



# **USING MULTICULTURAL FRAMEWORKS TO INFORM CULTURALLY RESPONSIVE EMDR TRAINING**

**FRIDAY, OCTOBER 27, 2023**

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



**GOOD AFTERNOON!**



**THANK YOU!!**



**WHAT DO YOU FEEL? WHAT HAPPENS IN YOUR BODY?**

# Case Study

## TRAINER

**Dr. Emily Anderson**  
**Licensed Clinical Psychologist**  
**Experienced EMDR Trainer**  
**White**

## TRAINEES

**A diverse group of trainees, including therapists from various racial and ethnic backgrounds, with varying levels of clinical experience and familiarity with EMDR.**

**WHAT DO YOU FEEL? WHAT HAPPENS IN YOUR BODY?**



Dr. Emily Anderson leads an EMDR training program for a diverse group of trainees. Dr. Anderson prioritizes EMDR's universal principles, emphasizing shared trauma responses, emotions, and sensations. While she acknowledges the importance of cultural competence, she believes it should be secondary to EMDR's core techniques.

Riley Taylor, an African American therapist with extensive clinical experience, aligns with Dr. Anderson's perspective. They appreciate the focus on EMDR's core principles and worry that an overemphasis on cultural competence could dilute the effectiveness of EMDR therapy.

Parker Finley, a White therapist, values EMDR's universality but believes that cultural competence is essential, especially when working with clients from diverse backgrounds. They express the importance of recognizing how race and culture impact trauma experiences.

Sekura Watanabe, an Asian-American therapist, agrees with Dr. Anderson's emphasis on EMDR's universality but is interested in practical strategies for addressing cultural factors. They believe that a balanced approach can benefit clients from diverse backgrounds.

Fran Cruz, a Latina therapist, resonates with Dr. Anderson's approach but also emphasizes the significance of cultural competence. They believe that recognizing the cultural dimensions of trauma can enhance the therapeutic relationship and outcomes.

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## 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

