

# Promoting Empowerment in Therapy: A New Model for Culturally Responsive Assessment & Treatment Planning

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# What is culturally responsive care?

Programming that seeks to respect the strengths of an individual's cultural background, creates space for cultural stressors (e.g., racism, sexism, transphobia, acculturative stress) to be integrated the therapeutic process, and acknowledges the interaction of individuals with their surrounding environments.



Requires:

Cultural humility

Community Consciousness

# What is a Culturally Responsive Mindset?

## Culturally Reactive Mindset

- Non-mindful & Impulsive (e.g., unfiltered first reactions)
- Self-serving (e.g., to appear politically correct, avoid appearing “not woke”)
- Unclear Intent (e.g., doing what feels right to you, shooting from the hip)
- Defensiveness (e.g., “I did my best and that should be enough”)

## Culturally Responsive Mindset

- Mindful (e.g., self-reflecting, conscious of others)
- Genuine (e.g., demonstrate genuine interest in empowering, collaborating, and supporting)
- Theory Driven & Clear Intent (e.g., using empirically derived frameworks to clarify & guide response)
- Openness to Feedback (e.g., “I’m not a doctor but I’ll try to help”)

# OPPORTUNITIES FOR CULTURALLY RESPONSIVE CARE

**Work  
Environment**  
(e.g., conversations,  
policies, decorations)

**Workforce**  
(e.g., staff diversity,  
satisfaction,  
didactics/training)

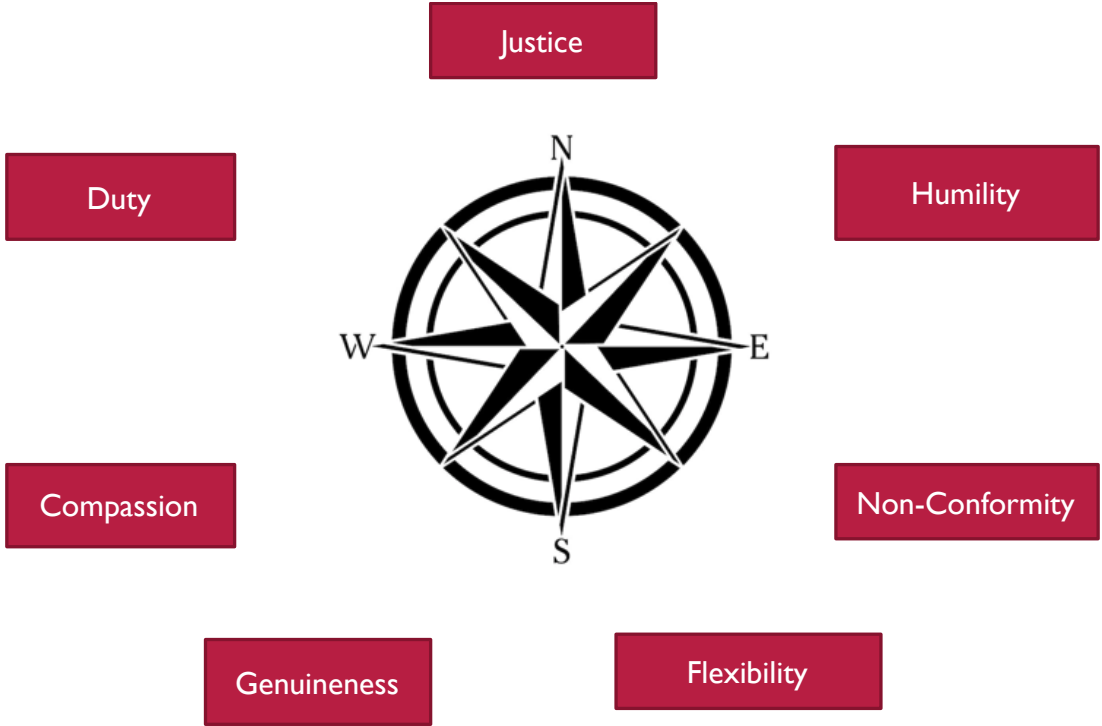
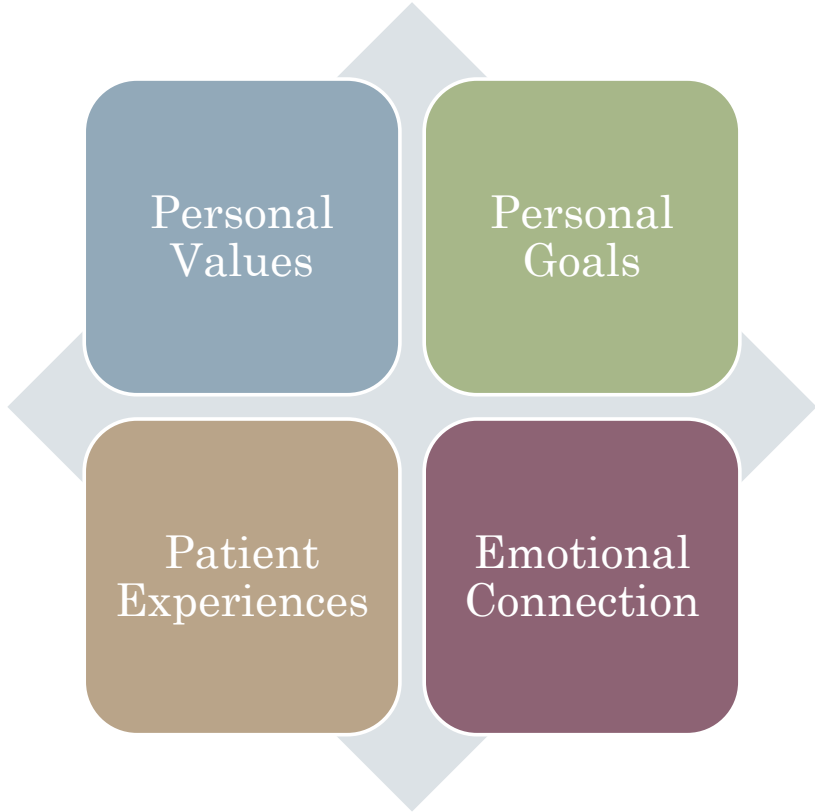
**Clinic  
Programming**  
(e.g., affinity groups,  
milieu activities)

**Assessment**  
(e.g., screeners, intake  
paperwork)

**Treatment**  
(e.g., tx planning,  
adaptations,  
implementation  
approaches)

**Other?**

# What makes you care about engaging in CRC?



# Barriers to Culturally Responsive Care

Systemic  
Factors

Patient  
Factors

Clinician - Patient  
Factors

Clinician Emotional  
Factors

Clinician  
Education/Training  
Factors

Clinician Personal  
Perspectives  
Factors

Any  
others?



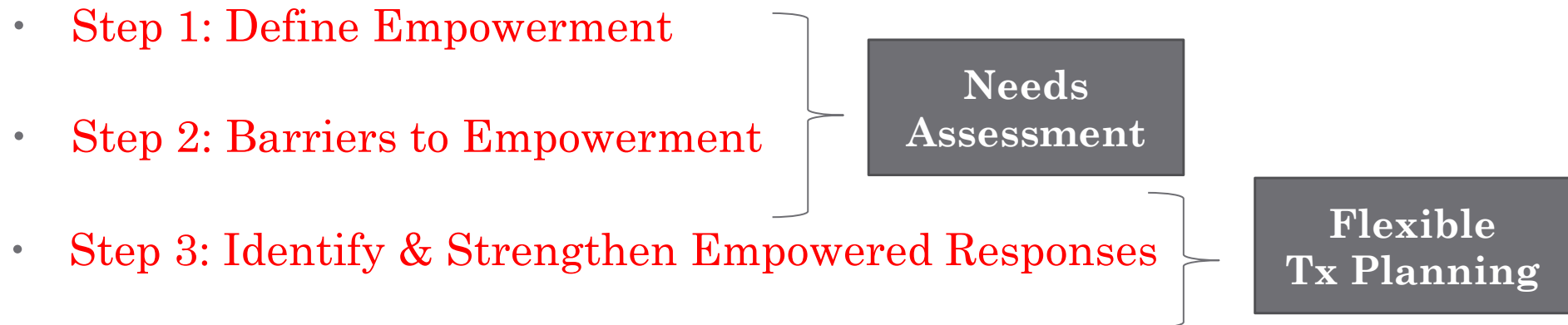
# Culturally Responsive Assessment & Treatment Planning for Racial Stress



## Before the conversation starts:

1. Do your prep work!
2. Create a safe space for disclosure
3. Knowledge of assessment targets

## Culturally Responsive Care for Racism Related Stress:



# (Ongoing) Prep Work

- **Personal education** (e.g., lay and scientific readings, trainings, implicit association test, etc.)
- **Stretching comfort zone**
  - Do you have diversity within your social circles?
    - Mapping Relationships: Support Network Diagram
  - Do you have “opportunities” to be uncomfortable, uncertain, or challenged?
- **Diversity in Supervision/Consultation** (e.g., journal clubs that include discussion of multicultural topics, seeking consultation with experts)
- **Community Engagement/Outreach**
  - Outside of your clinical practice & school, what’s your understanding and engagement with the community you serve?
- **Start the conversation**
  - Find trusted and *consenting* people to initiate these conversations.

# Creating a Safe Space

- Obtaining Consent
- Summarize w/o interpreting
  - DBT's GIVE skills
- Limit Self-disparaging Statements
  - *“I couldn't possibly understand because I am a White man with all my privilege.”*
- Limit Over-inflating Your Qualification
  - *“As a Black male, I get it.”*
- ***Apologize When Needed***
- ***Goals:***
  - *Empower Their Voice*
  - *Communicate Interest in Their Voice*



DeLapp & DeLapp, 2021


# Prep Work & Creating a Safe space

*The Cognitive Behaviour Therapist* (2022), vol. 15, e19, page 1 of 22  
doi:[10.1017/S1754470X22000162](https://doi.org/10.1017/S1754470X22000162)



INVITED PAPER

## Being an anti-racist clinician

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CLINICAL PRACTICE FORUM

### Talking Racial Stress: Clinician Recommendations for Exploring Racial Stress With BIPOC Patients

Celenia L. DeLapp, *The Catholic University of America*

Ryan C.T. DeLapp, *Montefiore Medical Center/  
Albert Einstein College of Medicine*

IT IS WELL ESTABLISHED by a burgeoning body of literature that racial stress is related

Interview—APA, 2015) and self-reports (e.g., General Ethnic Discrimination Scale

be willing to do work outside of the therapeutic setting and *proactively self-educate* rather than rely solely on their work with BIPOC patients for opportunities to grow. The cost of not seeking self-education may result in the unintentional perpetuation of systemic oppression (Jemal, 2017). As such, proactive self-education represents one method for clinicians to acquaint themselves with the realities of injustice, inequality, and cultural strengths experienced by BIPOC patients as a means to make the therapeutic process a source of healing and empowerment rather than another systemic experience of racial stress. This work should include lay and scientific readings and trainings. *A nonexhaustive list*

# Preliminary Assessment

- Informal Screener
  - *“Have you ever been teased, bullied, ignored, left out, or rejected due to some part your identity?”*
- Self-reports
  - Perceptions of Racism in Children and Youth (PRaCY; Pachter et al., 2010)
  - Trauma Symptoms of Discrimination Scale (TSDS; Williams et al., 2018)
- Semi—Structured Interviews
  - UConn Racial/Ethnic Stress & Trauma Scale (UnRESTS; Williams et al., 2018)
  - DSM-5 Cultural Formulation Interview (American Psychiatric Association, 2013)

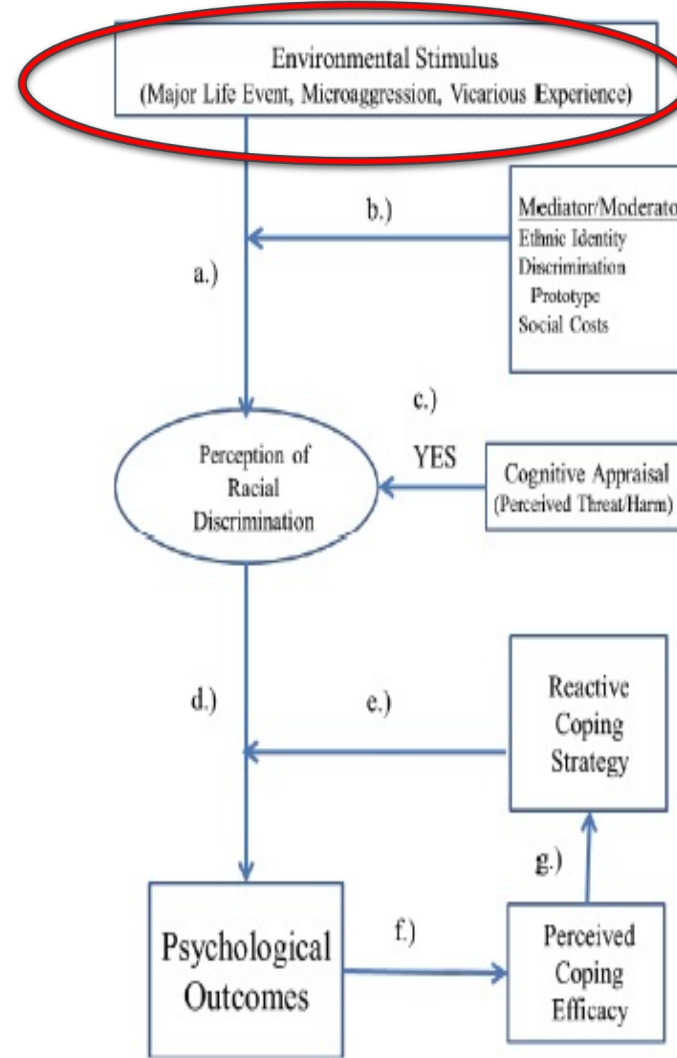
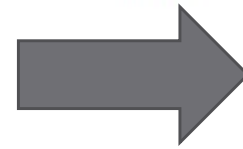
DeLapp & Williams,  
2019

**Type:**

- Overt vs. Covert

**Experienced:**

- Personally
- Loved Ones
- Vicarious Racism



**Fig. (1).** A refined model of Reactive Coping for African Americans who have experienced racial discrimination based on an existing model by Clark and colleagues [22]. (a) An environmental stimulus activates an attributional process that results in perceived racial discrimination. (b) Perceptions of racial discrimination are influenced by a myriad of factors (e.g., Ethnic Identity, Discrimination Prototypes, and Social Costs). (c) Also, perceived racial discrimination that is cognitively appraised as harmful/threatening is (d) directly related to adverse psychological outcomes (e.g., low self-esteem, life satisfaction, and increased anxiety/depressive symptoms). (e) The harmful effects of perceived racial discrimination are mediated/moderated by reactive coping strategies. (f/g) The perceived efficacy of the coping strategy can be defined by the mitigation of adverse psychological outcomes, thereby informing which coping strategies are employed.

