELING TRIAD (E.G., SUPERVISOR-SUPERVISEE-CLIENT RELATIONSHIP)**

(ANCIS & LADANY, 2001; ARTHUR & COLLINS, 2009; CONSTANTINE, 1997)

MULTICULTURAL SUPERVISION



MULTICULTURAL SUPERVISION RELATIONSHIPS

- **PROVIDE TRAINEES WITH A MODEL FOR BROACHING AND PROCESSING RACIAL AND CULTURAL ISSUES IN COUNSELOR-CLIENT RELATIONSHIPS**
- **VENUE FOR DEVELOPING CULTURALLY RESPONSIVE COUNSELING SKILLS**

(CONSTANTINE, FUERTES, ROYSIRCAR, & KINDIACHI, 2008)

AWARENESS: INSIGHT REGARDING HOW RACIAL AND CULTURAL PERSPECTIVES INFLUENCE SUPERVISORS', TRAINEES', AND CLIENTS' EXPERIENCES

KNOWLEDGE: UNDERSTANDING ONE'S OWN REFERENCE GROUPS' SOCIAL, CULTURAL, AND POLITICAL HISTORY, AS WELL AS THE SAME INFORMATION REGARDING THE TRAINEES' AND CLIENTS' RACIAL AND CULTURAL GROUPS

SKILLS: RACIALLY- AND CULTURALLY- RESPONSIVE COMMUNICATION, INTERVENTION, AND OUTREACH CAPABILITIES

RELATIONSHIP: ABILITY TO SENSITIVELY RESPOND TO THE RACIAL-CULTURAL DYNAMICS OF COUNSELING RELATIONSHIPS

ARREDONDO ET AL., 1996; SUE, ARREDONDO, & McDAVIS, 1992;
SODOWSKY, TAFFE, GUTKIN, & WISE, 1994

MULTICULTURAL COUNSELING COMPETENCIES



CONSULTANT'S STANCE OF BEING OPEN AND WILLING TO REFLECT ON THEMSELVES AS EMBEDDED CULTURAL BEINGS AND OPEN TO HEARING ABOUT AND STRIVING TO UNDERSTAND THE CULTURAL BACKGROUND AND IDENTITY OF THEIR CONSULTEES AND THEIR CONSULTEES' CLIENT

DISPLAY DEEP CURIOSITY ABOUT AND RESPECT FOR OTHERS' CULTURAL IDENTITIES

DEMONSTRATE AWARENESS OF FORE-ORDAINED OR AUTOMATIC ASSUMPTIONS ABOUT CONSULTEES OR CLIENTS

WORK TO OVERCOME THE SEEMINGLY NATURAL TENDENCY TO VIEW PERSONAL BELIEFS, VALUES, AND WORLDVIEW AS SUPERIOR;

REGARD CULTURAL HUMILITY ITSELF AS A LIFELONG LEARNING PROCESS

WATKINS, HOOK, OWEN, DEBLAERE, DAVIS, & TONGEREN, 2019

MULTICULTURAL ORIENTATION: CULTURAL HUMILITY



CONSULTANT FEELINGS THAT ARISE BEFORE, DURING, AND AFTER CULTURALLY RELEVANT CONVERSATIONS IN SESSION BETWEEN THE CONSULTANT AND CONSULTEE.