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## DIFFERENT PERCEPTIONS



*Dr Carlton*  
GREEN

# 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:**

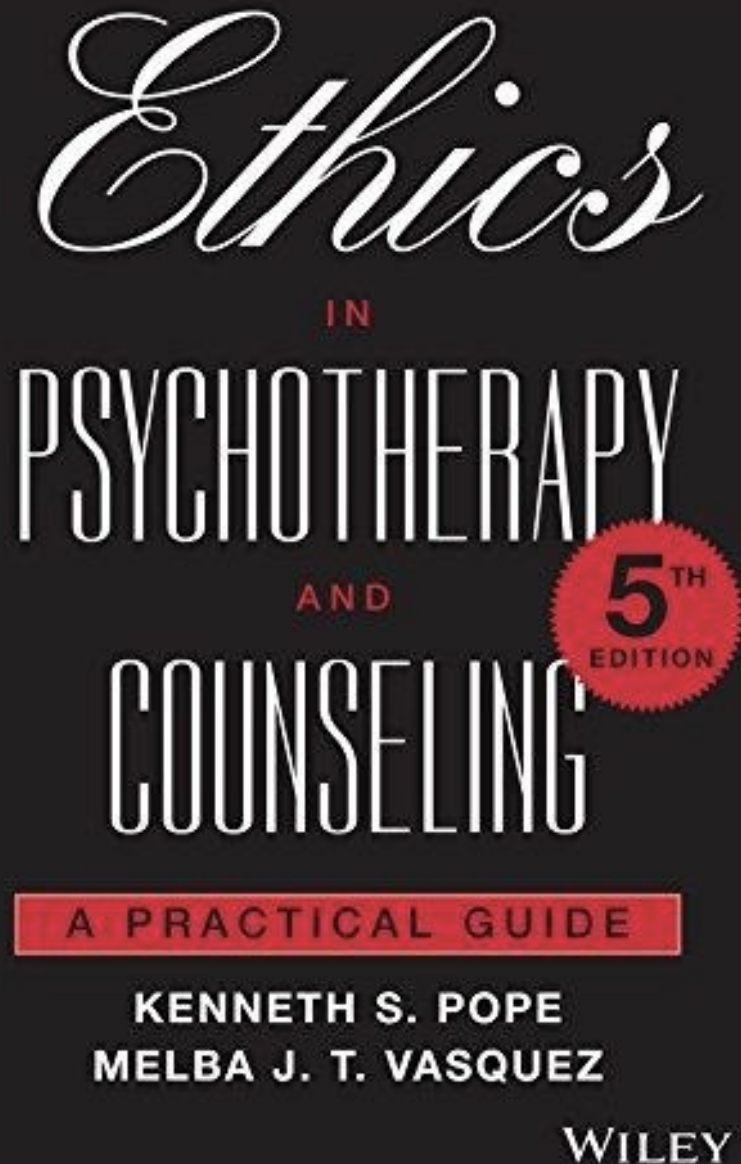
**OF STRUCTURING OPPORTUNITY AND**

**OF ASSIGNING VALUE.**

**AND IT DOES THOSE THINGS BASED UPON**

**SO-CALLED RACE...BASED ON THE SOCIAL**

**INTERPRETATION OF HOW WE LOOK.**



“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 (TRAINERS)**

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

**(BERNARD & GOODYEAR, 2009)**

# MULTICULTURAL SUPERVISION



## **SUPERVISORS (TRAINERS) 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 (TRAINERS) EXPLICITLY ADDRESS RACE AND CULTURE AS RELEVANT ASPECTS OF TRAINEES' PERSONAL AND PROFESSIONAL DEVELOPMENT AND CLIENTS' THERAPEUTIC OUTCOMES**
- **SUPERVISORS (TRAINERS) 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



**TRAINER'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**



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

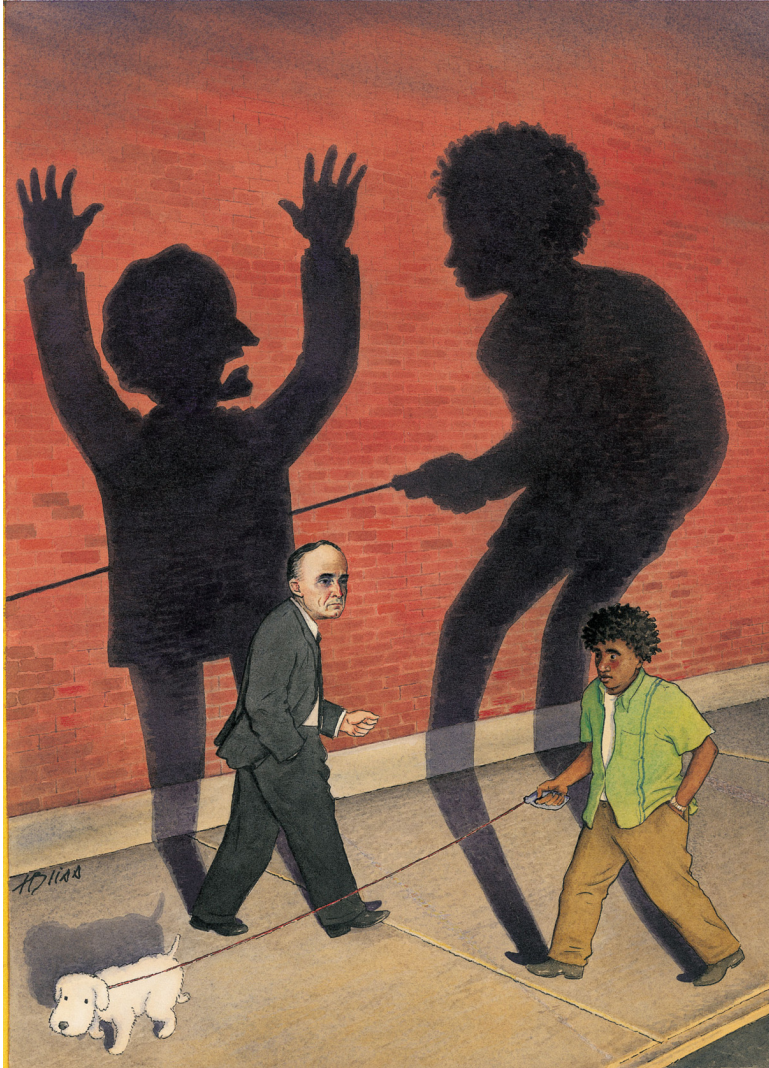
**HALLMARKS OF CULTURAL COMFORT INCLUDE FEELINGS OF BEING  
AT EASE, OPEN AND NON-DEFENSIVE, AND CALM AND RELAXED.**