**Coping w/  
Racism-related  
Stress**

DeLapp & Williams, 2019

**Other Factors:  
Cultural  
Socialization  
  
Cultural  
Orientation  
(Acculturation)**

**Coping w/  
Racism-related  
Stress**

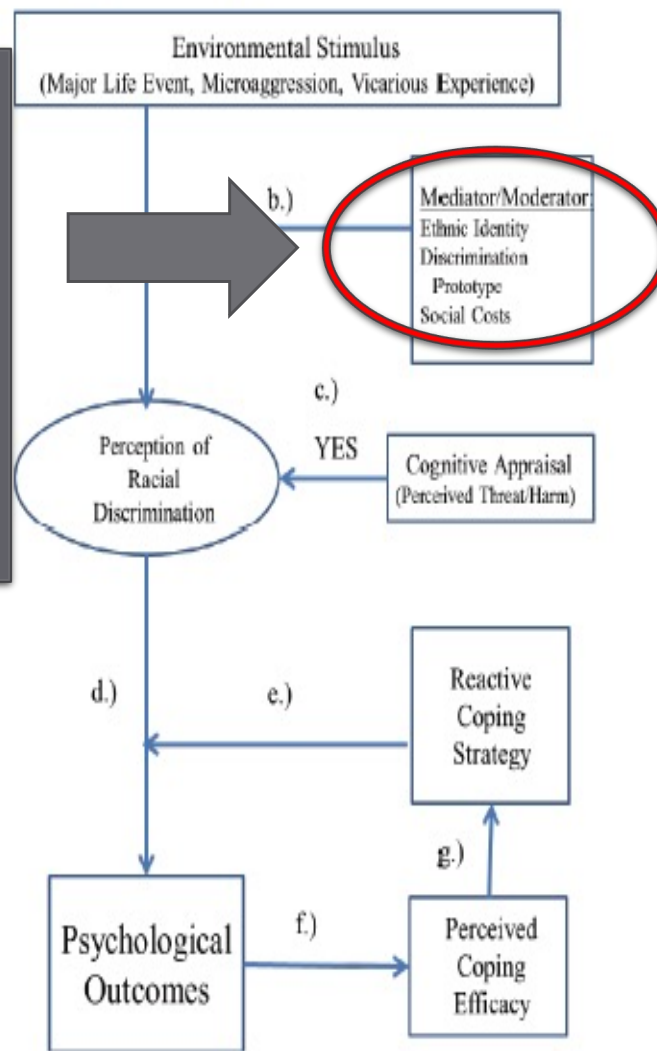
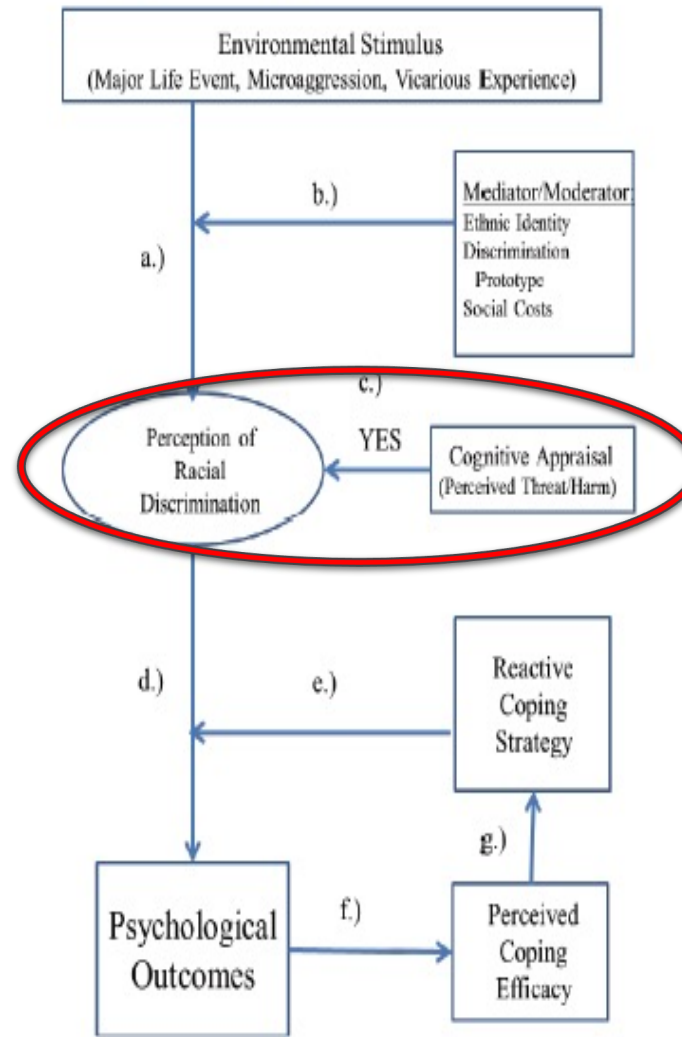


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DeLapp & Williams,  
2019

Meaning/Importance?  
Threat?  
Control?  
Available Coping Resources?

Coping w/  
Racism-related  
Stress



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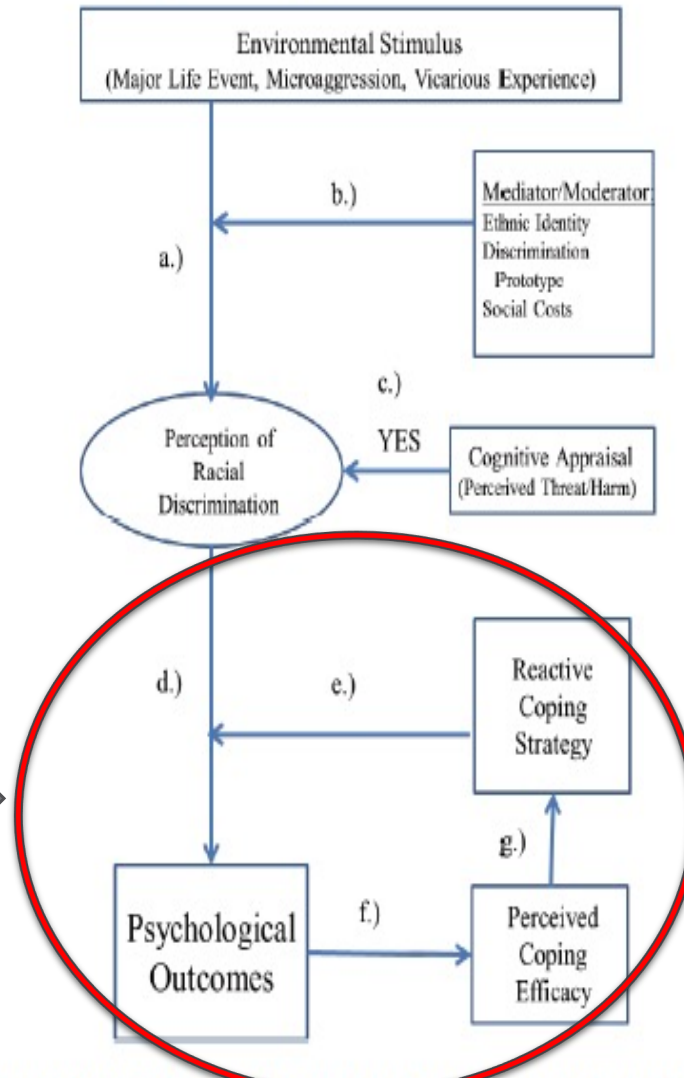


# Coping w/ Racism-related Stress

Avoid Maladaptive v. Adaptive  
Categorization

Prioritized Values/Goal  
Clarification?

Explore Learning (Self,  
Environment)




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# Culturally Responsive Assessment & Treatment Planning for Racial Stress

## Before the conversation starts:

1. Do your prep work! ✓
2. Create a safe space for disclosure ✓
3. Knowledge of assessment targets ✓

## Culturally Responsive Care for Racism Related Stress:

- 
- Step 1: Define Empowerment
  - Step 2: Barriers to Empowerment
  - Step 3: Identify & Strengthen Empowered Responses

Needs  
Assessment

Flexible  
Tx Planning

# Needs Assessment

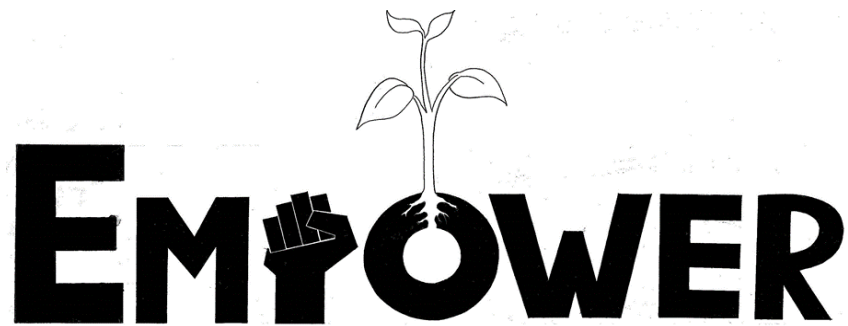
## 1. Define Empowerment

- *What strengths & values can guide a Patient's interaction with their environmental context?*
- *Is it important to the Patient to improve their ability to navigate specified cultural stressors? If so, why?*

## 2. Barriers to Empowerment

- *What external or internal factors interfere with Patient's ability to act on their strengths & valued goals?*
- *Which barrier(s) are Patients interested in targeting?*

## Defining



Extrinsic vs.  
Intrinsic Self-worth

Barriers vs.  
Individual Agency

Using  
Strengths & Values

# Defining Empowerment Strategies

Exercise	Description
<b>Values or Strengths Card Sort</b>	Prompt patient to sort an array of cards displaying values (and their definitions) according to degree of personal importance. Use the patient's sorting to guide discussion of empowered responses to RRS.
<b>Defining Importance of Coping Goals</b>	Identify coping goal first, then explore the meaning/importance of the goal (clarify values)

# Defining Empowerment Strategies

<b>Valued Role Models</b>	Identify role model (family member, character, athlete, historical figure), then explore admired characteristics
<b>Values within a Concept</b>	Identify a concept (e.g., “I want to be a social justice warrior”), then explore different values/characteristics that make up this concept

# Defining Empowerment Strategies

<b>Values Venn Diagram</b>	Create Values Venn Diagram where patient contrasts personal values with another entity (e.g., family member, job/school setting), which allows clinician and patient to explore how definition of empowerment may shift between different environments
<b>Values within a Narrative</b>	Discussion of individual or family narratives with an emphasis on identifying values & strengths reflected within the narrative

### I am...



### I like to do...



## Who Am I?

### I can do...



### I care about...





# What is Cultural Stress?

Any uncomfortable emotional responses caused by a person, situation, or institution that expresses negative judgments or beliefs about someone, or that mistreats someone because of their identity (e.g., race, ethnicity, sexuality, gender, religion, age, ability level).

- Rationale
  - Denying Experiences with Racism: “I don’t experience racism”
  - Unexplored Racial/Ethnic Identity: “That’s [my race] not important to me”
  - Other Psychiatric Symptoms: “I didn’t come here to talk about racism. I came for anxiety.”
  - Anger: “It pisses me off that we are talking about racism. Do you ask everyone if they have experienced racism or just Black people.”
- Benefit vs. Costs of using Cultural Stress

# Cultural Stress Caused By Barriers to Empowerment

Systemic Stress

Interpersonal  
Stress

Emotional Pain  
Caused by  
Cultural Stress

Identity Impacts  
Caused by  
Cultural Stress

Any  
others  
?

# Barriers to Empowerment

## Systemic Stress

Barrier	Description	Assessment Examples
<b>Systemic (Community) Stress</b>	“This is an external barrier to empowerment. <u>Cultural Stress</u> is sometimes caused by parts of your community (e.g., schools, job, housing, laws) that <b>limit available paths you can choose to take</b> . And, the fewer options created by such systems or institutions can make finding alternative options for empowerment very difficult.”	<ol style="list-style-type: none"><li>1. How readily accessible are activities/opportunities that allow you to pursue your path?</li><li>2. Do you feel you have ever been unfairly denied access to a resource? If so, can you explain?</li><li>3. What obstacles have you faced in your community in terms of opportunities or access to activities to promote your personal growth and empowerment?</li><li>4. What is it like for you to live in your neighborhood with respect to themes of personal safety, acceptance of diversity by community members, and sense of community pride?</li></ol>

## Developing a Structural Intervention for Outpatient Mental Health Care: Mapping Vulnerability and Privilege

Shaina Siber-Sanderowitz, L.C.S.W., Allison Glasgow, M.D., Tara Chouake, M.D., Elizabeth Beckford, M.D., Amy Nim, M.D., Ana Ozdoba, M.D.