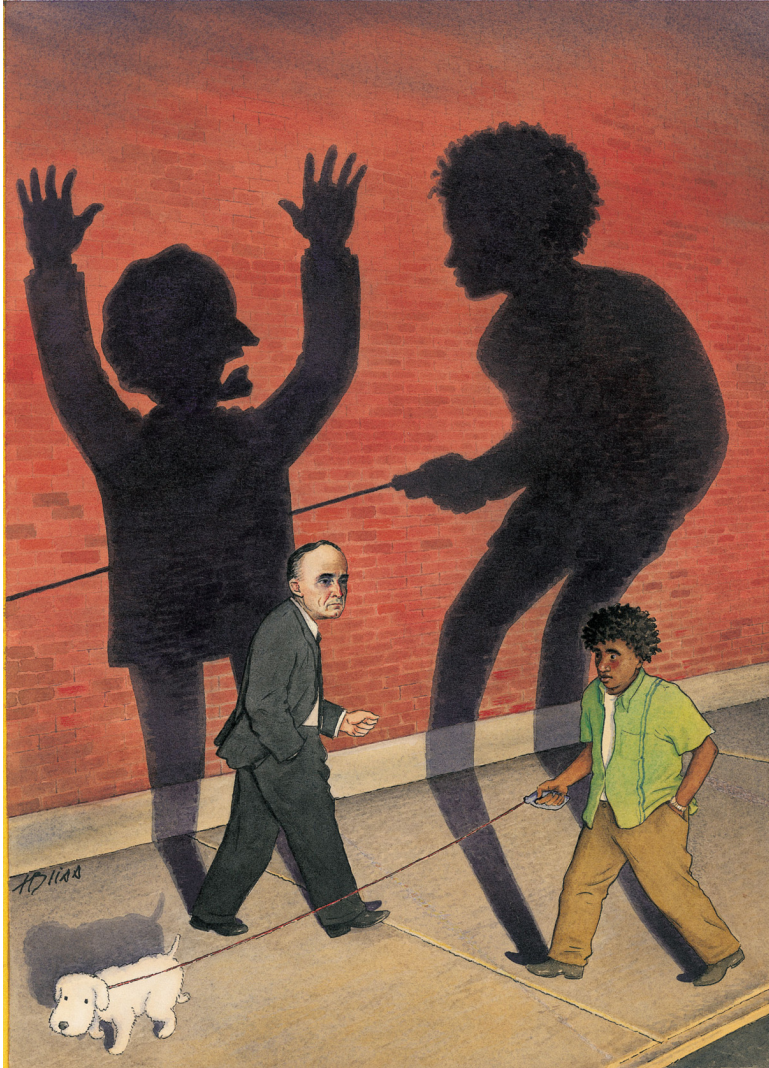
HALLMARKS OF CULTURAL COMFORT INCLUDE FEELINGS OF BEING AT EASE, OPEN AND NON-DEFENSIVE, AND CALM AND RELAXED.

WATKINS, HOOK, OWEN, DEBLAERE, DAVIS, & TONGEREN, 2019

MULTICULTURAL ORIENTATION: CULTURAL COMFORT



RACIAL ANXIETY



HEIGHTENED LEVELS OF STRESS AND EMOTION THAT WE EXPERIENCE BEFORE, DURING, AND AFTER INTERACTIONS WITH PEOPLE OF OTHER RACES.

Godsil & Johnson (2013)



**PEOPLE OF COLOR EXPERIENCE CONCERN THAT THEY
WILL BE THE TARGET OF DISCRIMINATION AND HOSTILITY.**

Godsil & Johnson, 2013

**WHITE PEOPLE WORRY THAT THEY WILL BE
ASSUMED TO BE RACIST.**



PERCEPTION OF A THREAT

STRATEGIES OF PROTECTION AND DISCONNECTION

- ✓ **SMILING LESS/OVER SMILING**
- ✓ **MAINTAINING LESS EYE CONTACT**
- ✓ **USING A LESS FRIENDLY VERBAL TONE/BEING OVERLY FRIENDLY**
- ✓ **KEEPING GREATER PHYSICAL DISTANCE, OR EVEN AVOIDING INTERACTIONS WITH PEOPLE OF OTHER RACES ALTOGETHER**

GODSIL & JOHNSON, 2013



**HOW DOES RACIAL ANXIETY MANIFEST FOR YOU?
SOMATICALLY? EMOTIONALLY? COGNITIVELY?**

**TIMES IN CONSULTANCY WHEN CULTURE PRESENTS ITSELF FOR
CONSIDERATION**

**CONSULTANTS EITHER TAKE ADVANTAGE OF OR MISS THOSE
CHANCES FOR DISCUSSION WITH THEIR CONSULTEES.**

**MARKERS THAT THE CULTURAL BELIEFS OR VALUES ARE SEEMINGLY
OPEN FOR EXPLORATION**

**IN MANY CONSULTING SESSIONS, THERE MAY BE MULTIPLE AVENUES
OF DIRECTION (E.G., EXPLORE CULTURAL OPPORTUNITY,
REDIRECT FOCUS ON CLIENT'S CLINICAL SYMPTOMS)**

WATKINS, HOOK, OWEN, DEBLAERE, DAVIS, & TONGEREN, 2019

**MULTICULTURAL
ORIENTATION:**

**CULTURAL
OPPORTUNITIES**



DEFINING RACISM



Dr. Camara Jones
Past President

American Public Health Association

RACISM IS A SYSTEM.