**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 TRAINING WHEN CULTURE PRESENTS ITSELF FOR  
CONSIDERATION**

**TRAINERS 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



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**Past President**

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**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**

# **DEFINING RACIAL TRAUMA**

**THE EMOTIONAL AND PSYCHOLOGICAL  
RESPONSE TO RACIAL INCIDENTS THAT ARE  
UNEXPECTED, EXPERIENCED AS  
THREATENING, AND RESULT IN SIGNIFICANT  
PSYCHOLOGICAL STRESS**

**Bryant-Davis & Ocampo, 2006; Carter, 2007;  
Comas-Diaz, 2016; Pieterse, 2018**



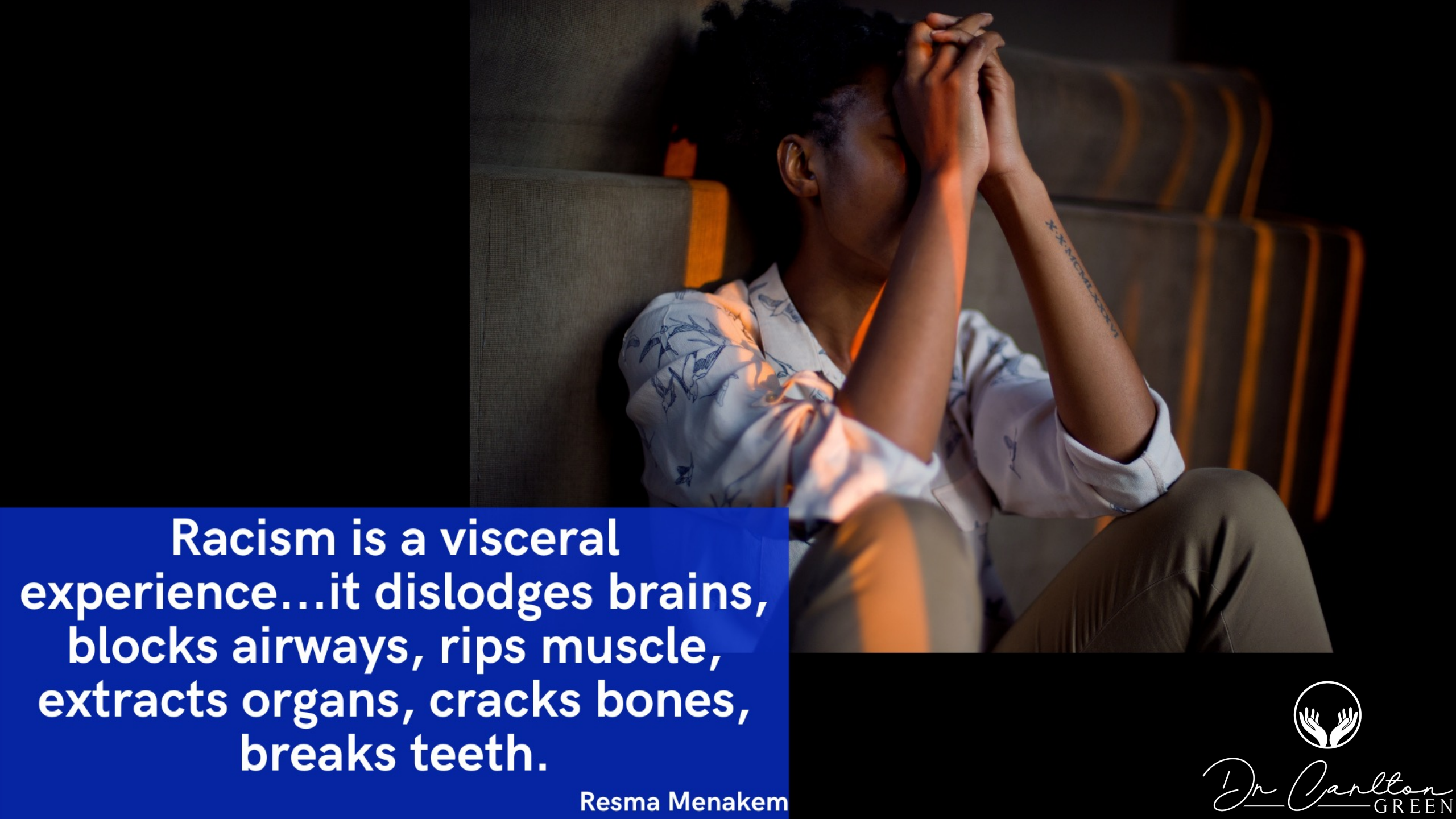
**As is the case for rape and domestic violence, racism may involve physical and psychological assaults that might be overlooked if racism is not considered an important cause of physical and emotional distress.**