The Mapping Vulnerability and Privilege (MVP) exercise is a clinical intervention based on a structural competency framework that emphasizes societal structures—social determinants of health and of biology, behavior, and culture—and their impact on health outcomes. The exercise comprises the MVP Tool, Visual Guide, and Processing Guide. It was created with the goals of helping clinicians to develop structural humility and introducing a structural lens for viewing the therapeutic milieu and the structural barriers that

affect both intrapsychic experiences and interactions with the health care system, while encouraging patients and clinicians to take action to address the systemic and structural issues that affect patients' well-being. This article provides an overview of the development of the MVP exercise as an educational and clinical intervention.

*Am J Psychother* 2022; 75:134–140;  
doi: 10.1176/appi.psychotherapy.20200057

MVP

## Mapping Vulnerability and Privilege



# Mapping Vulnerability and Privilege Supplemental Guide

## Choose a neighborhood to map



Decide which neighborhood you are going to ask the patient to map (where they grew up versus where they live currently). This may be informed by treatment modality and patient's presentation.

## Introduce rationale



"I want to get a better sense of your neighborhood. This will better help me understand who you are, the challenges you encounter accessing treatment, and how I can best provide you support."

## Introduce neighborhood mapping



Define any terms the patient is not familiar with. Ask them to draw their current or past home (house, apartment, shelter, etc.) in the center. Ask them to then draw the community elements surrounding their home (parks, grocery stores, pharmacies etc.)

## Observe drawing and notice affect



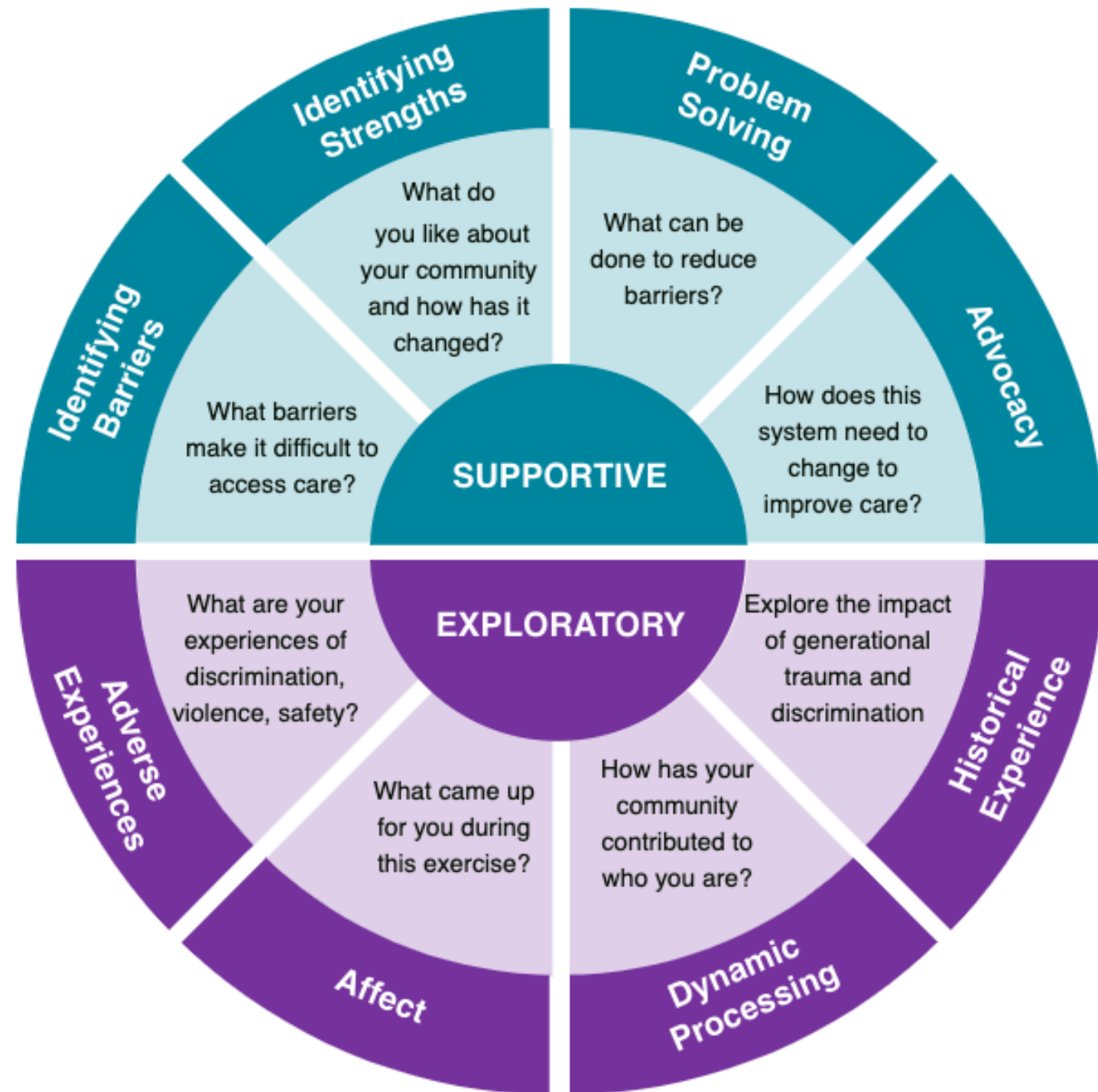
Give the patient 10 minutes to do the map. Invite them to either work in silence or talk through their drawing (whatever they are most comfortable with). Observe their drawing and notice their affect during the exercise.

## Identify areas of experience



"I am going to give you colored markers. Please mark locations where you have witnessed or experienced **discrimination**, **financial limitations**, **violence**, and **feeling unsafe**." Introduce and explore each of these one by one as the patient highlights these locations.

# Mapping Vulnerability and Privilege Processing Guide



# Barriers to Empowerment: Interpersonal Stress

## Interpersonal (Relationship) Stress

“This is an external barrier to empowerment. Cultural stress can occur in our relationships with other people, both people with shared and nonshared backgrounds. When **others show their negative beliefs about your background(s) or have different values than you personally uphold**, it can make clarifying and using empowered responses confusing and difficult.”

1. What positive and uplifting messages have you heard about your identity from family/friends/peers/community members?
2. What negative and hurtful messages have you heard about your identity from family/friends/peers/community members?
3. If you are willing, can you share with me a recent situation in which you felt you were treated with less respect and courtesy because of your identity?
4. Can you tell me about a relationship that is important to you in which this person holds a different set of beliefs about an aspect of your identity that is important to you?



# Example of Interpersonal Stress

- Uncertainty of how to respond to:
  - feeling mistreated by peers, professors, colleagues, or bosses due your identity
  - feeling as if authority figures (parents, teachers/professors, bosses or HR) do not take your experiences of cultural stress seriously when reported
  - conflict with family related to balancing personal independence with honoring/respecting cultural traditions within your family
  - feeling a lack of connection to peers of a similar racial/ethnic identity
  - witnessing someone of a similar identity experiencing mistreatment around you or online



# Barriers to Empowerment

## Emotional Distress

### Emotional Distress

“This is an internal barrier to empowerment. Cultural stress can cause many strong and hurtful emotions (e.g., anger, anxiety, sadness, numbness). Unfortunately, **it can be hard to recognize these emotions or know what to do when we feel them, which can make it difficult to notice how your emotions are affecting the way you clarify and then use empowered responses.**”

1. How challenging do you find it to stay present and aware when you are being faced with a cultural stressor?
2. When you are faced with a cultural stressor, what emotions tend to show up for you?
3. Are you accepting or welcoming towards your emotions?
4. What emotions do you find most challenging to cope with when they arise?
5. How do you cope when you are faced with a cultural stressor? Do you feel this way of coping is working for you? If so, how? If not, what would you like to change?



# Examples of Emotional Distress

- Struggling with:
  - Knowing what you are feeling in response to cultural stress within your home, friendships, school, or workplace
  - Being critical of your emotional responses to cultural stress
  - Feeling your emotions intensely and possibly over a long time
  - Sudden, unexpected shifts in emotions
  - Knowing how to cope with emotional reactions to cultural stress

# Barriers to Empowerment: Identity Distress

## Identity

## Distress

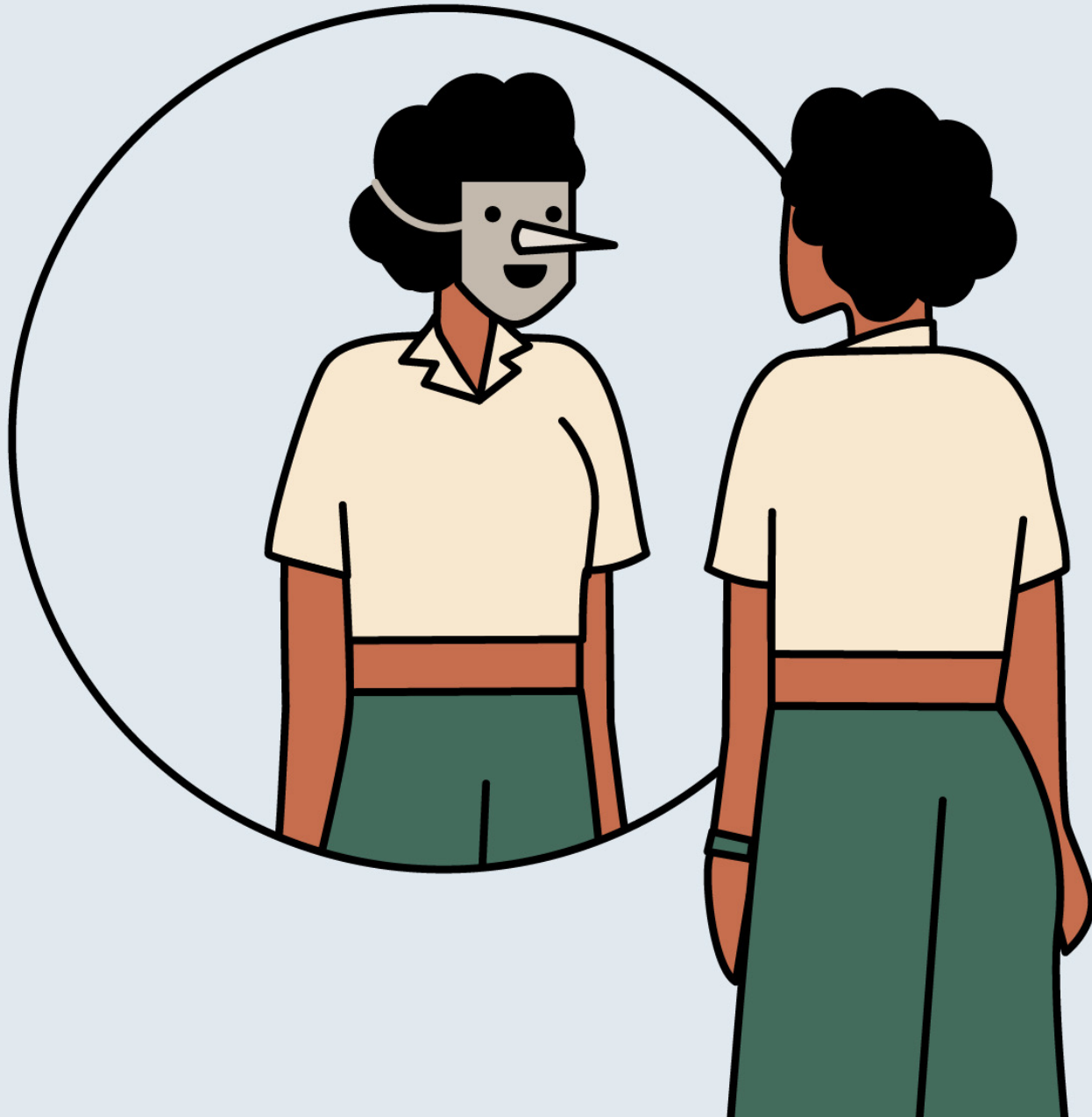
“This is an internal barrier to empowerment.

Cultural stress often includes some form of communication that a person is less than someone else because of who they are. As we mature and learn about ourselves, **it can be difficult to develop self-love and confidence when exposed to these negative messages about our backgrounds.** Struggling to have self-love and confidence can make clarifying and using empowered responses difficult.”

1. What kind of messages do you get about who you are or should be from family/friends/peers/community members? How does this impact your sense of self?
2. What kind of messages do you get about who you are or should be from movies, music, social media? How does this impact your sense of self?
3. Have you internalized any negative and hurtful messages about your identity from family/friends/peers/community members/social media?
4. Are there aspects of your identity that you dislike? If so, can you tell me about that, and where you think those beliefs come from?

