



*Optimal Treatment  
for Anxiety  
& Mental Health*

**Racial, Ethnic, And Cultural Healing:**  
Cognitive Behavioral Assessment and Treatment  
Approaches for Racism-related Stress

December 17, 2021

**Ryan C.T. DeLapp, PhD**

Attending Psychologist & Assistant Professor  
Montefiore Health System  
Albert Einstein College of Medicine, Bronx, NY



THE ROSS CENTER IS APPROVED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION TO SPONSOR CONTINUING EDUCATION FOR PSYCHOLOGISTS. THE ROSS CENTER MAINTAINS RESPONSIBILITY FOR THIS PROGRAM AND ITS CONTENT.

**DISCLOSURES**

NEITHER RYAN DELAPP, PhD NOR THE ROSS CENTER HAVE ANY FINANCIAL RELATIONSHIPS WITH COMMERCIAL INTERESTS TO DISCLOSE.

# Today's Objectives

- Learn options for assessing racial stress
- Learn to utilize cognitive-behavioral principles to conceptualize the impacts of racial stress
- Learn to adapt cognitive-behavioral interventions for racial stress

# Assumptions

- Care about our BIPOC patients
- Invested in the well-being and growth of our BIPOC patients
- Difficult, emotionally charged topic



# And, Racism exists.

Systemic

Cultural

Interpersonal

<https://www.youtube.com/watch?v=PUHop5i8-f4>

# 5-Steps for Talking Racial Stress

1. Do your prep work!
2. Create a safe space for disclosure
3. Comprehensive Assessment of the stressor
4. Conceptualize Coping Responses
5. Intervention Decision Making

# 1. (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?*
  - *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, what’s your understanding and engagement with the community you serve?*
- Start the conversation
  - *Find trusted and consenting people to initiate these conversations.*

DeLapp & DeLapp, 2021



# 1. (Ongoing) Prep Work



## Education

Learn about nature and consequences of implicit bias

## Training

1. **Stereotype replacement**
2. **Counter-stereotypic imaging**
3. **Individuating**
4. **Perspective taking**
5. **Contact**

## Strategy description

- Recognizing stereotypic responses within oneself and society, labeling them, and replacing them with non-stereotypic responses
- Imagining examples of out-group members who counter popularly held stereotypes
- Viewing others according to their personal, rather than stereotypic, characteristics
- Adopting the perspective in the first person of a member of a stigmatized group
- Increasing exposure to out-group members

Devine et al. (2012)



# 1. (Ongoing) Prep Work

- Mapping Relationships: Support Network Diagram
- Choosing a More Colorful, Integrated Lifestyle
- Visiting A Place of Worship/Cultural Event of a Differing Race/Ethnicity
- Practicing Allyship
  - *Online Forum*
  - *Questioning Status Quo in Workplace*
  - *Calling out Colleagues/Friends*

Williams, 2021

## 2. Creating a Safe Space

- Obtaining Consent
- 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.”*



DeLapp & DeLapp, 2021

## 2. Creating a Safe Space



*“I’m right there in the room, and no one even acknowledges me.”*

DeLapp & DeLapp, 2021

- Elephant in the Room
  - *Acknowledge Literature (Kim & Kang, 2019)*
  - *Acknowledge Truth*
  - *Invite Ongoing Process*

- Describe w/o assumed intent
  - *Explore observed experience – “I noticed that when we began discussing [racial event], you expressed that the event ‘wasn’t a big deal.’ Can you tell more about what led you to express this about your experience?”*
  - *Explore generalizability - “Has this ever happened at other times, such as when talking to others or even when you are thinking about this event privately?”*
  - *Explore in-session impact - “I have noticed you mention ‘It wasn’t a big deal’ several times while talking about your experiences with racial stress in our meetings. [Assess pt awareness] Have you noticed this? [Obtaining consent] Are you open to talking about what it feels like to share your experiences in our meetings?”*

# Common Questions....

When should we be assessing for racial discrimination?

Intake?

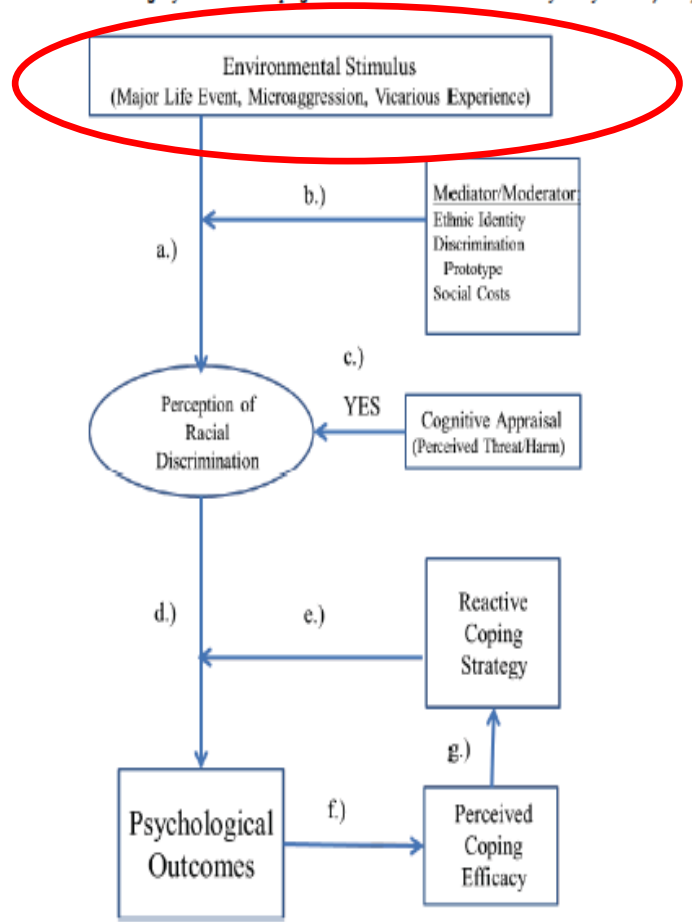
After a reported racial incident?

Pandemic of Racial injustice?

**Racial Stressors**

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.

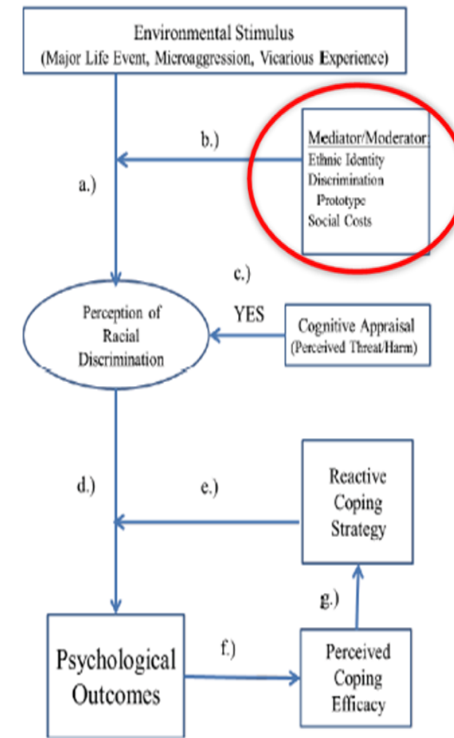
# 3. Assessing the Stressor(s)?