IT'S NOT A PERSONAL MORAL FAILING.

IT'S NOT EVEN A PSYCHIATRIC ILLNESS.

IT'S A SYSTEM OF POWER,

AND IT'S A SYSTEM OF DOING TWO THINGS:

OF STRUCTURING OPPORTUNITY AND

OF ASSIGNING VALUE.


AND IT DOES THOSE THINGS BASED UPON

SO-CALLED RACE...BASED ON THE SOCIAL

INTERPRETATION OF HOW WE LOOK.

- **Racial incidents are traumatic**
 - **70% trauma Sx outcomes statistically associated w/ racial discrimination**
- **Painful, sudden & uncontrollable**
- **Affect in ways analogous to DSM-V (not PTSD)**
- **Emotional pain/injury**
- **Hypervigilance, avoidance, numbing...**
- **Often associated w/neg mental health symptoms**

RACISM

A woman wearing a blue hijab and a white top is looking thoughtfully to the right. In the background, three other people are seated around a table in a meeting room, appearing to be in a discussion. The scene is brightly lit, likely from large windows.

As is the case for rape and domestic violence, racism may involve physical and psychological assaults that might be overlooked if racism is not considered an important cause of physical and emotional distress.

Helms, Nicolas, & Green 2010



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Racism is a visceral experience...it dislodges brains, blocks airways, rips muscle, extracts organs, cracks bones, breaks teeth.

Resma Menakem



TRAUMATIC STRESS RESPONSE

COGNITIVE

- Intrusive Thoughts/Images
- Ruminations
- Inability to Focus
- Difficulty Concentrating
- Poor Memory
- Dissociation
- Poor Self-Concept