# Examples of Identity Distress

- Struggling to:
  - Have or maintain pride in your racial/ethnic identity
  - Manage self-doubt or low confidence due to cultural stress within your home, friendships, school, or workplace
  - Manage thoughts of being an imposter or feeling as if you do not belong in your home, friendships, school, or workplace



# Culturally Responsive Assessment & Treatment Planning for Racial Stress

## Before the conversation starts:

1. Do your prep work! ✓
2. Create a safe space for disclosure ✓
3. Knowledge of assessment targets ✓

## Culturally Responsive Care for Racism Related Stress:

- Step 1: Define Empowerment
- Step 2: Barriers to Empowerment
- Step 3: Identify & Strengthen Empowered Responses

Needs  
Assessment

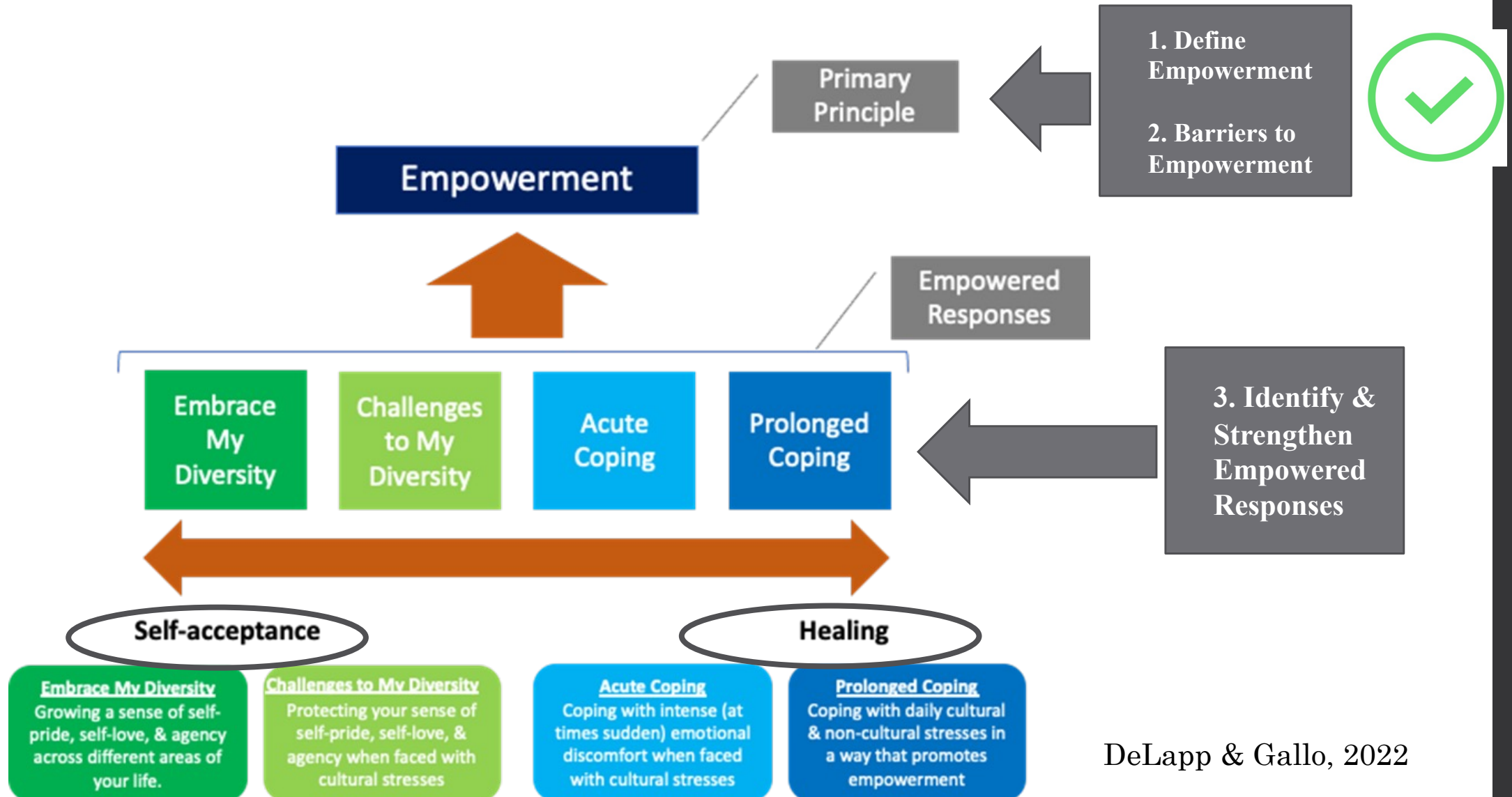


Flexible  
Tx Planning



# REACH UP Model

(Racial, Ethnic, and Cultural Healing Unifying Principles)



# REACH UP's empowered Responses (Empirical Foundation)

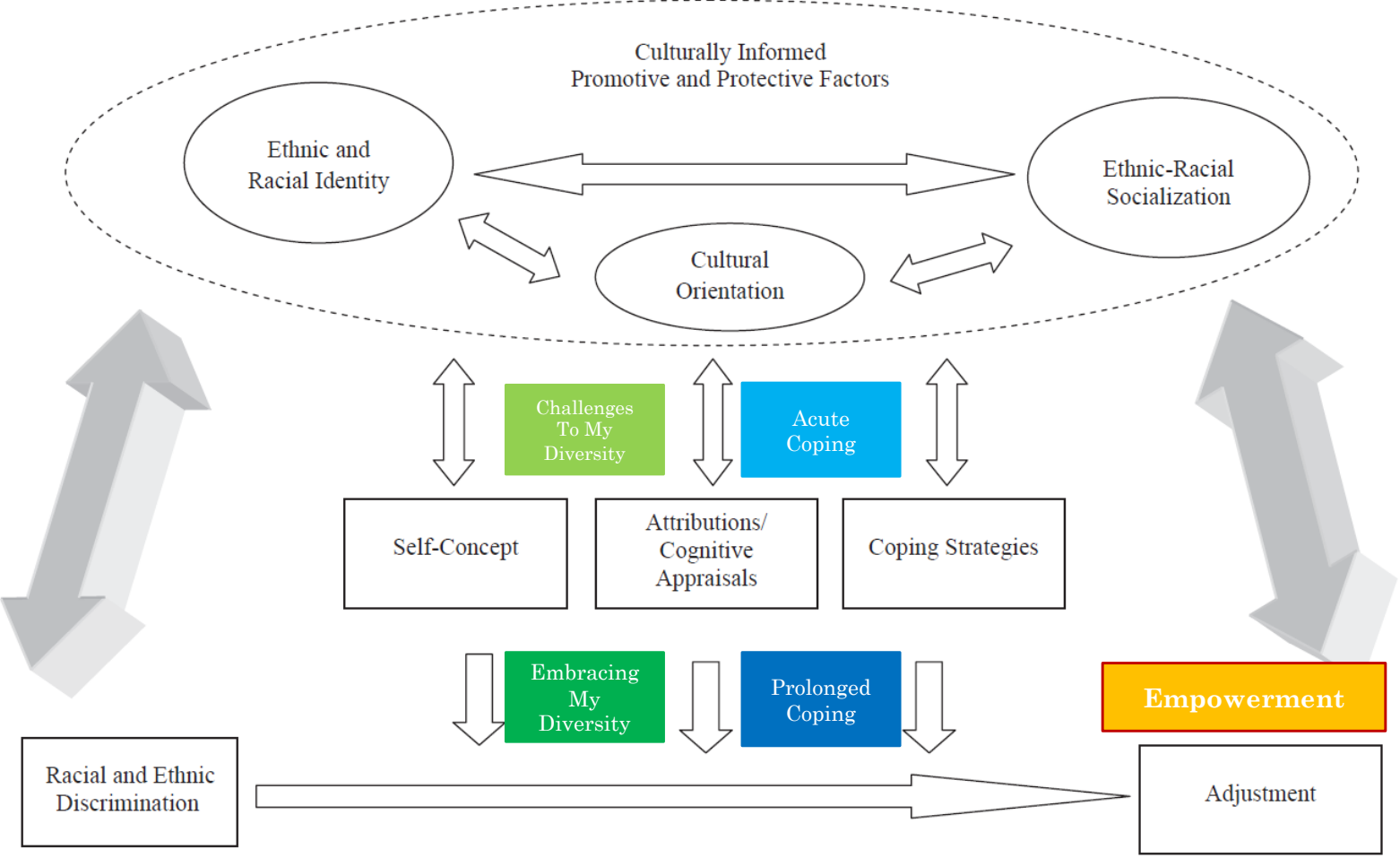
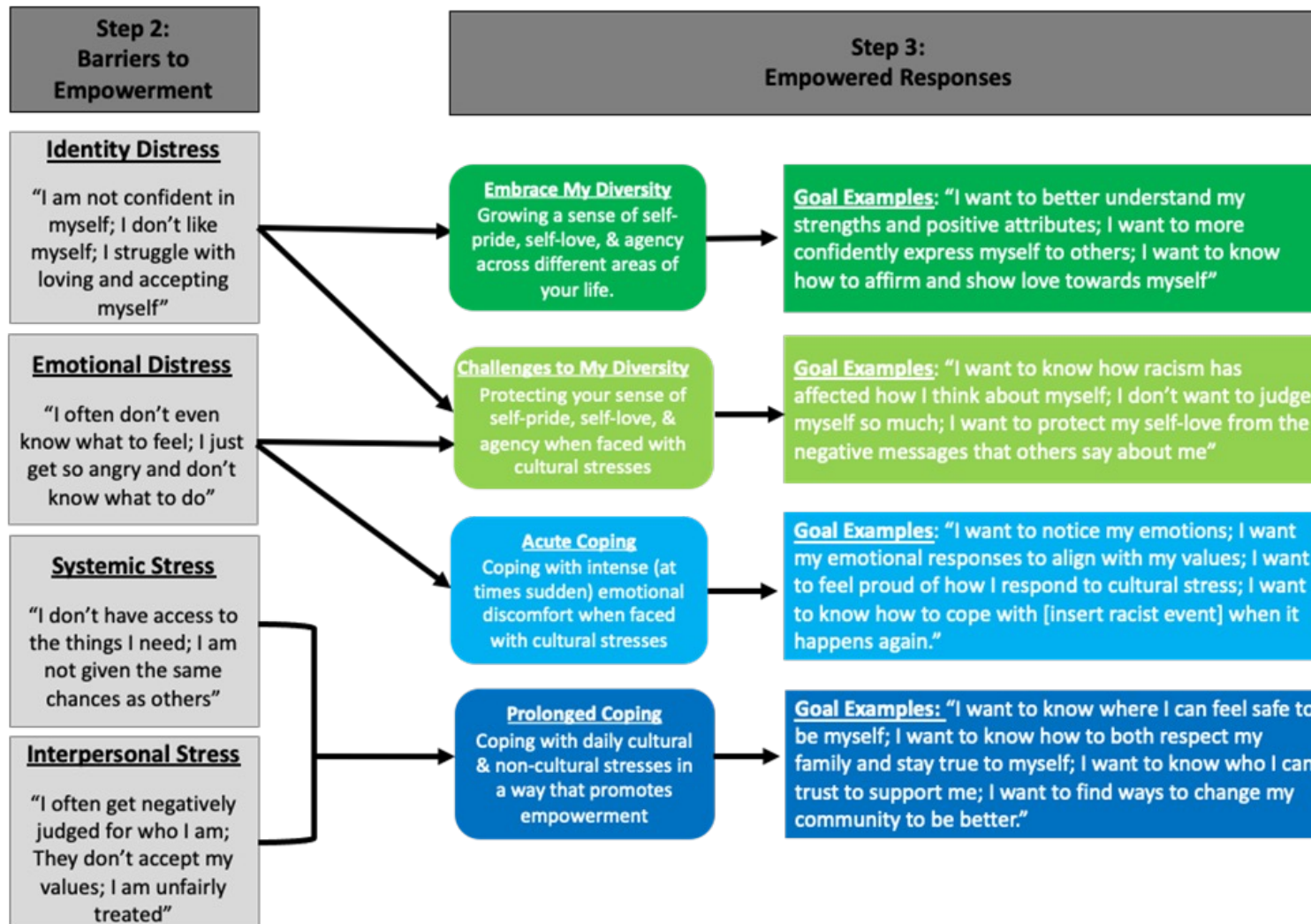


Figure 1. Conceptual model of mechanisms of protection.



# Identifying Empowered Responses



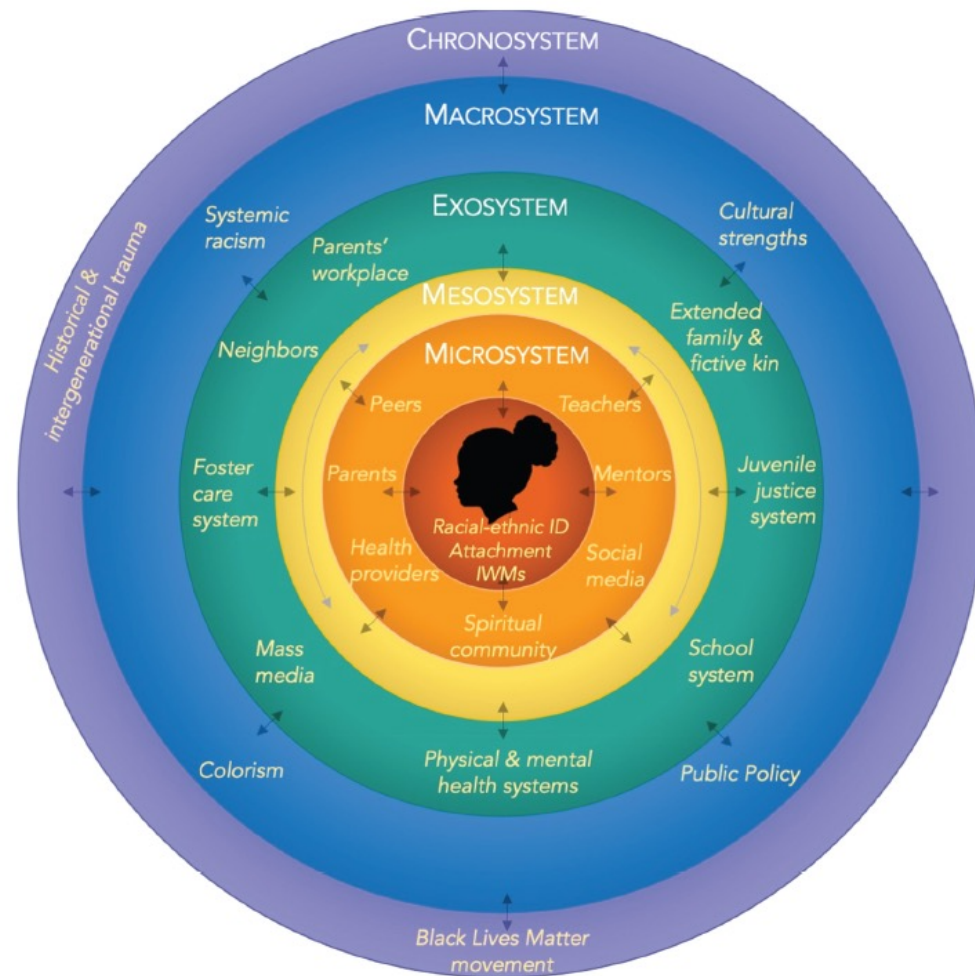
Treatment Planning:

- Prescriptive
- Impromptu



EBT  
(CBT, ACT,  
DBT)

REACH-UP



**Figure 2.** Bronfenbrenner's Bioecological Model, Adapted to Focus On Black Youth Development and Attachment Processes in Context. *Note.* This model includes both classic contextual factors identified by Bronfenbrenner (1974), and specific factors of particular relevance to attachment and Black youth development, such as: internal working models of self and others (IWMs); racial-ethnic identity (ID), as shaped through racial-ethnic socialization processes; systemic racism in its multiple forms (including environmental and medical racism), colorism, and historical trauma related to the legacy of slavery and Jim Crow. Public policy encompasses social and economic policies with direct or indirect effects on children and families, including: parental leave, education, childcare, housing, voting rights, labor, and criminal justice policies.