- When?
  - *Early vs. Acutely*
- Methods
  - *Self-reports*
    - Children/Teens: Perceptions of Racism in Children and Youth (PRaCY; Pachter et al., 2009)
    - Adults: General Ethnic Discrimination Scale (GEDS; Landrine et al., 2006)
  - *Semi—Structured Interviews*
    - UConn Racial/Ethnic Stress & Trauma Scale (UnRESTS; Williams et al., 2018)



# Comprehensive Assessment: Understand Cultural Background

DeLapp & Williams, 2019

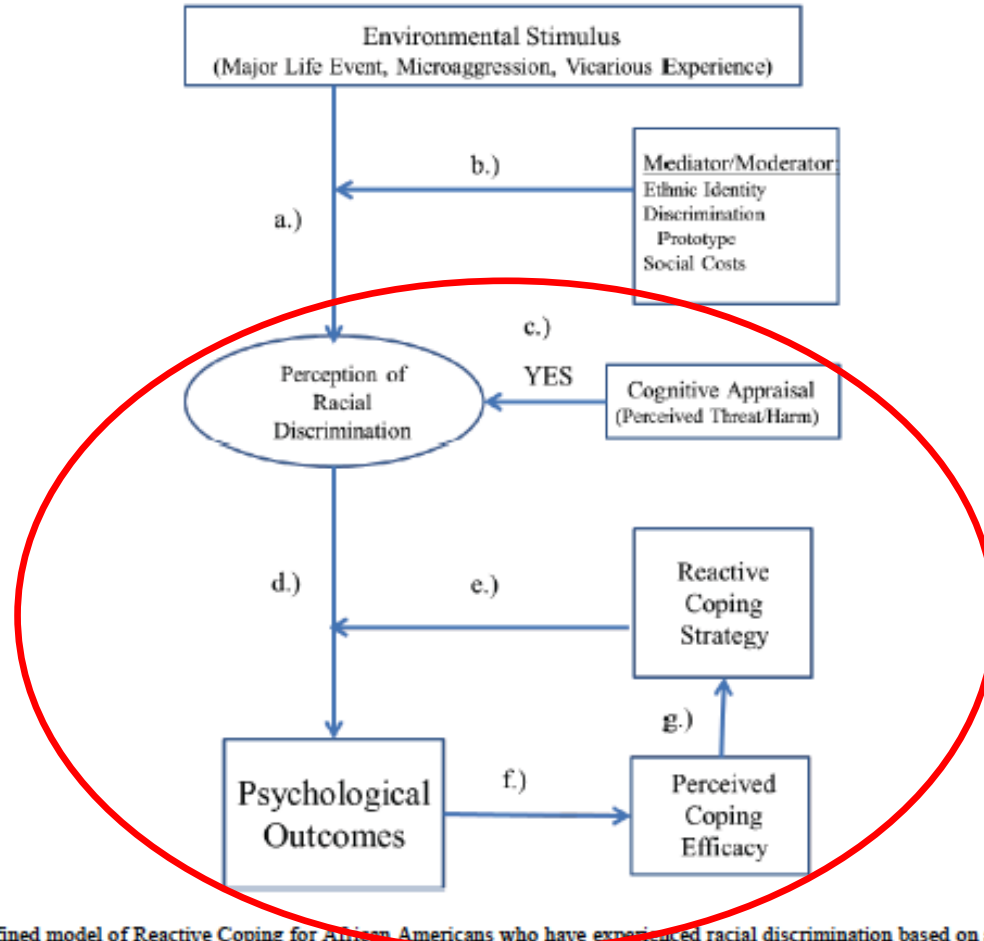


**Fig. (1).** A refined model of Reactive Coping for African Americans who have experienced racial discrimination based on an existing model by Clark and colleagues [22]. (a) An environmental stimulus activates an attributional process that results in perceived racial discrimination. (b) Perceptions 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.



# Talking Prompts

- When did you first recognize your race or ethnicity?
- When you recognized, was it a source of pride? Stress? A mixture?
- How important is your race/ethnicity to you?
- What types of activities or traditions do you engage that give you a sense of belonging to your race/ethnicity?
- What messages have you received about your race/ethnicity?
- Are they positive?
- Are they negative?
- Who or what has prepared you to be your race/ethnicity in today's world?
- What is it like to be "YOU" in American today?



**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.

# Assessing Cognitive Responses

- **Cognitive Appraisals**

(Anderson & Stevenson, 2019; DeLapp & Williams, 2021)

- *Perceived threatening, overwhelming, low locus of control*
- *Perceived as tolerable, manageable, sense of control, coping efficacy*
- *Could be both*

- **Causal Attribution**

(Eccleston and Major, 2006)

- **Internal vs. External**
  - Internalized racism
- **Global vs. Specific**
- **Stable vs. Unstable**



“This type of [stressor] doesn’t happen to my people”

“Because I’m [identity], I’ll never be able to get over this”

“Don’t trust [perpetrator] people”

“I’m not American enough”

# Emotional Impacts

## 1 Racial Microaggressions & Mental Health:

- Anxiety, anger, stress, depression and sickness (Huynh, 2012)
- Somatic Symptoms and Negative Affect (Ong, Burrow, Fuller-Rowell, Ja, & Sue, 2013)
- Depression and Negative Affect (Nadal, Griffin, et al., in press)
- Low Self-Esteem (Nadal, Wong, et al., in press)
- Anxiety and Binge Drinking (Blume, Lovato, Thyken, & Denny, 2012)

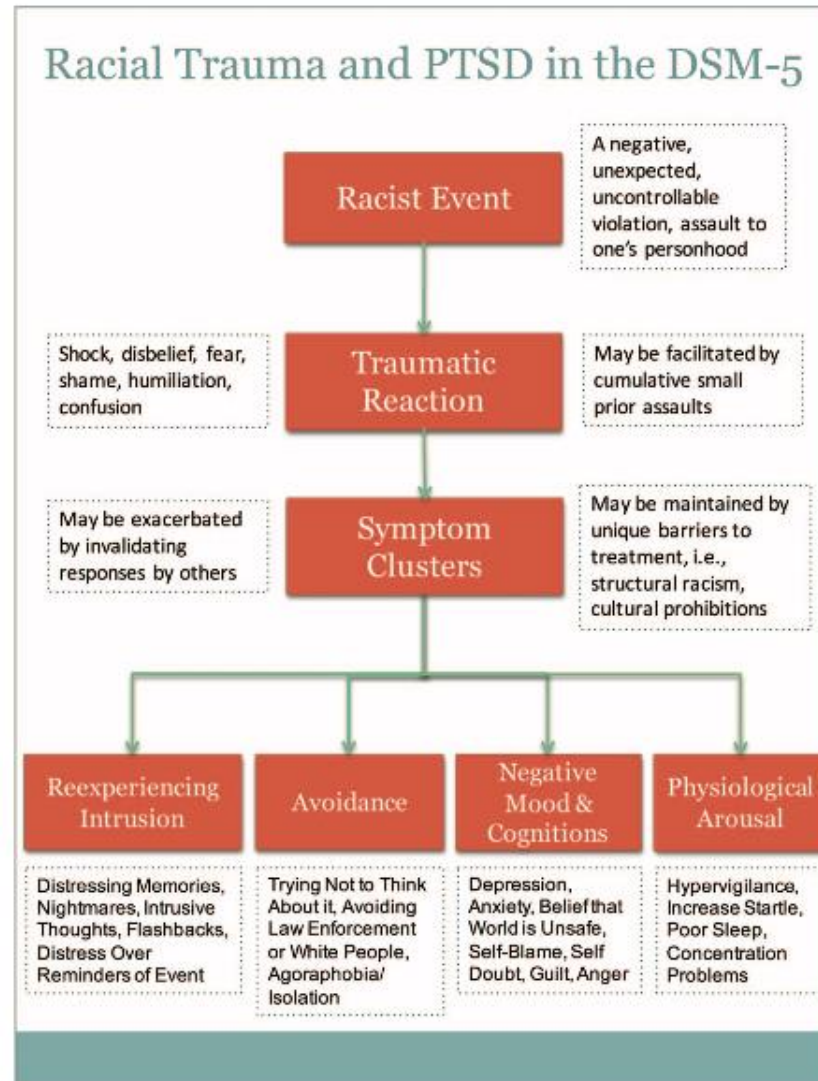
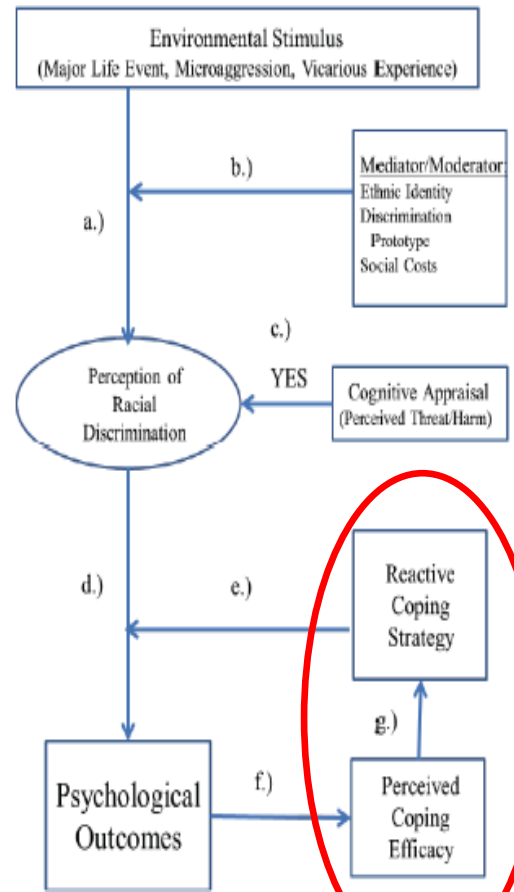


