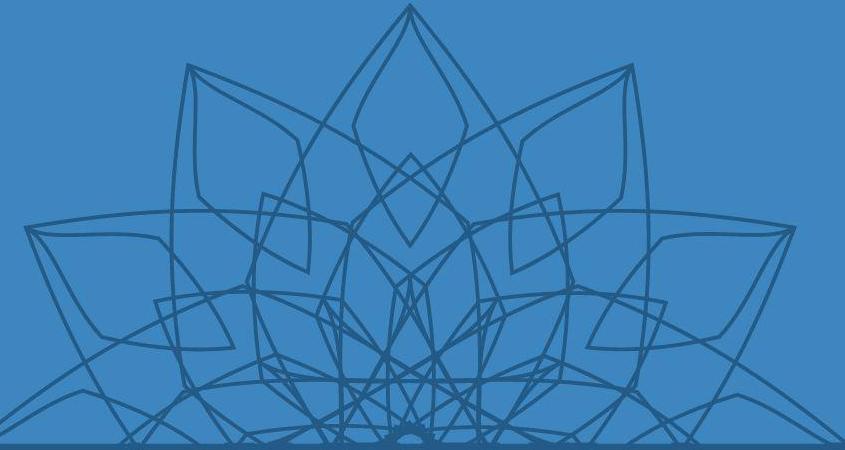


# *Culturally-Specific Contextualism in Evidence-Based Treatments*

Enhancing Outcomes in BIPOC  
Populations

Kimberly Applewhite, PsyD  
Licensed Clinical Psychologist

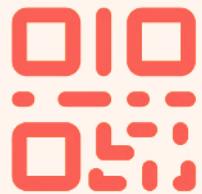
# Welcome!



- 2-hour CE (no formal breaks)
- Experiential - will be breakout rooms, exercises, and role play
- Use Slido (preferred) or chat to interact



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**#UCEBTCSC**

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# *Program Notices*

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Presenter has no conflicts to disclose.

There is no commercial support for this presentation.

# *Accuracy and Risks*

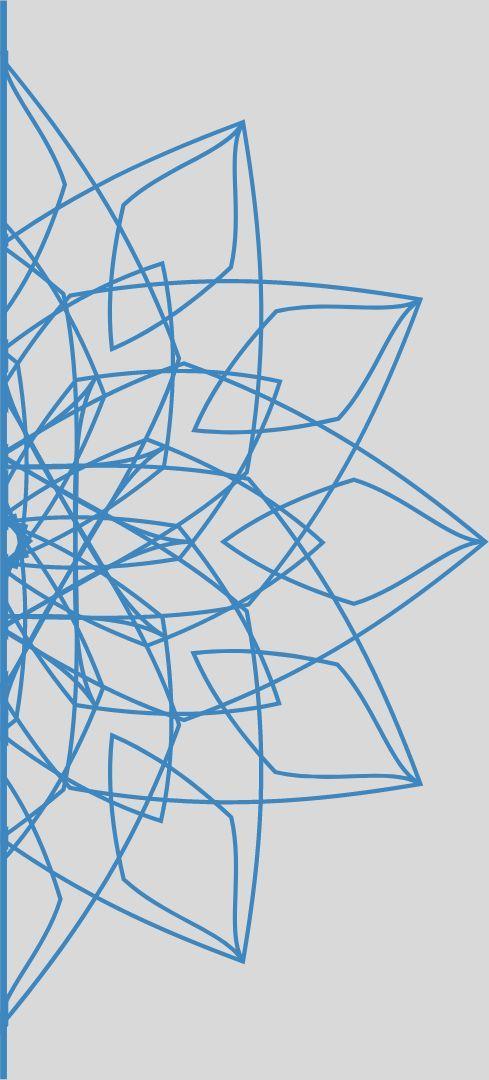
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This program discusses strategies for enhancing mental health outcomes in ethnically diverse communities based on current research. Presenters are not responsible for participants' application of misapplication of intervention strategies, nor patient outcomes for any participant. Presenters encourage further study and training.

# Overview

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- Why Context Matters - Brief History of BIPOC therapeutic regard
- Rethinking Clinical Paradigms and Effectiveness for BIPOC populations
- Incorporating Context Into:
  - Assessment and Consultation
  - Relationship Building and Rapport
  - Intervention Adaptation
  - Intervention Development
- The Elephant in the Room



*But First...*

*Mindfulness*

---



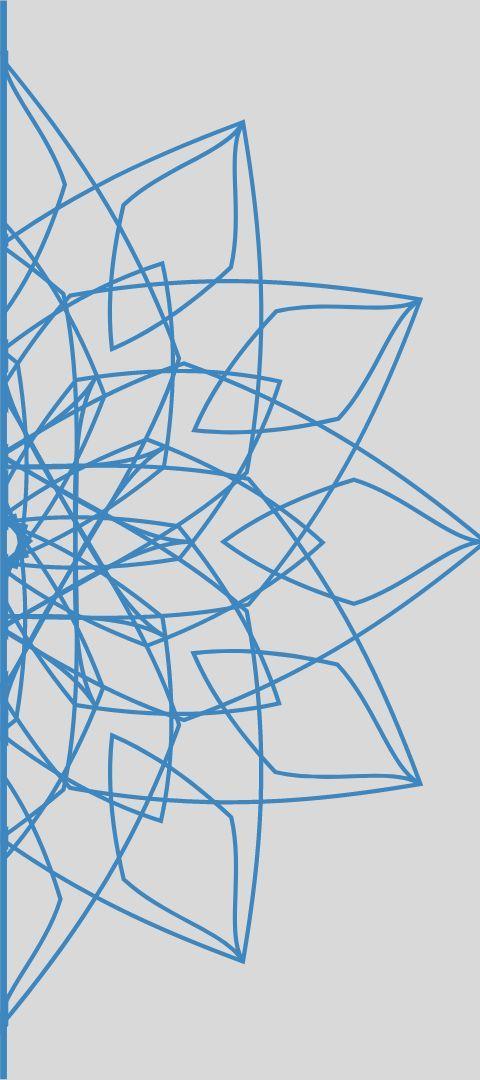
Jaiya John, PhD (Howard U)  
APA Convention 2023

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## Mindfulness reflections?