## Navigating Identity Distress

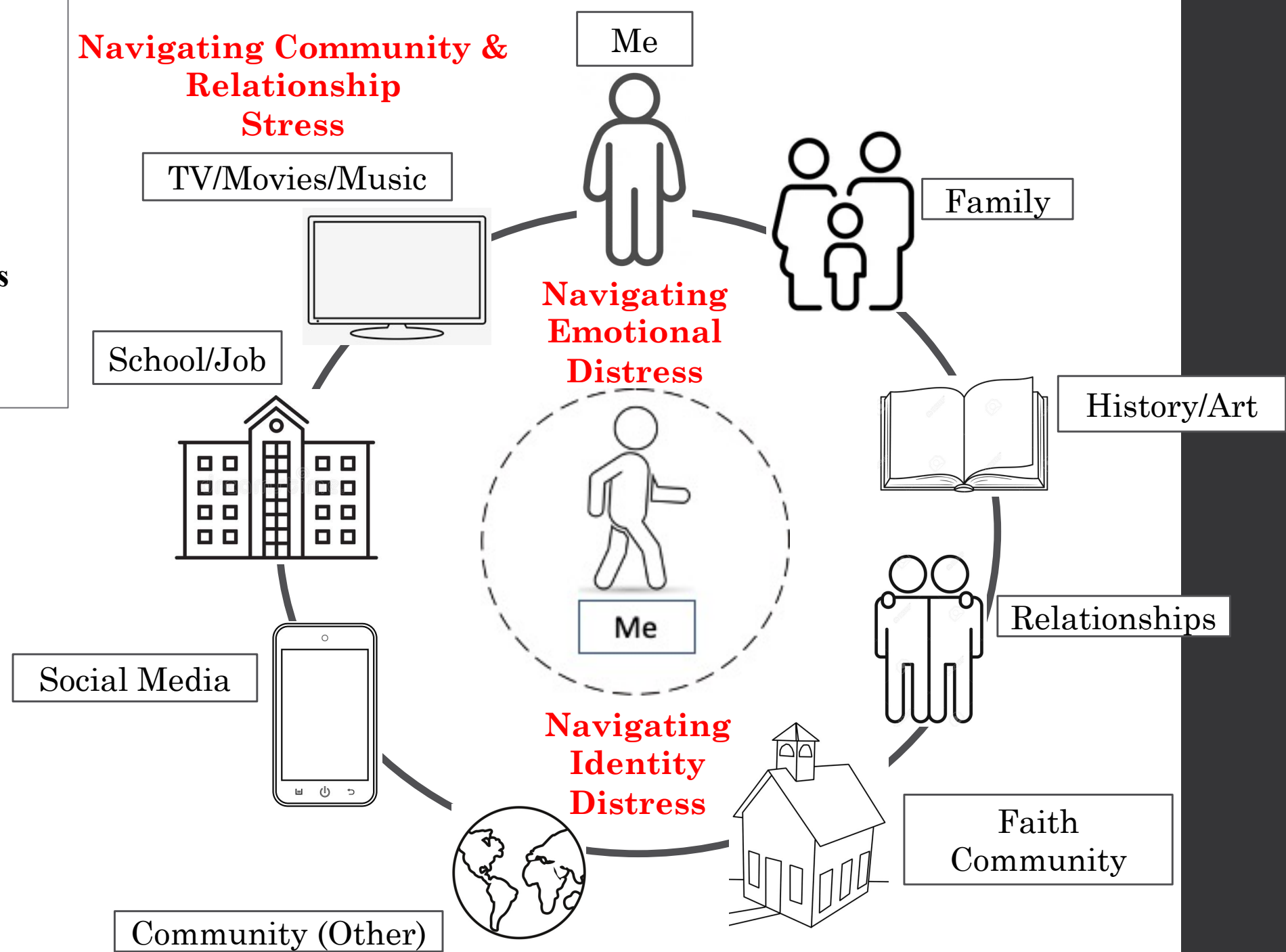
- Embrace My Diversity
- Challenges to My Diversity

## Navigating Comm/Rel Stress

- Prolonged Coping

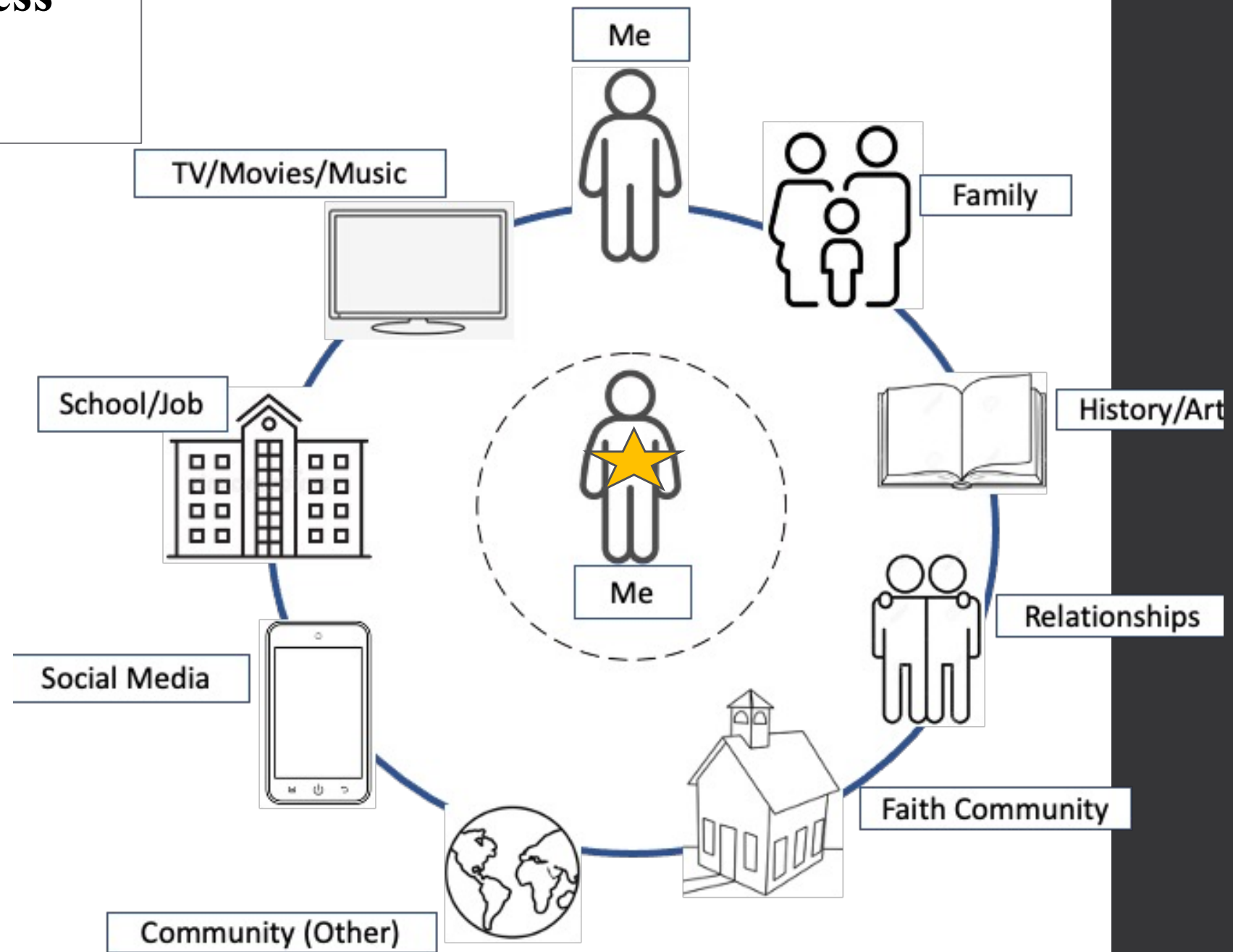
## Navigating Emotional Distress

- Acute Coping
- Challenges to My Diversity



# Navigating Identity Distress

- Embrace My Diversity
- Challenges to My Diversity



# Embracing My Diversity

(growing a sense of self-pride, love, and acceptance for your marginalized identity/ies)

## CHALLENGES TO MY DIVERSITY

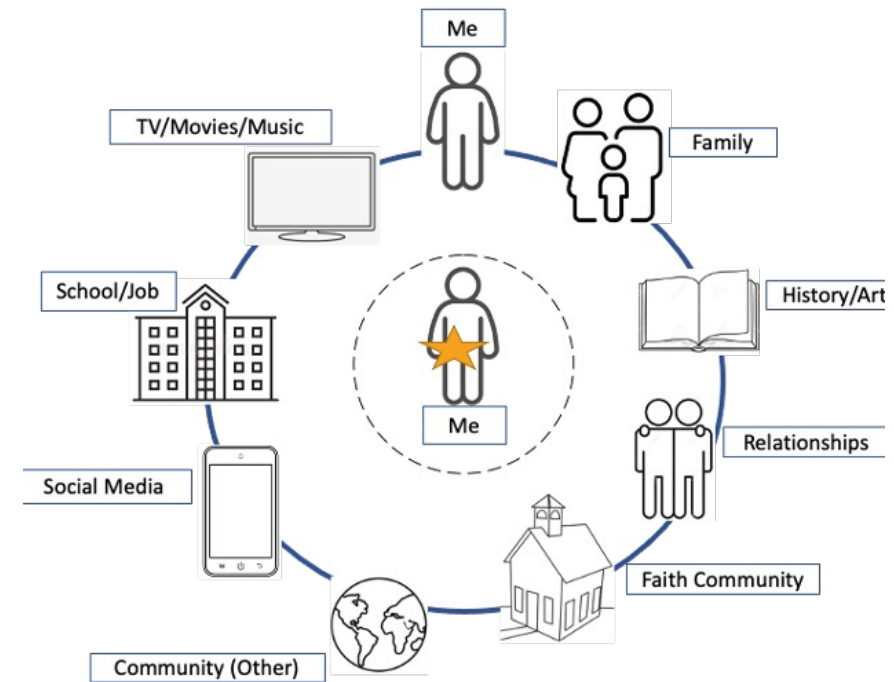
(PROTECTING YOUR SENSE OF SELF-PRIDE, LOVE, AND ACCEPTANCE FOR YOUR MARGINALIZED IDENTITY/IES)



How might you use these intervention targets to adapt treatment plans to address identity distress?

# Identity Distress Interventions

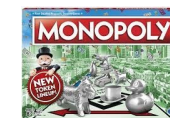
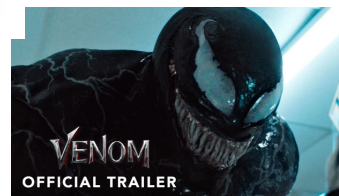
- **Step 1:** Identify Aspect of the “Self” being Targeted
  - **Exploration – clarifying aspects of identity, interests, strengths, values**
  - **Pride Building – strengthening love & compassion**
  - **Identity Expression – Confident & safe self expression**
  - **Coping with Bias - types of messages, their source, and one’s interpretation of the message (Similar to CPT’s Impact Statement)**
- **Step 2:** Cope with Emotional Impacts
  - Mindfulness (German & Neff, 2022)
  - DBT’s Distress Tolerance (e.g., ACCEPT, Self-Soothe, TIPP)
  - Emotion Regulation (e.g., ABC PLEASE & Opposite Action) Skills
- **Step 3:** Promote Self-Love and Pride
  - **Self-Compassion (German & Neff, 2022)**
  - **Strengths/Self-Affirmation Exercises**
  - **CBT: Activity Scheduling - Identity Exploration**
  - **ACT: Cognitive Defusion from Self- and External Judgments**
  - **CPT: Impact Statement → Stuck Thoughts; Cognitive Coping**



Note: All interventions are rooted in a patient’s definition of empowerment

I am...

I like to do...

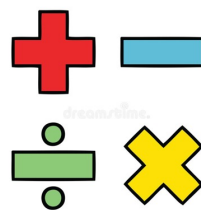


Who Am I?

I can do...



I care about...