Figure 2. Example of racial trauma within the framework of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). PTSD = posttraumatic stress disorder. See the online article for the color version of this figure.





Assess Coping Responses?

**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.

# 4. Assessing Coping Responses

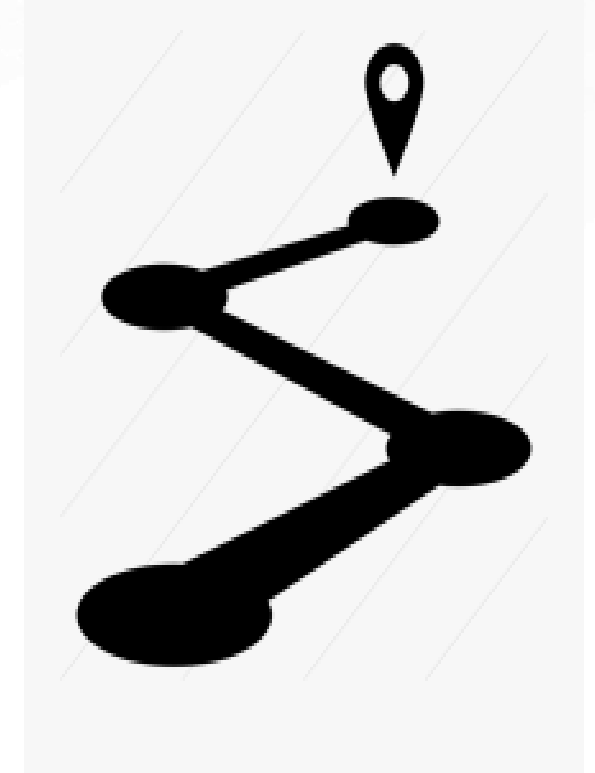
- Reactive Coping
    - *Religious Coping*
    - *Social Support*
    - *Problem Solving*
    - *Racial Socialization*
    - *Avoidance*
    - *Distraction Seeking*
  - Proactive Coping
    - *Information Seeking*
    - *Self-presentation*
    - *Situation-focused coping*
    - *Concealing behaviors*
    - *Compensatory behaviors*
- What are the goals of the coping response?
  - How does the coping response align with one's values?
  - Does patient feel as if they have effectively coped with the racial stressor?

See DeLapp & Williams (2019) for review



## 4. Conceptualizing Coping Responses (cont'd)

- What behavior(s) do you want to target?
  - *Remember: Identify both areas for improvement and strengths*
- What factors influence whether this behavior is engaged in?
  - *Situational triggers?*
  - *Emotions? Cognitions?*
  - *Learning history? (e.g., past racial stressors)*
  - *Pre-existing conditions (e.g., diagnoses)*
- What is the function of this behavior?
  - *Importance? Desired benefits?*
- What are the drawbacks to engaging in this behavior?
  - *Short v. Long term benefits*
  - *Are there any strengths that may have been punished?*



# Summary of Assessment Targets

- *How are patients currently perceiving the stressor – cognitively (e.g., stress appraisal – Threat vs. Challenge) and emotionally (level of acute distress)*
- *The degree to which patients perceive that racial, ethnic, and/or cultural variables are related to the stressful event*
- *Why it is important to the individual to improve their coping response to the stressor*



# Summary of Assessment Targets

- *What is the primary individual goal*
  - *Building community, identity exploration, processing and/or coping with racially traumatic/stressful experiences, culturally-responsive skill development – assertiveness, social skills, adaptive living skills*
- *What evidence-based interventions are available to support patient's growth in empowerment?*
- *What cultural artifacts (e.g., music, art, media clips, images, news articles, etc.) can clinicians collect to enhance patient engagement?*

# Racial Stress & Social Anxiety

- Teenager
- Immigrated from Middle East during middle school
- Placed in middle school education despite being at the high school level in his country of origin
- Central Identity
  - *Ethnicity & Religion*
- Discriminatory Experiences
  - *Peer comments about skin color, body odor, religious background (“You are a terror”)*
  - *Invalidating environments (Teachers “You are overreacting”)*
  - *Strangers comments about religious background*
- Presenting concerns
  - *Fears of negative evaluation – “I can’t trust anyone” “I don’t speak good enough English” “The classroom feels like danger”*
  - *Avoidance bxs: school refusal, not riding public transportation, not attending mosque*

# Racial Stress & Social Anxiety

- *How are patients currently perceiving the stressor – cognitively (e.g., stress appraisal – Threat vs. Challenge) and emotionally (level of acute distress)*
- *The degree to which patients perceive that racial, ethnic, and/or cultural variables are related to the stressful event*
- *Why it is important to the individual to improve their coping response to the stressor*
- Threatening / initially lacking in Challenge
- Anxiety; some passive SI
- Racial and Religious Discrimination
- School refusal – feared the threat of CPS

# Racial Stress & Social Anxiety

- *What is the primary individual goal*
  - *Building community, identity exploration, processing and/or coping with racially traumatic/stressful experiences, culturally-responsive skill development – assertiveness, social skills, adaptive living skills*
- *What evidence-based interventions are available to support patient's growth in empowerment?*
- *What cultural artifacts (e.g., music, art, media clips, images, news articles, etc.) can clinicians collect to enhance patient engagement?*
- Processing past racial/religious discrimination; Anxiety management skills; Building community; Identity exploration
- CBT and ACT
- Qur'an, Muslim Culture, News Articles

# Racial Stress & Depression

- AA Adult Female
- Scientist
- Discriminatory Experiences
  - *Supervisor taking credit for her work*
  - *Supervisor interfering with publishing her work*
- Other Relevant
  - *Formerly Christian Faith, but Buddhist Faith*
- Presenting concerns
  - *Hx of MDD with active SI – voluntary commitment*
  - *Ongoing hx of binge eating & social withdrawal*
  - *Hopelessness → Avoiding Confrontation*
    - *“I am either the ‘Angry Black woman’ or I do nothing at all. And we both know I can’t be the ‘Angry Black woman’.”*



# Racial Stress & Depression

- *How are patients currently perceiving the stressor – cognitively (e.g., stress appraisal – Threat vs. Challenge) and emotionally (level of acute distress)*
- *The degree to which patients perceive that racial, ethnic, and/or cultural variables are related to the stressful event*
- *Why it is important to the individual to improve their coping response to the stressor*
- **Threatening & Challenge**
- **Depression & Anxiety**
- **Racial Discrimination**
- **Improve confidence & efficacy within professional spaces**

# Racial Stress & Depression

- *What is the primary individual goal*
  - *Building community, identity exploration, processing and/or coping with racially traumatic/stressful experiences, culturally-responsive skill development – assertiveness, social skills, adaptive living skills*
- *What evidence-based interventions are available to support patient's growth in empowerment?*
- *What cultural artifacts (e.g., music, art, media clips, images, news articles, etc.) can clinicians collect to enhance patient engagement?*
- Processing past racial/religious discrimination; Skill Building – assertiveness training; Building community (e.g., #BlackintheIvory)
- CBT and ACT
- Buddhism teaching, Mindfulness practices, Documentaries on Prominent Black leaders

So, what's the intervention?