Helms, Nicolas, & Green 2010



*Dr Carlton*  
GREEN





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

Resma Menakem



*Dr Carlton*  
GREEN



# 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

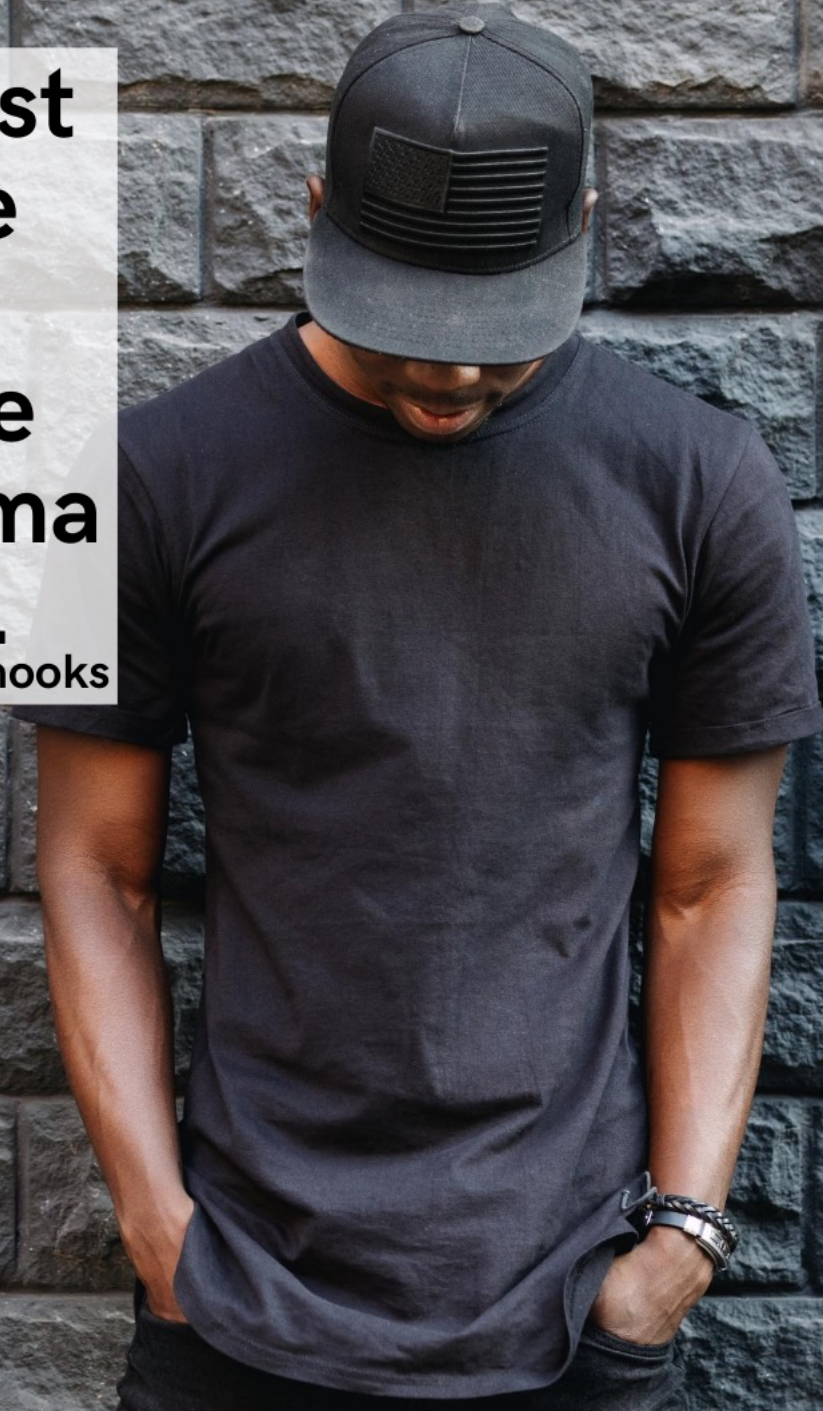
## PHYSIOLOGICAL

- 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



*Dr Carlton*  
GREEN



# **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**



# **CLIENTS OF COLOR ARE MOST LIKELY TO RECEIVE SERVICES FROM A TRAINEE**

OWEN ET AL., 2017

- 1. SUPERVISORS (TRAINERS) ASSIST SUPERVISEE IN INTEGRATING CLIENTS' RACIAL CONCERNS INTO A TREATMENT PLAN**
- 2. SUPERVISORS (TRAINERS) PROCESS SUPERVISOR-SUPERVISEE DYNAMICS RELATED TO RACE AND RACISM**
- 3. SUPERVISORS (TRAINERS) PERHAPS NEGOTIATE FOR THE SUPERVISEE WITHIN SYSTEMS**

THROWER, HELMS, & MANOSALVAS, 2020