**Embrace My Diversity**  
Growing a sense of self-pride, self-love, & agency across different areas of your life.

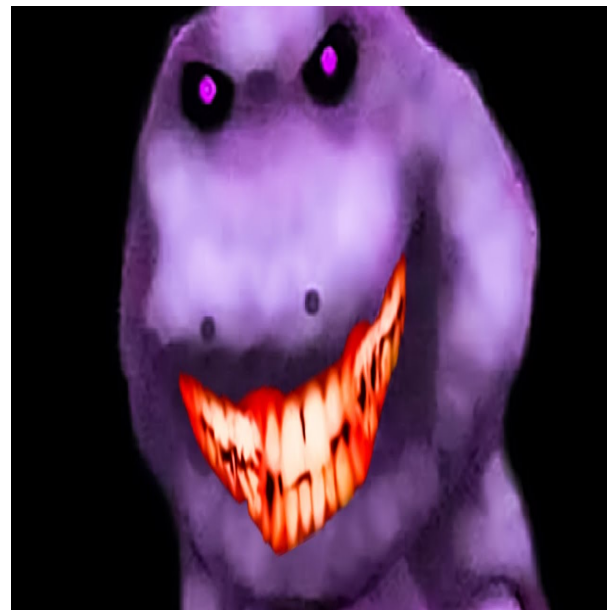


# Rate 0-10: Examples of Confidently being myself

- Wearing a specific hairstyle (natural hair, colorful weave or braids)
- Eating cultural foods in public (cafeteria)
- Wearing certain clothing
- Sharing one's interests (music, TV, art, etc.)
- Dating who you want to date (publicly or privately)
- Sharing your knowledge in front of others
- Playing a sport or instrument
- Talking about yourself in front of people you don't know very well
- Speaking a different language (English or another language)
- Choosing to NOT engage in certain behaviors because doing so does not fit withing your culture or religious beliefs

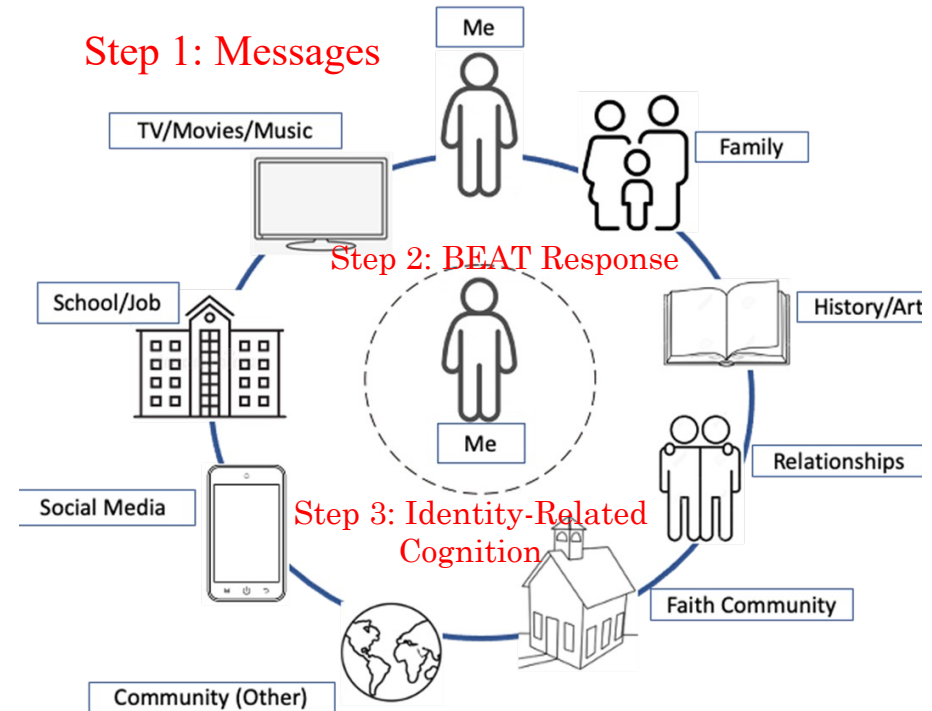
## Embrace My Diversity

Growing a sense of self-pride, self-love, & agency across different areas of your life.



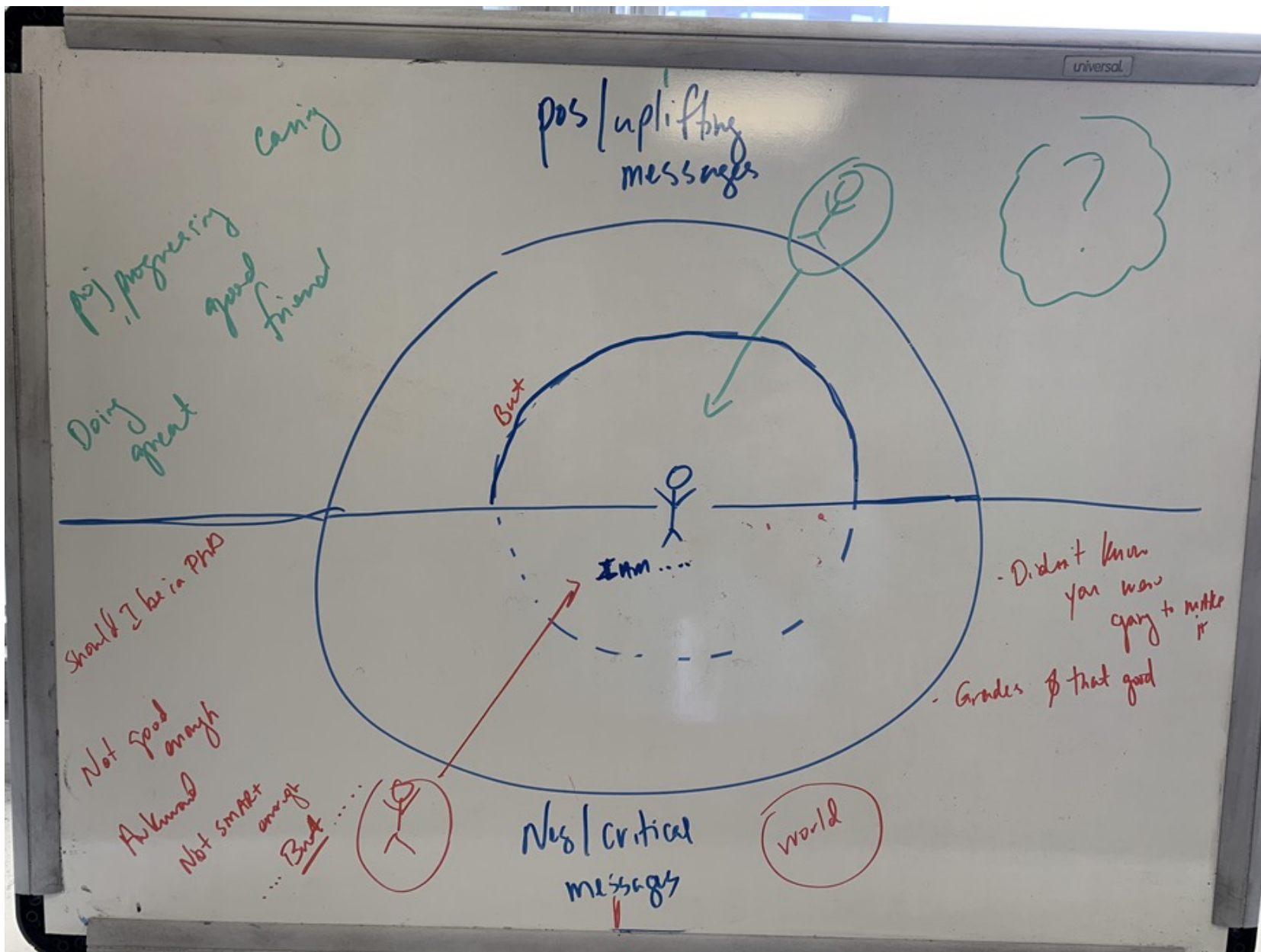
# Protecting Self Against Socialization Messaging

- Step 1:
  - **Describe Event** - What happened?
  - **Identify Perceived Messaging** - What do I feel this event/situation suggests about me or someone who shares the same identity as me?
  - **Identify Locus of Control** - Do I feel able to change or address this event/situation?
- Step 2:
  - **Identify BEAT Response** – What am I feeling?
  - **Show Compassion with Self-Care** - If I am hurt by this message, what can I do show love to my emotions and take care of myself right now?
- Step 3:
  - How much do I believe this message to be true of me? (0-10)
  - Do I see any evidence in my past or current experiences that supports this message?
  - Do I trust the source of this message and if so, why?
  - Is this message consistent with how I want to be seen, or my values, goals, or strengths?
  - If not, do I want to revise how I want to be seen or change my values or goals to be more consistent with this messaging?
  - Does listening and reflecting on this message help me make efforts towards valued goals?
  - What efforts can I make in my daily life to strengthen my belief in the messages I trust?



## Challenges to My Diversity

Protecting your sense of self-pride, self-love, & agency when faced with cultural stresses

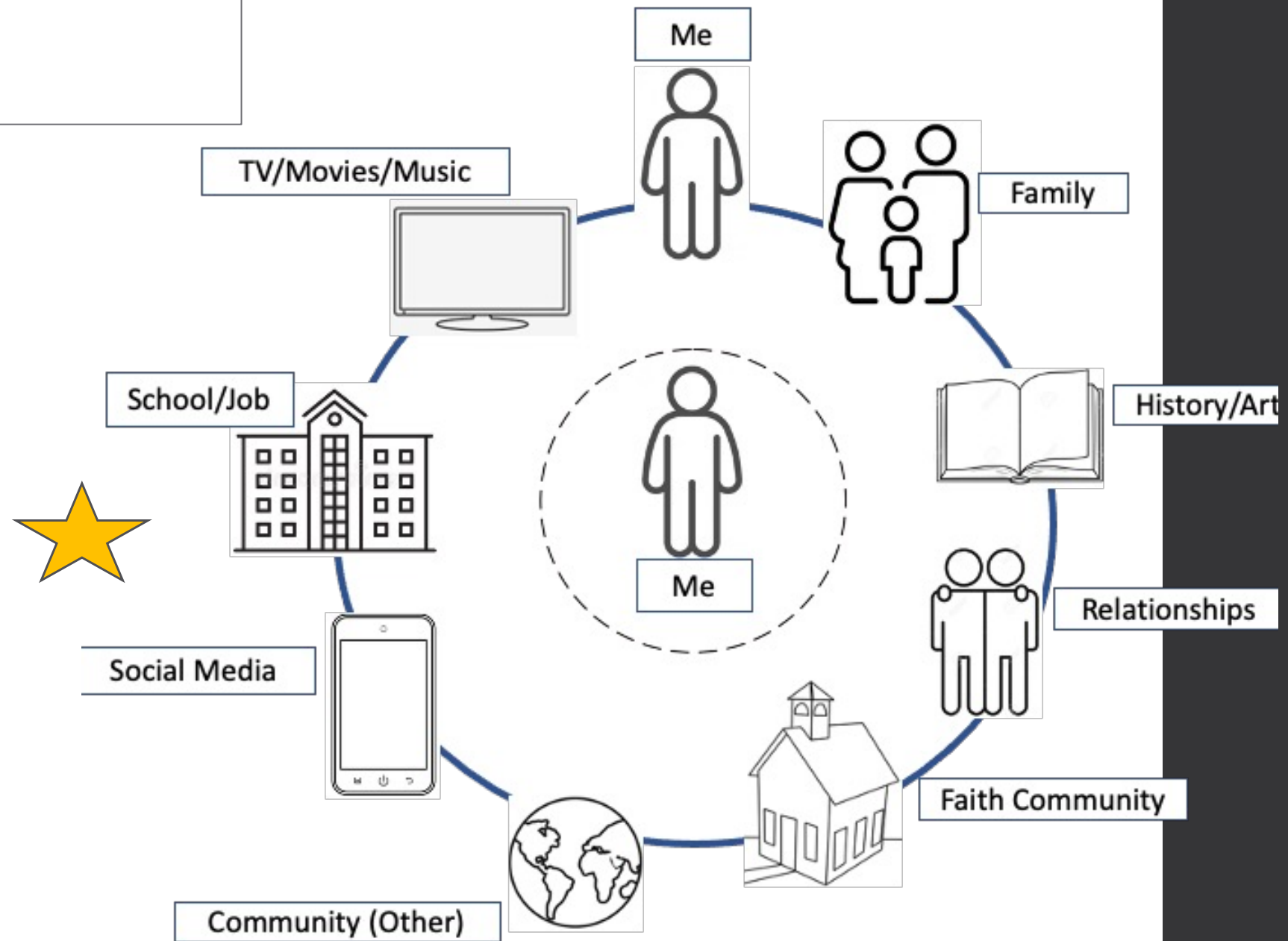


### Challenges to My Diversity

Protecting your sense of self-pride, self-love, & agency when faced with cultural stresses

# Navigating Comm/Rel. Stress

- Prolonged Coping



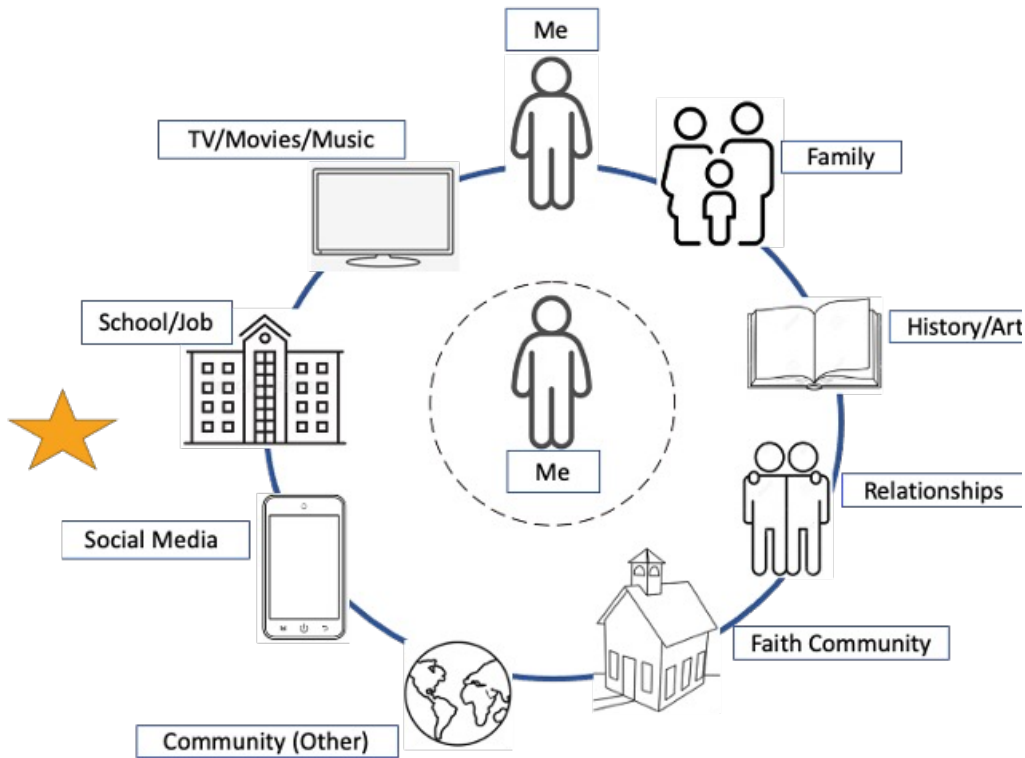
# Prolonged Coping

(Ability to cope with daily cultural stressors in way that promotes a sense of empowerment)



What interventions would you use to prioritize this intervention target?