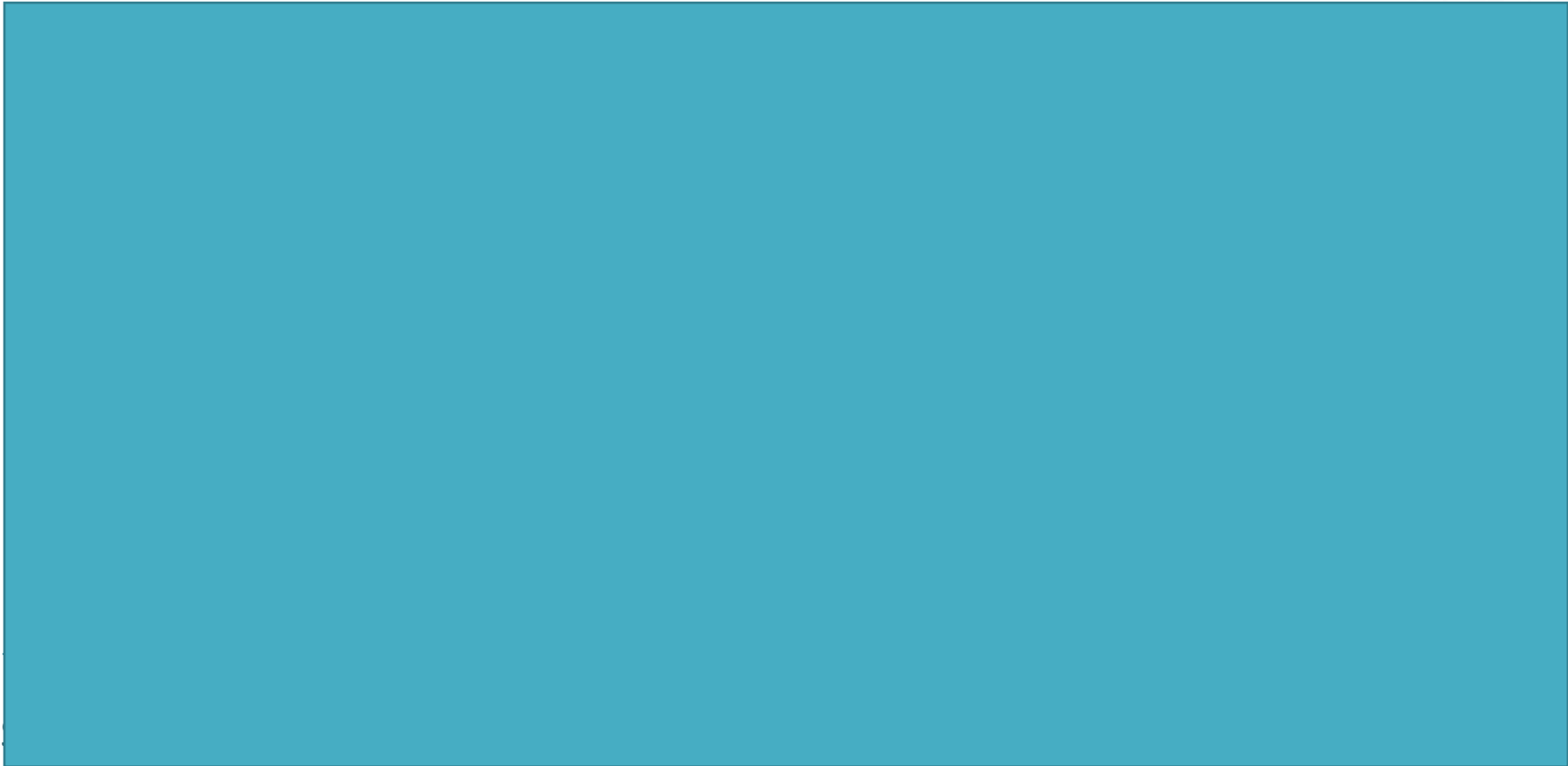
Where do I start?

How do I prioritize this with  
other treatment needs?

# REACH Decision Matrix Model

Primary Goal

Empowerment

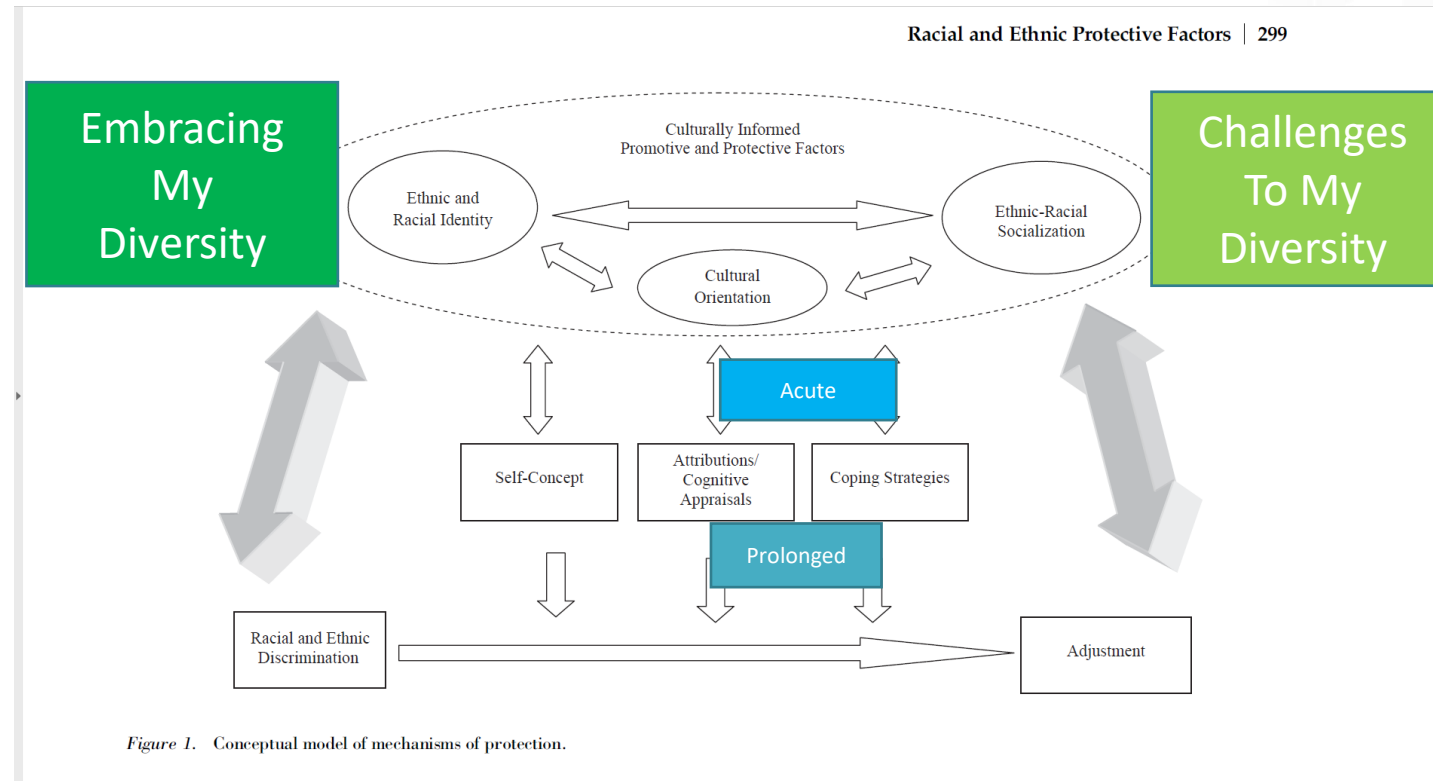


# Cultural Empowerment?

- *“Empowerment refers to the reduction of an overriding sense of powerlessness to direct one’s own life in the direction of reasonable personal gratification”*
- *“Empowerment is essentially a method by which helping professionals attempt to deal with the **power blocks** experienced by negatively valued individuals or families.”*
- *“An empowerment approach to helping enables the individual to **perceive himself as capable** of exercising competence...[which] further **increases feelings of worth and dignity.**”*
- *“Empowerment means **acknowledging and enhancing the strengths** that have been the basis for survival of black families despite tremendous suffering and hardship....”*