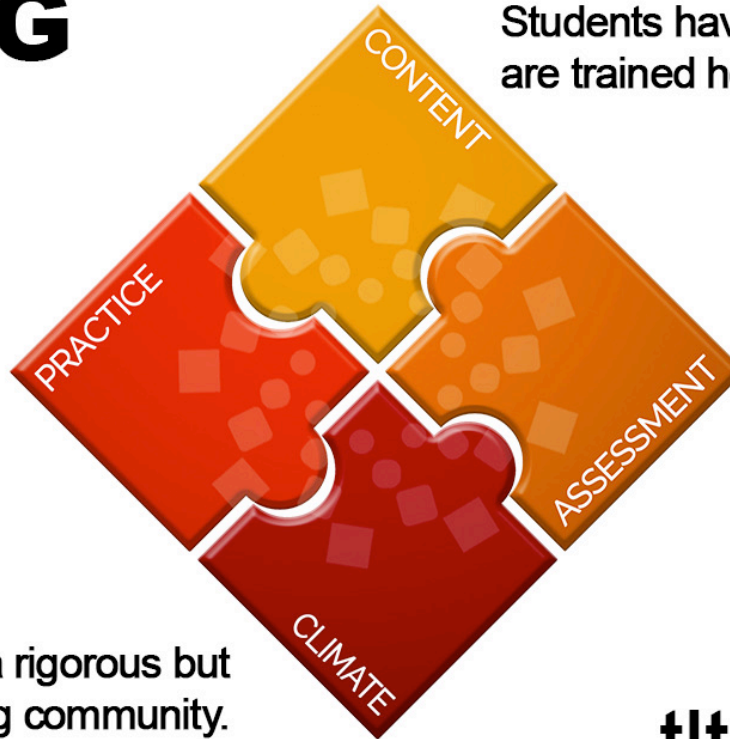
## **RACIALLY RESPONSIVE SUPERVISION**

# FEARLESS (INCLUSIVE) TEACHING FRAMEWORK

## 4 PIECES OF EFFECTIVE TEACHING

Instructors and assistants utilize evidence-based teaching practices and refine their skills.

Students are engaged in a rigorous but supportive learning community.



Students have access to the best resources and are trained how to use them effectively.

Learning is assessed in clear, transparent, and appropriate ways.

[tltc.umd.edu/fearless](https://tltc.umd.edu/fearless)

- 1. HOW IS RELATIONSHIP BUILDING BEING PRIORITIZED AT THE START OF THE COURSE, AND THROUGHOUT THE TRAINING?**
- 2. WHAT EFFORTS TO USE INCLUSIVE LANGUAGE EXIST?**
- 3. WHAT WORK IS THE TRAINER PREPARED TO DO TO CREATE A CONTAINER FOR DIFFICULT DISCUSSIONS?**
- 4. HOW IS THE TRAINER PLANNING TO ADDRESS HURTFUL/HARMFUL LANGUAGE?**