# Community/Relationship Stress Interventions



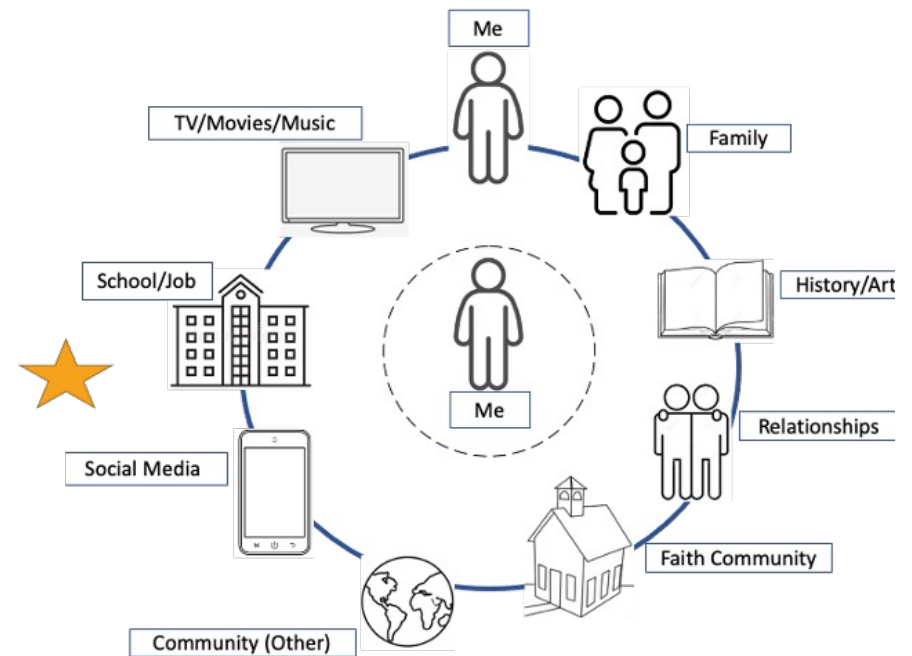
Note: All interventions are rooted in a patient's definition of empowerment

- **Step 1:** Identify Specific Source of Stress Targeted (messaging)
  - Goals: types of messages, their source, and one's interpretation of the message (Similar to CPT's Impact Statement)
  - Possible Tool: Neighborhood & School Campus Mapping (Adaptation of MVP Tool)
- **Step 2:** Identify & validate ways Systems and/or People need to change/grow/evolve
- **Step 3:** Identify Student's Locus of Control in Navigating Systemic and/or Relationship Stress
  - Problem Solving Skills/Pros v. Cons (Conflicting Values and/or Empowering Responses)
  - Interpersonal Effectiveness (DBT's GIVE, DEARMAN, FAST)
  - Establishing Allied Relationship
  - Activism

# Community/Relationship Stress Interventions: Systems Approaches

## Providers & Staff focused

- Service Provision:
  - Establishing Collective Healing Spaces
  - Caregiver or Partner Skill Building/Psychoeducation
  - Dyadic
    - Couples Therapy
    - Caregiver-Patient
- Provider or Clinic Advocacy/CRC Initiatives

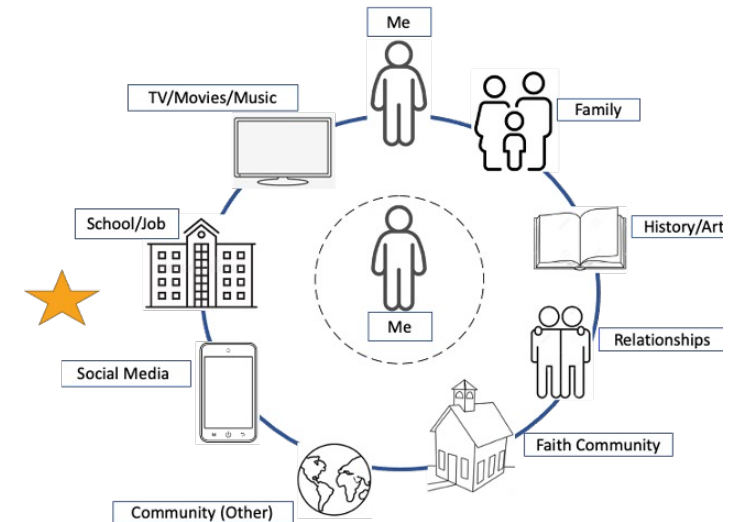




# Community/Relationship Stress Interventions: Systems Approaches

## Teacher, Staff, & School Environment focused

- Bias Awareness/Reduction Trainings
  - You, me, and we: how bias affects everything around us
- Culturally-informed advocacy (e.g., IEP, 504 plan)
  - Knowing the history of ways to keep students from minoritized backgrounds segregated
- In-School & Out-of- School Activism
- Establishing Affinity Groups
- Culturally enriched programming (e.g., Theatre programs, cultural nights)





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RESEARCH ARTICLE

WILEY

# Applying a MTSS framework to address racism and promote mental health for racial/ethnic minoritized youth

Celeste M. Malone<sup>1</sup>  | Kirby Wycoff<sup>2</sup> | Erlanger A. Turner<sup>3</sup> 

# Characteristics of good allies

- Understand me
- Nonjudgmental
- Trustworthy
- Similar experiences
- Supportive
- Good listeners
- Validating
- Empathy
- Genuine/actions consistent with values
- Open-minded
- Showing up
- Makes me feel safe
- Knowledgeable (“woke”)

## Prolonged Coping

Coping with daily cultural & non-cultural stresses in a way that promotes empowerment

# When to seek support from allies

- When it feels too overwhelming and my usual coping strategies aren't helpful
- When I find myself invalidating myself (or telling myself that my feelings don't matter)
- When I need validation
- When I find myself blaming myself for what happened
- When I want guidance or feedback on how to approach challenging situations, or learn about how others handled or approached a situation
- When I know that talking to others typically makes me feel better and helps me feel connected
- It may be time to open up when your current mental health is on the decline and you're not doing as good as usual
- When I notice that I've been dismissing it as not important, and that I should probably talk to somebody
- It doesn't hurt to practice social interactions and it can allow for deeper connections
- When it gets to the point where it's too overwhelming to handle alone and you need support

## Prolonged Coping

Coping with daily cultural & non-cultural stresses in a way that promotes empowerment

# Being an Ally

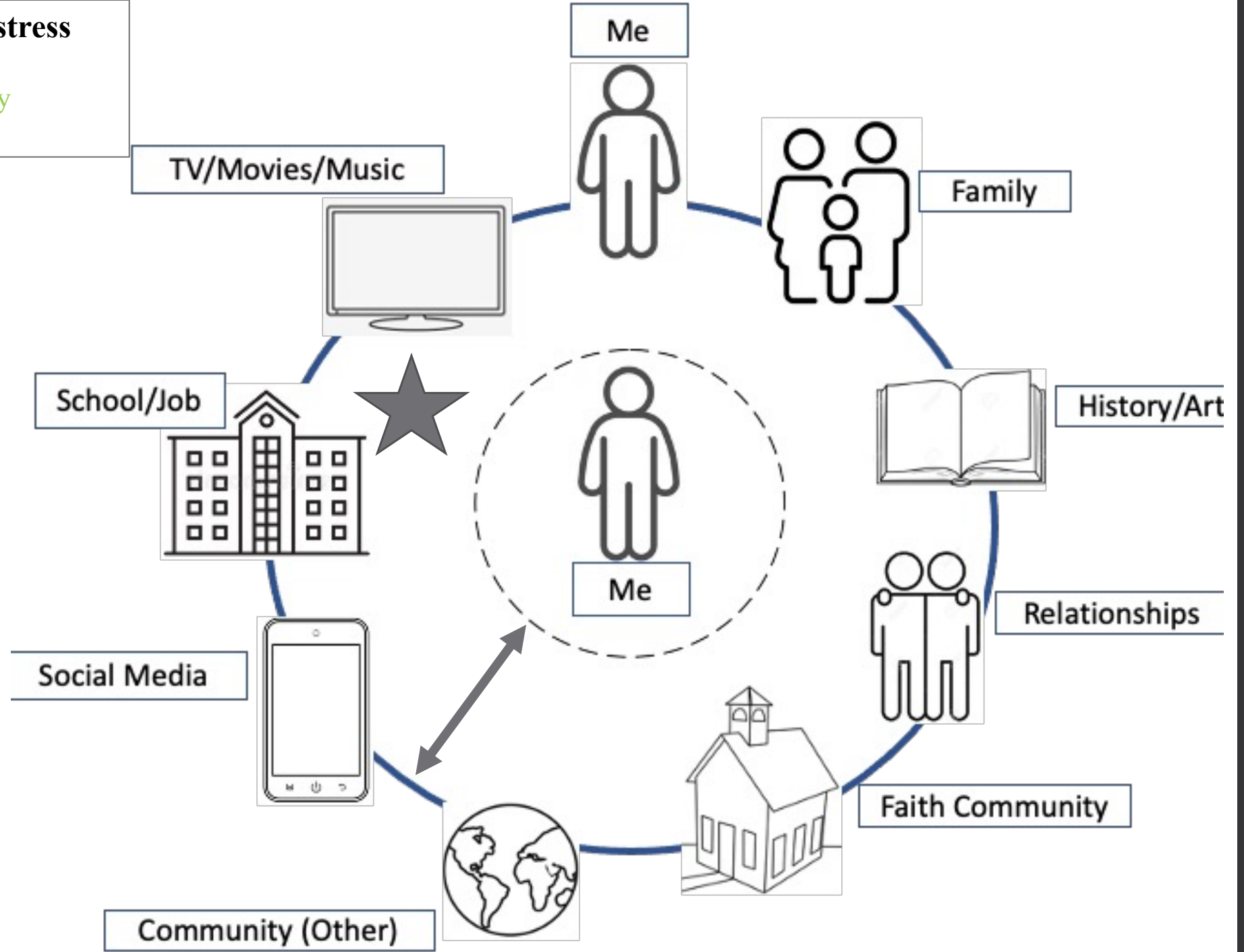
- Nonjudgmental = tell me that how I am feeling is okay and makes sense
- Validating = remaining focused on me while I am sharing my feelings, not being distracted
- Makes me feel safe = listens to me all the way through and telling me that they'll be there for me whenever
- Similar experience = someone who is willing to share their experiences with me to show that I am not alone
- Conscious: accepting of different perspectives, makes an effort to understand the way I think
- Makes me feel safe = listens and tries to understand my perspective even if it makes them feel uncomfortable, without trying to make excuses/give the other person the "benefit of the doubt" or say maybe I misunderstood the situation/get defensive, etc.
- Good listener: Doesn't make it about themselves, and just allows me to get everything out.
- Not Racist - they show respect for my differences and do not make fun of me or treat me differently

## Prolonged Coping

Coping with daily cultural & non-cultural stresses in a way that promotes empowerment

# Navigating Emotional Distress

- Acute Coping
- Challenges to My Diversity



## Acute Coping

(Ability to cope with intense/sudden emotional discomfort when faced with cultural stress)



## CHALLENGES TO MY DIVERSITY

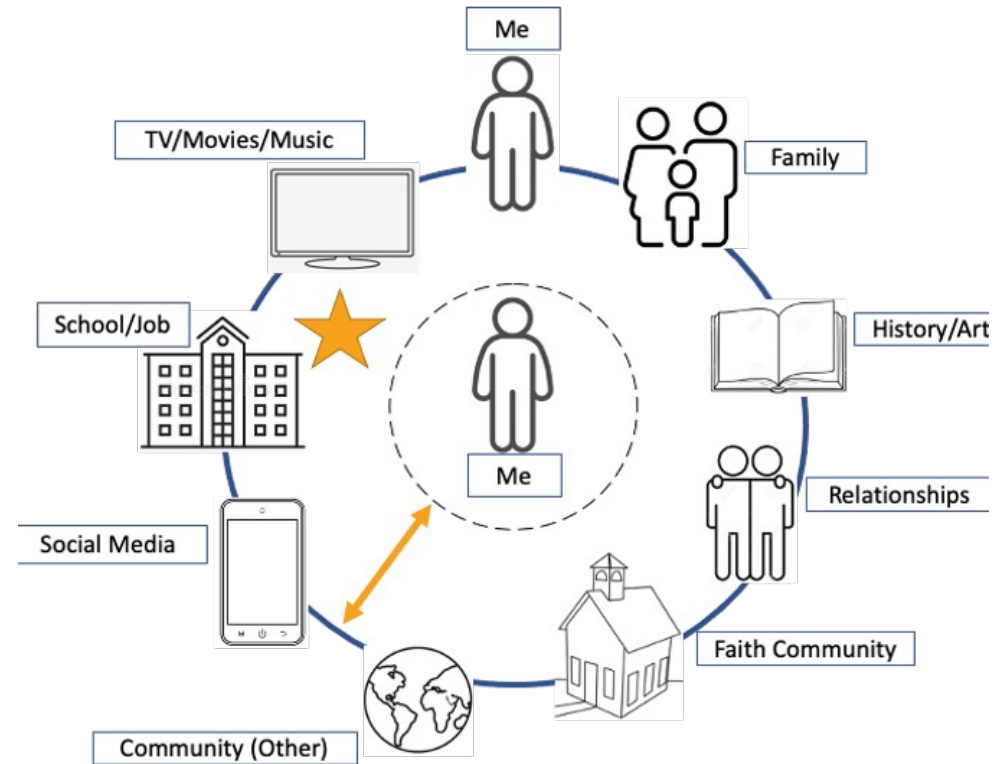
(PROTECTING YOUR SENSE OF SELF-PRIDE, LOVE, AND ACCEPTANCE FOR YOUR MARGINALIZED IDENTITY/IES)



How might you use the intervention targets to adapt treatment plans to address emotional distress?