*Solomon (1987)*

# Phases of stress response



# Embracing My Diversity

- Patient is struggling to identify sources of pride and connection to their racial/ethnic group
- Patient demonstrates evidence of internalized racism – where the patient embraces negative prejudices about one’s own racial/ethnic group
- Patient is within a social community (e.g., distinct racial minority within academic context) that does not provide clear opportunities to explore and connect with one’s racial/ethnic self
- Patient is experiencing acculturative stress – specifically patient is struggling to identify a personal balance between family and mainstream cultural values
- Patient who is in pre-contemplative stage of racial/ethnic identity development
- Patient is struggling to confidently present aspects of cultural identity to others



# Challenge to My Diversity

- Patient is struggling to define what racism looks and feels like
- Patient demonstrates evidence of internalized racism – where the patient embraces negative prejudices about one’s own racial/ethnic group
- Patient is struggling to balance cultural pride while experiencing negative judgments about their racial, ethnic, or cultural background
- Patient who is in pre-contemplative stage of racial/ethnic identity development
- For first generation immigrant youth and young adults, patient has not had opportunities to learn about and discuss the history of racism in the U.S.

# Acute Coping

- In session, patient is presenting with momentary distress that is interfering their ability to remain present and engaged during therapy
- Patient struggles to manage physiological arousal in
- Patient has an identified history with emotional avoidance which is linked to engaging in behaviors that have been unproductive (e.g., interpersonal conflicts, lack of goal attainment)
- Patient has awareness of values but is struggling with momentary implementation of actions that are consistent with values
- Patient's difficulty managing uncomfortable emotions related to racism could be risk factor for developing more clinically impairments – PTSD, social anxiety – performance anxiety, suicidality, substance use disorders

# Prolonged Coping

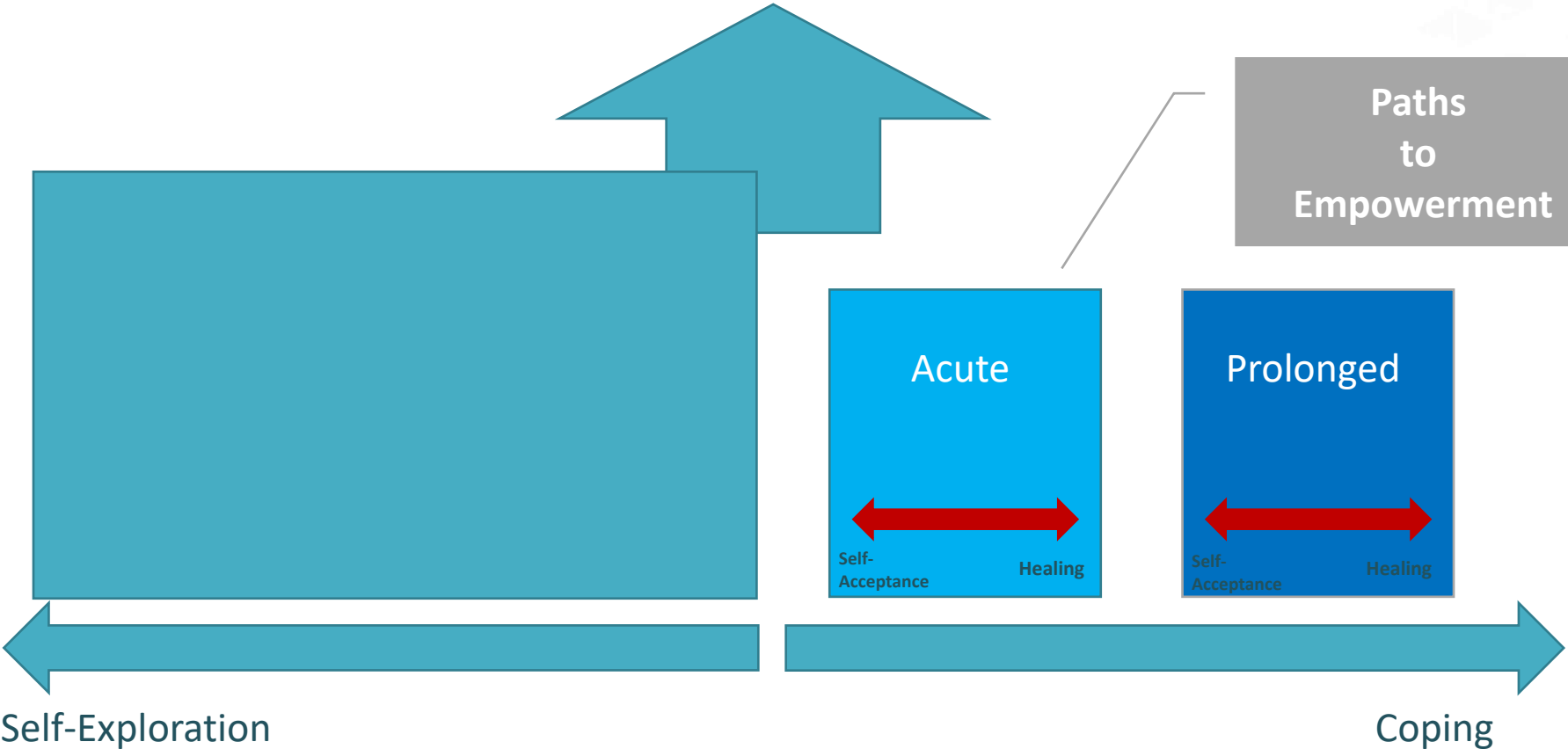
- Patient is questioning their ability to effectively manage ongoing or possible racism-related stressors and this uncertainty is influencing their decision making (e.g., considering avoiding a decision that may be consistent with their values)
- Patient is struggling to navigate other cultural stressors (e.g., acculturative stress, intergenerational family stress) in a way that aligns with their values
- Patient has identified a specific skill deficit that they would like to strengthen in order to better achieve goals or adhere to values within a racist or culturally oppressive environment

# REACH Decision Matrix Model

Primary Goal

Empowerment

Paths to Empowerment



# Building Empowerment (ACT-informed)

Acute	Prolonged
<ul style="list-style-type: none"><li>• Values/Goal Clarification</li><li>• Identified actions to adhere to values in response to <b><u>immediate stressor</u></b></li><li>• Resolved barriers to engaging committed actions towards values relevant to acute coping needs</li></ul>	<ul style="list-style-type: none"><li>• Values/Goal Clarification</li><li>• Identified actions to adhere to values in response to <b><u>ongoing stressors</u></b></li><li>• Resolved barriers to engaging committed actions towards values relevant to prolonged coping needs</li></ul>