EMOTIONAL

- Anger
- Sadness
- Fear
- Worry
- Anxiety
- Numbness
- Hypervigilance
- Shame

BEHAVIORAL

- Activity
- Aggression
- Sleeping
- Eating
- Substance Use
- Sexual Behavior

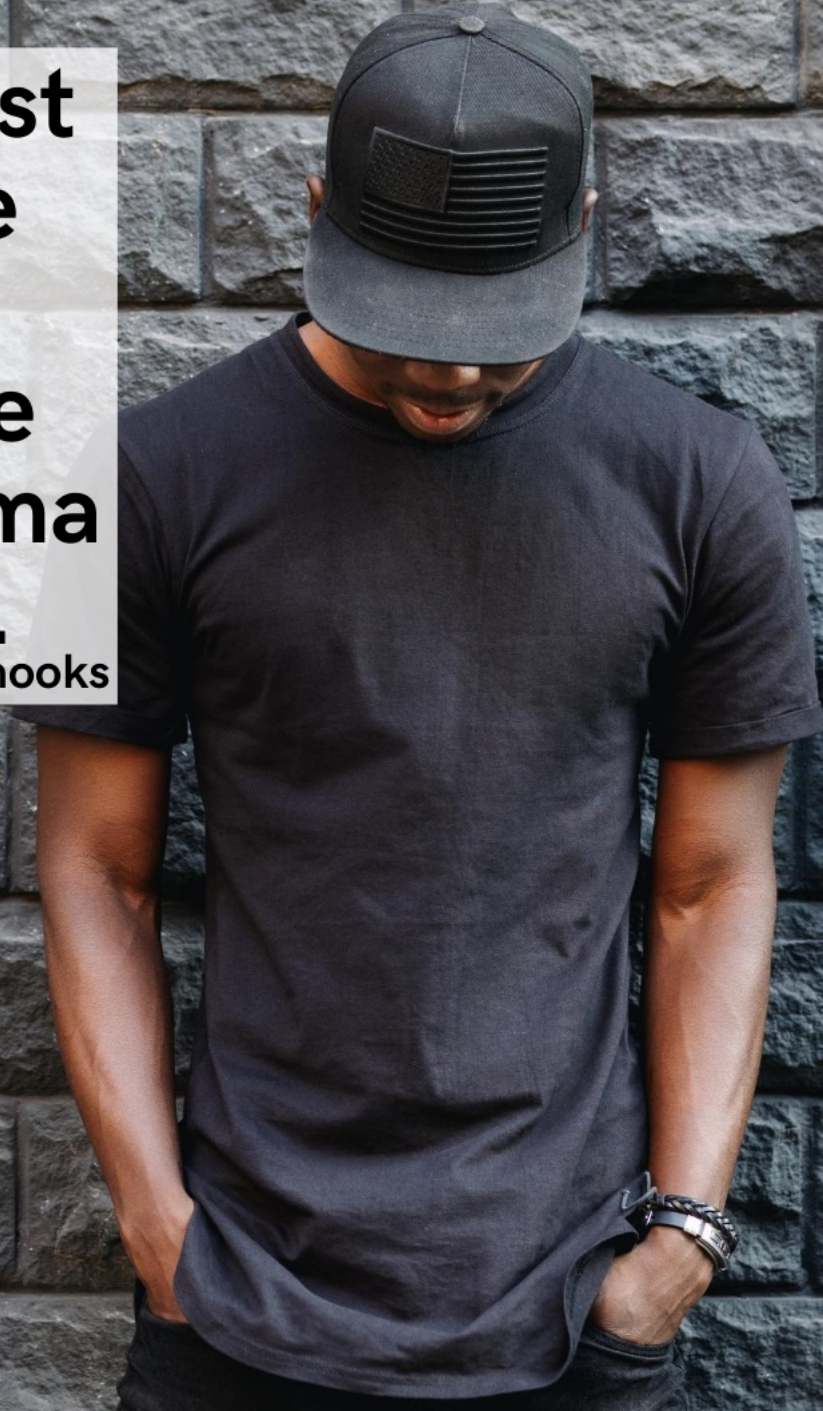
PHYSIOLOGICAL

- Pain
- Headaches
- Stomach Problems
- Heart Rate
- Muscle Spasms
- Appetite
- Lethargy



Shame is one of the deepest tools of imperialist, white supremacist, capitalist patriarchy because shame produces trauma and trauma often produces paralysis.

bell hooks



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RACIALLY RESPONSIVE PROGRESSIVE SUPERVISION

- **Create a permissive context for exploration of personal experiences, beliefs, and values about racial and cultural issues**
- **Demonstrates a willingness to reflect on and disclose their own racial and cultural perspectives**



RACIALLY RESPONSIVE PROGRESSIVE SUPERVISION

- **Develops an awareness of the influence of sociopolitical racial and cultural climate on racial groups to which their colleagues are socially categorized**
- **Encourages others to move beyond superficial discussion of racial and cultural dynamics to a here-and-now focus on the manner by which race is affecting relationships**



NAME YOUR IDENTITIES AND SHARE YOUR RACIAL STORY.

NAME AND ACKNOWLEDGE POWER AS AN ASPECT OF OUR PROFESSIONAL ROLES AND IDENTITIES.

AGREE WITH YOUR CONSULTEE ON HOW TO RESPOND WHEN POWER IS BEING USED TO HARM OR OPPRESS, EVEN IF UNINTENTIONAL.

LEARN TO ASK “HOW” QUESTIONS.

ACTIVELY DISCUSS THE HISTORY OF RACISM IN HEALTH SERVICE PROVISION.

BEGINNING & BUILDING THE RELATIONSHIP

***MAKE MISTAKES!!
BE GENTLE WITH YOURSELF!!***

**IF YOUR COMPASSION DOES
NOT INCLUDE YOURSELF, IT
IS INCOMPLETE.**

— BUDDHA