# Emotional Distress Interventions

- **Step 1: Identify Specific Source of Stress Targeted** (messaging)
  - Goals: types of messages, their source, and one's interpretation of the message (Similar to CPT's Impact Statement)
  - Possible Tool: Neighborhood & School Campus Mapping (Adaptation of MVP Tool)
- **Step 2: Mindfulness**
  - Identify B-E-A-T
  - Self-Compassion (including addressing any negative/critical judgments of one's emotional experience)
- **Step 3: Cope with emotional impacts** (Note: All Coping Approaches are rooted in a student's definition of empowerment)
  - DBT's Distress Tolerance (e.g., ACCEPT, Self-Soothe, TIPP)
  - Emotion Regulation (e.g., ABC PLEASE, Opposite Action, Exposure Therapy) Skills
  - Problem-Solving and/or Coping Ahead





# Promoting Empowered Emotional Responses

## “P.O.S.T.S.”

**Pause**

**Observe &  
Describe**

**Show Love &  
Understanding**

**Thank your  
BEAT**

**Stay on Path**

### Mindfulness Skills

(Notice your  
Body, Emotion, Actions, Thoughts)

### Self-Compassion Skills

(Show self-kindness and catching self-  
judgments)

Using Values Compass to navigate stressful  
experiences in ways that honor your values,  
strengths, and goals

### Acute Coping

Coping with intense  
(at times sudden)  
emotional discomfort  
when faced with  
cultural stresses

# Sticking to the B.A.S.I.C.S.

<b>Body-focused Coping</b>	<b>Activities that encourage mindful observation of and relief from intense bodily sensations</b> Ex: Paced Breathing, Progressive Muscle Relaxation, Grounding, Intense Exercise
<b>Activism</b>	<b>Spending time improving your community or investing in efforts to change environments that recreate cultural stresses</b> Ex: Community services, Contacting authority figures, Researching/participating/creating organizations
<b>Social Support</b>	<b>Seeking emotional support from your allies (see Finding My Allies on p. XX)</b> Ex: Expressing emotions ("I feel" statements), problem solving, enjoyable/cultural activities with ally
<b>Investing (Self)</b>	<b>Investing your time, focus, and efforts into personal growth/achievements and personal wellness</b> Ex: taking steps towards a goal, maintaining healthy sleep, eating, exercise routine
<b>Calming Activities</b>	<b>Engaging in activities that are soothing to your mind and emotions</b> Ex: temporarily disengaging from media, finding activities that engage all 5 senses (self-soothe kit)
<b>Spiritual Connection</b>	<b>Engaging in activities that connect you with the strength and meaning you obtain from higher power(s).</b> Ex: prayer, meditation, reading a religious text, attending a religious service/event

**Acute Coping**  
Coping with intense  
(at times sudden)  
emotional discomfort  
when faced with  
cultural stresses

# Exposure Therapy

- Are avoidance behaviors interfering with pt's sense of empowerment?
  - Imaginal Exposure
  - In vivo exposure
- Prolonged exposure
  - Options: story, book with chapters, comic strip, collage, drawing, fables, rap music, poetry
  - Stages of narration (Metzger et al. 2020)
    - All about me (pre-trauma)
    - “Historical plight of their racial group and ways that their ancestors overcame challenges” Details of Racial Stressor
    - All about me (post trauma)



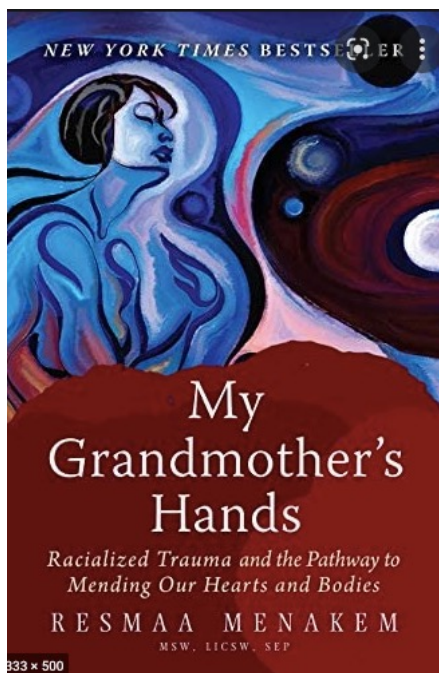
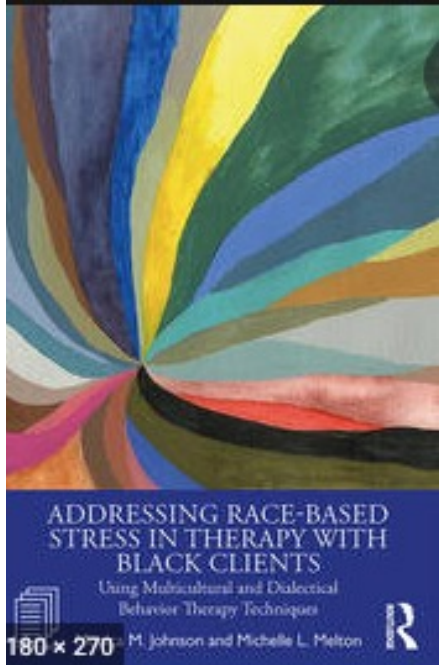
Acute Coping  
Coping with intense  
(at times sudden)  
emotional discomfort  
when faced with  
cultural stresses



Challenges to My Diversity  
Protecting your sense of self-pride, self-love, & agency when faced with cultural stresses

# Patient “X”

- Primary Treatment Orientation: CBT with some infused ACT components (e.g., mindfulness, values clarification, committed actions)
- Modalities: Individual and Group therapy
- REACH UP intervention targets
  - *Embracing My Diversity* – cultural mindfulness in indiv. & group therapies (“show & tell”) and monitoring changes in self-compassionate thinking
  - *Challenges to My Diversity* – externalizing self-judgment thoughts (“My Bully”) & creating behavioral experiments for thoughts related to his religious and ethnic identities Acute Coping – exposure therapy for social representing religious and ethnic identities
  - *Prolonged Coping (Interpersonal)* – building social community (Finding My Ally)



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Cognitive and Behavioral Practice xxx (2022) xxx–xxx

**Cognitive and Behavioral Practice**

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## **An Evidence-Based Approach for Treating Stress and Trauma due to Racism**

International Journal for the Advancement of Counselling (2020) 42:217–233  
<https://doi.org/10.1007/s10447-020-09402-0>

ORIGINAL ARTICLE

### **A CBT Approach to Internalized Racism among African Americans**



Check for updates

*Original Article*

## **Healing Interpersonal and Racial Trauma: Integrating Racial Socialization Into Trauma-Focused Cognitive Behavioral Therapy for African American Youth**

Child Maltreatment  
2021, Vol. 26(1) 17-27  
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DOI: 10.1177/1077559520921457  
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# Culturally Responsive Assessment & Treatment Planning for Racism Related Stress

## Before the conversation starts:

1. Do your prep work!
2. Create a safe space for disclosure
3. Knowledge of assessment targets

## Culturally Responsive Care for Racism Related Stress:

- Step 1: Define Empowerment
- Step 2: Barriers to Empowerment
- Step 3: Identify & Strengthen Empowered Responses

Needs  
Assessment

Flexible  
Tx Planning

# What barriers did you learn how to navigate today?

Systemic  
Factors

Patient  
Factors

Clinician - Patient  
Factors

Clinician Emotional  
Factors

Clinician  
Education/Training  
Factors

Clinician Personal  
Perspectives  
Factors

Any  
others?



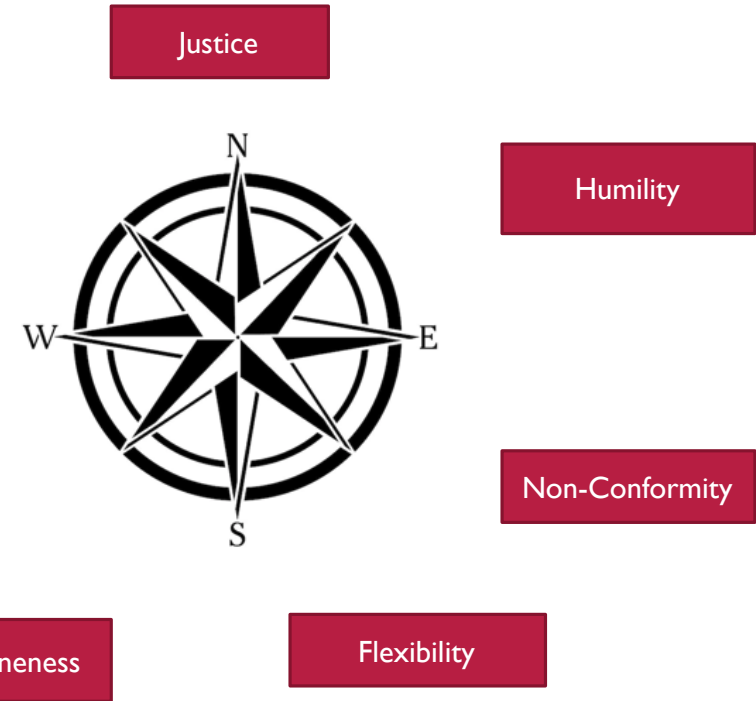
# What makes you care about engaging in CRC moving forward?

Personal Values

Personal Goals

Patient Experiences

Emotional Connection





SCAN ME

- Virtual Group Therapy
  - REACH High School (14-18 y/o)
  - REACH College/Young Adult (18- late 20s)
  - REACH Professionals (early, mid, senior level professionals)
- Individual Therapy
  - All ages
- REACH Workbook (anticipated release Spring/Summer 2024 with Guilford Press)



# References

- DeLapp, C. L., & DeLapp, R. C. T. (2021). Talking racial stress: Clinician recommendations for exploring racial stress with BIPOC patients. *The Behavior Therapist, 44*(2), 75-79.
- DeLapp, R. C., & Gallo, L. (2022). A Flexible Treatment Planning Model for Racism-Related Stress in Adolescents and Young Adults. *Journal of Health Service Psychology, 1-13*.
- DeLapp, R. C. T., & Williams, M. T. (2019). Preparing for racial discrimination and moving beyond reactive coping: A systematic review. *Current Psychiatry Research and Reviews Formerly: Current Psychiatry Reviews, 15*(1), 58-71.
- Malone, C. M., Wycoff, K., & Turner, E. A. (2022). Applying a MTSS framework to address racism and promote mental health for racial/ethnic minoritized youth. *Psychology in the Schools, 59*(12), 2438-2452.
- Metzger, I. W., Anderson, R. E., Are, F., & Ritchwood, T. (2021). Healing interpersonal and racial trauma: Integrating racial socialization into trauma-focused cognitive behavioral therapy for African American youth. *Child maltreatment, 26*(1), 17-27.

# References (cont'd)

- Neblett Jr, E. W., Rivas-Drake, D., & Umaña-Taylor, A. J. (2012). The promise of racial and ethnic protective factors in promoting ethnic minority youth development. *Child development perspectives, 6*(3), 295-303.
- Pachter, L. M., Szalacha, L. A., Bernstein, B. A., & García Coll, C. (2010). Perceptions of Racism in Children and Youth (PRaCY): Properties of a self-report instrument for research on children's health and development. *Ethnicity & health, 15*(1), 33-46.
- Siber-Sanderowitz, S., Glasgow, A., Chouake, T., Beckford, E., Nim, A., & Ozdoba, A. (2022). Developing a Structural Intervention for Outpatient Mental Health Care: Mapping Vulnerability and Privilege. *American journal of psychotherapy, 75*(3), 134-140.
- Steele, J. M. (2020). A CBT approach to internalized racism among African Americans. *International Journal for the Advancement of Counselling, 42*(3), 217-233.
- Stern, J. A., Barbarin, O., & Cassidy, J. (2022). Working toward anti-racist perspectives in attachment theory, research, and practice. *Attachment & Human Development, 24*(3), 392-422.

# References (cont'd)

- Williams, M. T., Holmes, S., Zare, M., Haeny, A., & Faber, S. (2022). An evidence-based approach for treating stress and trauma due to racism. *Cognitive and Behavioral Practice*.
- Williams, M. T., Faber, S. C., & Duniya, C. (2022). Being an anti-racist clinician. *The Cognitive Behaviour Therapist*, 15, e19.
- Williams, M. T., Metzger, I. W., Leins, C., & DeLapp, C. (2018). Assessing racial trauma within a DSM–5 framework: The UConn Racial/Ethnic Stress & Trauma Survey. *Practice Innovations*, 3(4), 242.
- Williams, M. T., Printz, D., & DeLapp, R. C. (2018). Assessing racial trauma with the Trauma Symptoms of Discrimination Scale. *Psychology of violence*, 8(6), 735.