<p><b>Mindfulness</b> To live aware of the present moment</p>	<p><b>Friendship</b> To have close, supportive friends</p>	<p><b>Non-Conformity</b> To question and challenge authority and norms</p>	<p><b>Family</b> To have a happy, loving family</p>
<p><b>Justice</b> To promote fair &amp; equal treatment for all</p>	<p><b>Mastery</b> To become skillful in my everyday activities</p>	<p><b>Challenge</b> To take on difficult tasks and problems</p>	<p><b>Leisure</b> To take time to relax &amp; have fun</p>
<p><b>Openness</b> To be open to new experiences, ideas, and options</p>	<p><b>Independence</b> To be free from dependence on others</p>	<p><b>Cooperation</b> To work collaboratively with others</p>	<p><b>Helpfulness</b> To be helpful to others</p>
<p><b>Cultural Harmony</b> To participate in cultural practices and uphold cultural values</p>	<p><b>Growth</b> To keep changing and growing</p>	<p><b>God's Will</b> To seek &amp; obey the will of God</p>	<p><b>Self-Acceptance</b> To accept myself as I am</p>
<p><b>Health &amp; Fitness</b> To be physically well, healthy, fit and strong</p>	<p><b>Loving</b> To care &amp; give love to others</p>	<p><b>Self-control</b> To be disciplined in my own actions</p>	<p><b>Creativity</b> To have and act on new/original ideas</p>

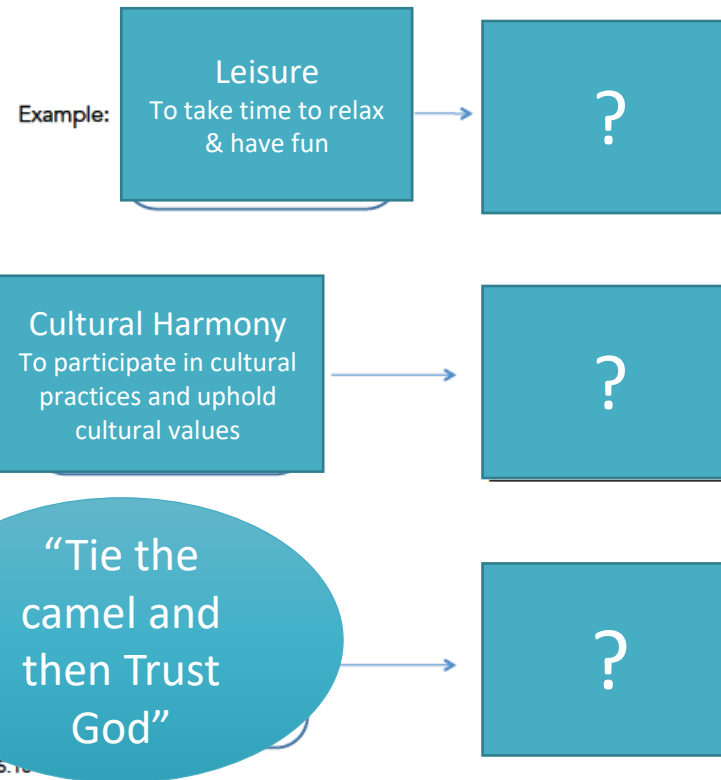
## Translating Values into Activities...

The next step is to translate our values into activities that help us fulfill on those goals.

Take a moment to think about the values that you identified on the previous page. What are some short term goals in each area? What are some long term goals? Use this page and the next to start to brainstorm. Write down your results on the upcoming page: "Values, Pleasure, and Mastery Master List."

VALUE

ACTIVITIES



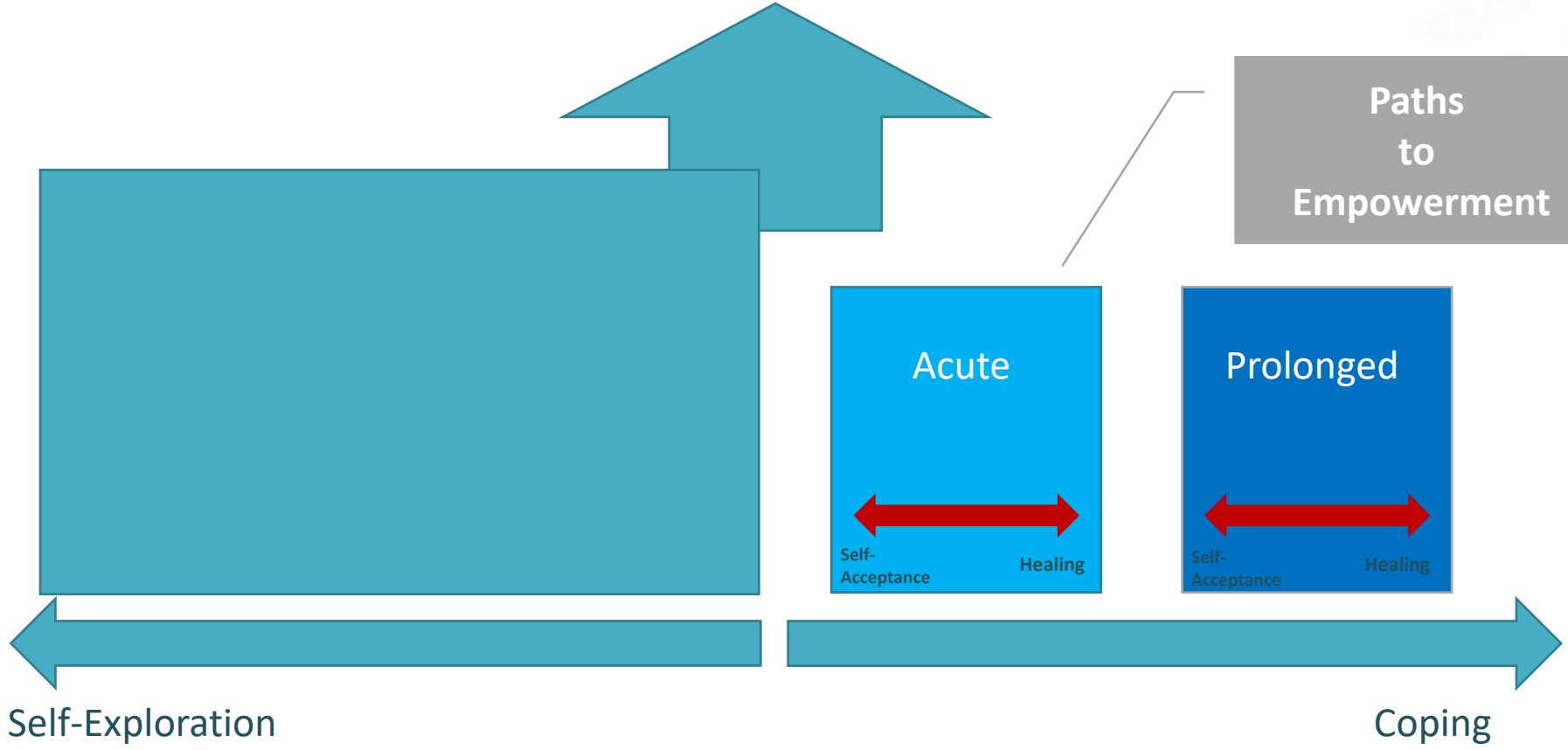


# REACH Decision Matrix Model

Primary Goal

Empowerment

Paths to Empowerment



# Acute Coping

- In session, patient is presenting with momentary distress that is interfering their ability to remain present and engaged during therapy
- Patient struggles to manage physiological arousal in
- Patient has an identified history with emotional avoidance which is linked to engaging in behaviors that have been unproductive (e.g., interpersonal conflicts, lack of goal attainment)
- Patient has awareness of values but is struggling with momentary implementation of actions that are consistent with values
- Patient's difficulty managing uncomfortable emotions related to racism could be risk factor for developing more clinically impairments – PTSD, social anxiety – performance anxiety, suicidality, substance use disorders