DONLAN, GREEN, & BYRNE, IN PRESS

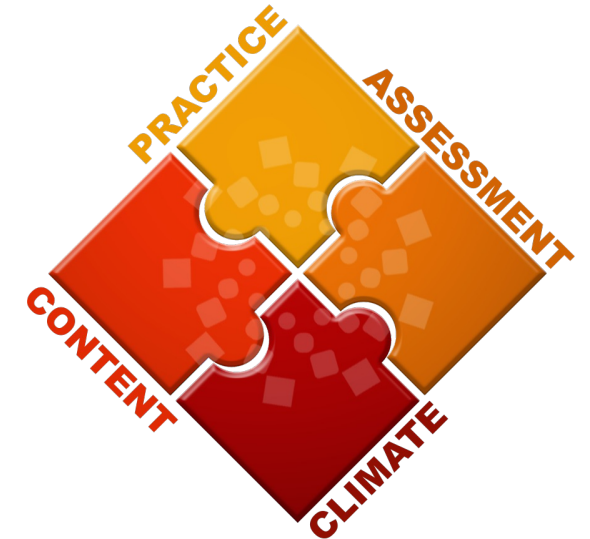
## **WAYS TO INFUSE INCLUSION IN THE CLIMATE**



# WAYS TO INFUSE INCLUSION IN THE CONTENT

1. **HOW DO WE SELECT MATERIAL THAT RELATES TO TRAINEES' OWN LIVED EXPERIENCES?**
2. **WHOSE IDENTITIES ARE BEING CENTERED?**
3. **WHOSE VOICES ARE BEING PRESENTED AS EXPERTS?**
  - **WHAT ARE THE STRENGTHS OF THESE EXPERT VOICES?**
  - **WHAT ARE THE LIMITATIONS?**

DONLAN, GREEN, & BYRNE, IN PRESS



- 1. WHAT ARE THE TRAINER'S LENSES, IDENTITIES, AND APPROACHES TO MATERIAL, AND CAN THESE BE SHARED WITH TRAINEES?**
- 2. WHAT WOULD IT LOOK LIKE TO TEACH AS THOUGH YOUR GOAL IS TO EXPAND YOUR FIELD TO MORE TRAINEES?**
- 3. HOW DO WE HELP STUDENTS CONNECT THE MATERIAL TO THEIR OWN LIVED EXPERIENCES?**
- 4. HOW CAN TRAINEES INTERACT WITH EACH OTHER DURING THE COURSE?**

DONLAN, GREEN, & BYRNE, IN PRESS

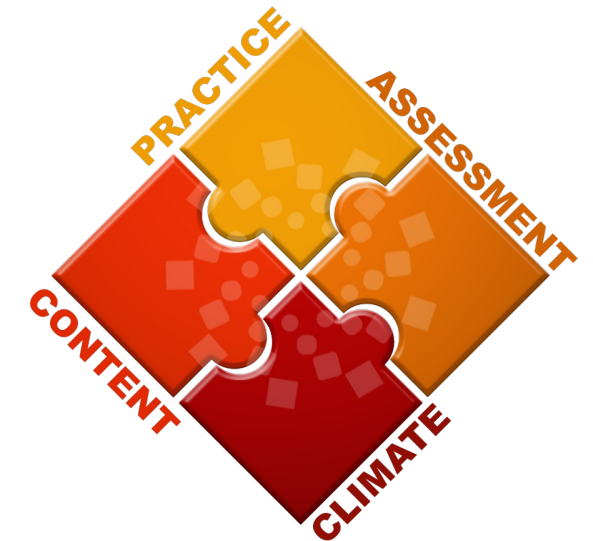
## **WAYS TO INFUSE INCLUSION IN THE PRACTICE**



# WAYS TO INFUSE INCLUSION IN THE ASSESSMENT

1. DOES THE TIMING OF ASSESSMENTS MAKE ASSUMPTIONS ABOUT THE TRAINEES' SCHEDULES?
2. DOES THE ASSESSMENT STRATEGY ALLOW FOR TRAINEES TO PLAY TO THEIR STRENGTHS?
3. WHAT CULTURES ARE CENTERED IN THE LANGUAGE OF ASSESSMENTS?

DONLAN, GREEN, & BYRNE, IN PRESS





**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