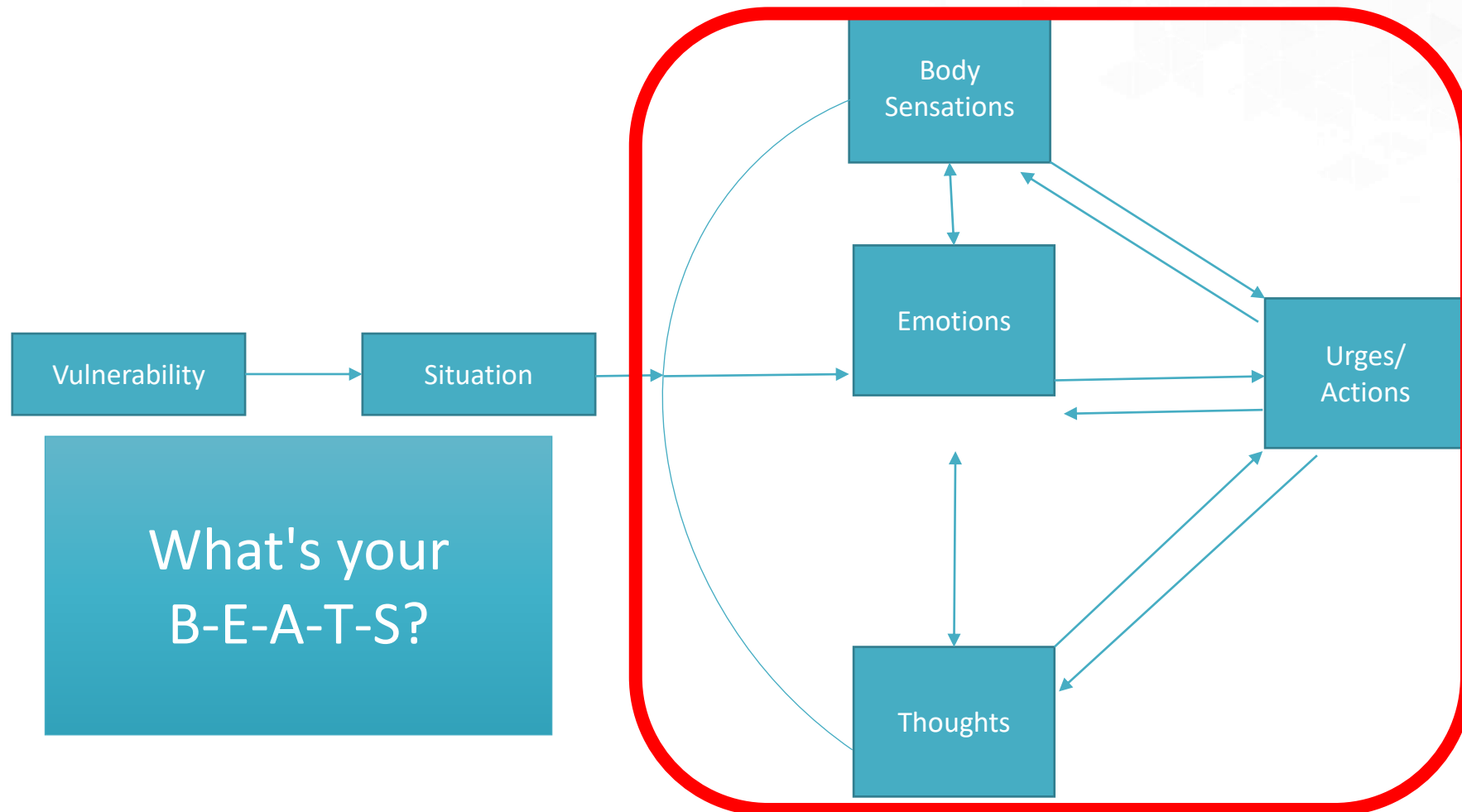
# Acute Coping: Intervention Targets

- Self-Acceptance
  - *Increased cultural mindfulness skills for immediate stressor*
  - *Awareness of racism's role*
  - *Awareness of cognitive appraisal of acute stressor*
  - *Self-compassion towards emotional reactions*
  - *Awareness of desired cultural values*
- Healing
  - *Clarified immediate coping needs*
  - *Processing actions towards adhering to values*
  - *Improved distress tolerance and emotion regulation*
  - *Increased confidence in coping ability*
  - *Identifying options for accessing validating support system*
  - *Improved problem-solving/decision making*
  - *Grieving barriers to engaging in desired cultural values*

# Interventions for Acute Coping

- Self-acceptance
  - *Cultural Mindfulness exercises*
  - *P-O-S-T-S Acronym*
- Healing
  - *Distress Tolerance - Self-sooth or relaxation (e.g., "Drawing is my strength")*
  - *P-O-S-T-S Acronym*

# Cultural Mindfulness: “Observe and Describe”



# Responding to Ourselves

P - pause

O - observe ("I am feeling \_\_\_\_\_")

S - show understanding ("This makes sense for me because \_\_\_\_")

T - thank ("(emotion), thank you for \_\_\_\_\_")

S - staying on path ("I understand my emotion is telling me to \_\_\_\_, but I choose to \_\_\_\_\_.")

# Showing Understanding

- “My emotions make sense and have meaning because \_\_\_\_\_”
- “Life isn’t always ideal so it’s okay to be down sometimes”
- “I notice that I am feeling uncomfortable about being different right now AND I am also proud of my differences because \_\_\_\_\_”
- “I have a right to feel whichever way I happen to feel. There’s no right or wrong way to feel about a situation, and there’s no right or wrong level of intensity for how strongly I am feeling my emotions.”
- “I feel that I am different AND I am grateful for \_\_\_\_\_”
- “Understanding and accepting my feelings is better than bottling them up.”



# Prolonged Coping

- Patient is questioning their ability to effectively manage ongoing or possible racism-related stressors and this uncertainty is influencing their decision making (e.g., considering avoiding a decision that may be consistent with their values)
- Patient is struggling to navigate other cultural stressors (e.g., acculturative stress, intergenerational family stress) in a way that aligns with their values
- Patient has identified a specific skill deficit that they would like to strengthen in order to better achieve goals or adhere to values within a racist or culturally oppressive environment

# Prolonged Coping: Intervention Targets

- Self-acceptance
  - *Increased cultural mindfulness skills for ongoing stressors*
  - *Awareness of racism's role*
  - *Explore cognitive appraisal of prolonged stressors*
  - *Self-compassion towards emotional reactions*
- Healing
  - *Clarified ongoing coping needs*
  - ***Processing actions towards adhering to values***
  - *Improved confidence in identified actions/skills (e.g., social skills, assertiveness, emotion regulation, goal attainment)*
  - *Improved impulse control in response to ongoing stressors*
  - *Identifying options for accessing validating support system*

# Prolonged Coping Interventions

- Self-acceptance
  - *Cognitive Processing Strategies*
- Healing
  - *Skill building (e.g., social skills, adaptive living skills, assertiveness)*
  - *Building community*
  - *Advocacy (e.g., Voter Registration, Town hall, Podcast)*

# Cognitive Processing Interventions

- Identify the “I can”
- Identify “Stuck Points”
  - *Perceived responsibility*
  - *Internalized Stigma*
  - *External Attrib. – Racim's Role*
- Radical Acceptance
  - *Change what we can, 'radically' accept what we can't*



# Building Community

- Activity Scheduling
  - *Explore Cultural Pride & Expression of Racial/Ethnic Identity*
  - *Identify Community Resources, Social Networks, or Activities*



# 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”)



# 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



# Exposure Therapy

- Formats:
  - *In Vivo*
  - *Imaginal*
  - *Interoceptive/Emotional*
  - *Prolonged 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)

See Metzger et al. (2020) for more details



# Interpersonal Skills

- GIVE = Maintain Relationship
- DEAR MAN = Assertiveness
  - *“I found my hiss”*
- FAST = Self-respect

*Dear Man,*

DESCRIBE

EXPRESS

ASSERT

REINFORCE

MINDFUL

APPEAR CONFIDENT

NEGOTIATE

How to get  
what you want

# REACH-adapted DEAR MAN



# 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

# Implementation Strategies

- Metaphor
- Storytelling
- Art
  - *Music*
  - *Poetry*
- Cultural Mindfulness
- Spirituality
  - *Prayer, Scripture, Collab w/ clergy*
- Socratic Questioning
- Psychoeducation
- Shared learning
  - *Books, Speeches*
- Skill Rehearsal
  - *Role Playing*
  - *Homework Practice*

# REACH-informed Interventions

## Groups

- REACH pilot groups
- REACH Connection
- REACH PATH

## Individual

- *Imposter Syndrome/GAD*
  - Medical Student
- *Social Anxiety*
  - Teen



# REACH Uplifting Parents

HEALING – UPLIFTING PARENTS  
(RACIAL, ETHNIC, AND CULTURAL HEALING –  
UPLIFTING PARENTS;  
REACH UP)

¿ES USTED EL PADRE/MADRE O CUIDADOR DE UN NIÑO(S) (HASTA LOS 18 AÑOS) QUE PUEDE HABER EXPERIMENTADO O PRESENCIADO DISCRIMINACIÓN Y ESTRÉS RACIAL?

¿HABLA CON SU(S) HIJO/A(S) SOBRE EXPERIENCIAS DE CARÁCTER RACIAL, TRATA DE AYUDARLO/A(S) A LIDIAR CON LA DISCRIMINACIÓN Y EL ESTRÉS RACIAL, Y A DESARROLLAR ORGULLO Y EMPODERAMIENTO CULTURAL?

SI ES ASÍ, CONSIDERE PARTICIPAR EN UN ESTUDIO DE INVESTIGACIÓN DESTINADO A MEJORAR LOS PROGRAMAS DE SALUD MENTAL EN MONTEFIORE MEDICAL CENTER PARA JÓVENES QUE EXPERIMENTAN ESTRÉS RACIAL; PARA ELLO, HAGA CLIC EN ESTE ENLACE:

[HTTPS://EINSTEINMED.COL.QUALTRICS.COM/JFE/FORM/SV\\_6CY0GBA927P9A2](https://einsteinmed.col.qualtrics.com/jfe/form/sv_6cy0gba927p9a2)

O ESCANEE EL CÓDIGO QR A CONTINUACIÓN:



HEALING – UPLIFTING PARENTS  
(REACH UP)

ARE YOU THE PARENT OR CAREGIVER OF A CHILD/CHILDREN (UP TO AGE 18) WHO MAY HAVE EXPERIENCED OR WITNESSED RACIAL DISCRIMINATION AND STRESS?

DO YOU TALK TO YOUR CHILD/CHILDREN ABOUT RACIALIZED EXPERIENCES, TRY TO HELP THEM COPE WITH RACIAL DISCRIMINATION AND STRESS, AND DEVELOP CULTURAL PRIDE AND EMPOWERMENT?

IF SO, PLEASE CONSIDER PARTICIPATING IN A RESEARCH STUDY AIMED AT IMPROVING MENTAL HEALTH PROGRAMMING AT MONTEFIORE MEDICAL CENTER FOR YOUTH EXPERIENCING RACIAL STRESS, BY CLICKING THIS LINK:

[HTTPS://EINSTEINMED.COL.QUALTRICS.COM/JFE/FORM/SV\\_1Y8B0TEHLMWJU2O](https://einsteinmed.col.qualtrics.com/jfe/form/sv_1y8b0tehlmwju2o)

OR SCAN THE QR CODE BELOW





# 5-Steps for Talking Racial Stress

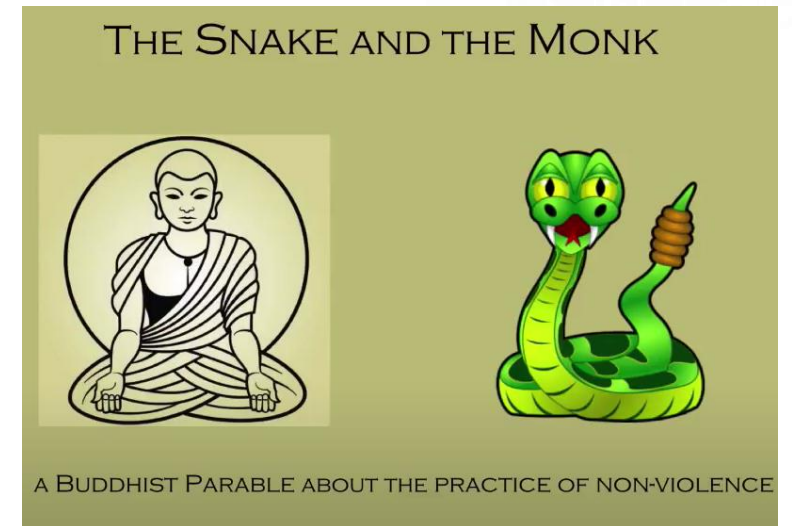
1. Do your prep work!
2. Create a safe space for disclosure
3. Comprehensive Assessment of the stressor
4. Conceptualize Coping Responses
5. Identify Treatment Goals (e.g., self-acceptance, empowerment, and healing)

# #Goals

Hi Dr. Delapp,

I just made an appointment with you next week, but I couldn't wait until then to share the good news. After our discussion on Thursday, I really thought about what you said and found the grey space in between the black-or-white-thinking. I responded (not reacted) to my "problematic" advisor in as skillfully and mindfully a manner as I could and she withdrew from the project! I'm free to finally publish!

In other words, I found my *hiss*.



# References

Anderson, R. E., & Stevenson, H. C. (2019). RECASTing racial stress and trauma: Theorizing the healing potential of racial socialization in families. *American Psychologist*, 74(1), 63.

Constantine, M.G. Racial microaggressions against African American clients in cross-racial counseling relationships (2007). *Journal of Counseling Psychology*, 54, 1-16.

DeLapp, R.C.T. & Williams, M.T. (in press). Preparing for Racial Microaggressions: The Role of Cognition and Emotion in the Proactive Coping Process of African American Students. Submitted to *New Ideas in Psychology*.

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.T. & Williams, M.T. (2019). Preparing for Racial Discrimination and Moving beyond Reactive Coping: A Systematic Review. *Current Psychiatry Reviews*, 15, 58-71.

# References

Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of experimental social psychology*, 48(6), 1267-1278.

Eccleston, C. P., & Major, B. N. (2006). Attributions to discrimination and self-esteem: The role of group identification and appraisals. *Group Processes & Intergroup Relations*, 9(2), 147-162.

Metzger et al. (2020). Healing Interpersonal and Racial Trauma: Integrating Racial Socialization into Trauma-focused CBT for AA youth.

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.

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.

Thank you!

## Questions/Comments

For additional comments/questions, contact me at  
[rdelapp@montefiore.org](mailto:rdelapp@montefiore.org)

## ACKNOWLEDGEMENTS

THERE ARE MANY INDIVIDUALS WHO HAVE WORKED BEHIND THE SCENES TO HELP PUT THIS TRAINING TOGETHER. A SPECIAL THANKS TO OUR CONTINUING EDUCATION COMMITTEE: DR. GRETA HIRSCH, DR. ABIGAIL ROMIROWSKY, DR. BETH SALCEDO, DR. LAURIE DOS SANTOS, DR. AVY STOCK, DR. SHARON THOMAS, AND DR. CHRISTINA TRIPODI MITCHELL FOR THEIR COLLABORATION TO REVIEW TRAININGS AND TO ENSURE A HIGH LEVEL OF QUALITY OF EACH TRAINING WE PROVIDE. EACH TRAINING REQUIRES A TREMENDOUS AMOUNT OF PLANNING AND PREPARATION. MUCH APPRECIATION AND THANKS IS EXTENDED TO OUR PROFESSIONAL DEVELOPMENT PROGRAM ADMINISTRATIVE TEAM FOR ALL THE HARD WORK AND ATTENTION TO DETAIL THEY PUT INTO MAKING SURE EACH TRAINING RUNS SMOOTHLY.

## COMMITMENT TO INCLUSIVITY



The Ross Center is an equal opportunity organization, and does not discriminate on the basis of race, age, ethnicity, ancestry, national origin, disability, color, size, religion, gender, sexual orientation, marital status, or socioeconomic background. We are committed to providing an inclusive and welcoming environment for all patients and members of our staff. For any questions, or to report any concerns, please contact us at [info@rosscenter.com](mailto:info@rosscenter.com).