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# *Why Context Matters*

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# Definitions

**Contextualism** is the term given to various doctrines and disciplines that value context in problem solving and meaning making.

- Epistemology - we can only know something if we understand its context
- From ACBS - human and non human organisms being studied in historical and current context

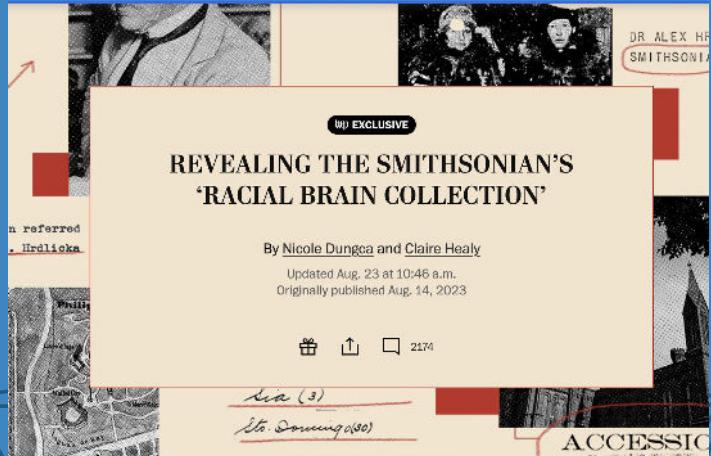
**Functional Contextualism** is a paradigm that posits that all behavior (traditional or radical) is functional.

- Departure from mechanistic models, which depict some behaviors as faults in a machine



Image from GettyImages

# Context of Scientific/Behavioral Health



- From 1898-1945, Smithsonian Institute housed a collection of body parts and brains of deceased individuals
- At the turn of the century, the project was helmed by Dr. Ales Hrdlicka, believed to be a foremost expert on race and known promoter of eugenics
- Brains were collected for the purpose of proving white superiority - most brains collected were from BIPOC people
- Many remains were taken without knowledge of families

# APA POC Community Apology (2021)

---



# *Highlights from Apology #1*

- “Since its origins as a scientific discipline in the mid-19th century, psychology has, through acts of commission and omission, contributed to the dispossession, displacement, and exploitation of communities of color. This early history of psychology, rooted in oppressive psychological science to protect Whiteness, White people, and White epistemologies, reflected the social and political landscape of the U.S. at that time. Psychology developed under these conditions, helped to create, express, and sustain them, continues to bear their indelible imprint, and often continues to publish research that conforms with White racial hierarchy (Cummings Center, 2021; Helms 2003; Luther et al., 1996; Santiago-Rivera et al., 2016).”

# *Highlights from Apology #1*

- APA started by White men, some of whom contributed to popular eugenics ideas at the time that supported segregation and sterilization of people of color
- Measures of intelligence influenced by same eugenics movement
- Constructed and studied racial difference, which sustains human hierarchies
- Asserts that psychology has minimized and marginalized psychologists from communities of color (which resulted in formation of ABPsi)
- Research largely interpreted by Eurocentric standards
- Lack of faculty and advisors of color to assist in graduate schools
- Bias in testing propagated by psychologists
- Lack of adequate focus on social determinants of health
- “Racism harms all people”

# APA First Nations Apology (2023)



## *Highlights from Apology #2*

---

- Apology delivered at Society of Indian Psychologists gathering (in Utah!)
- Through these two apologies, the Task Force on Strategies to Eradicate Racism, Discrimination, and Hate drafted numerous action items, including intentional efforts to diversify conferences

# Did you know...

## Maslow's Hierarchy of Needs

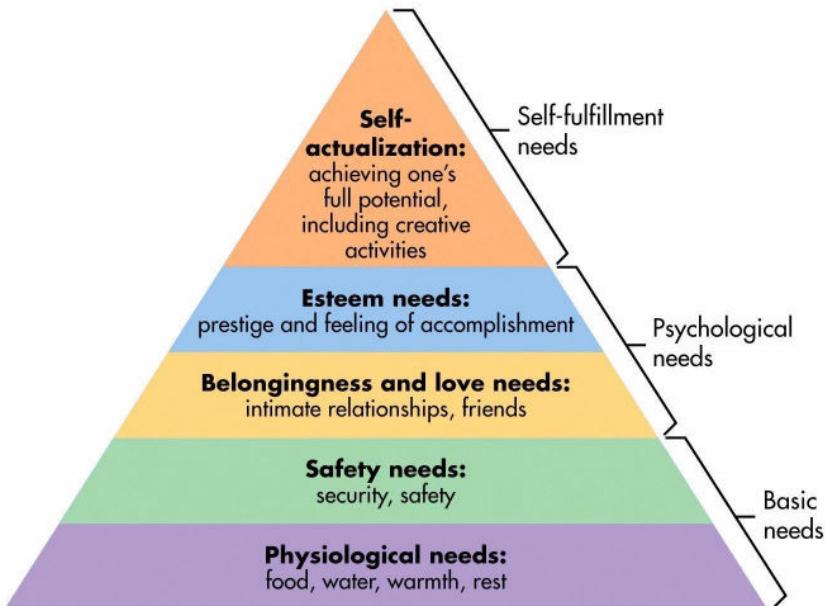
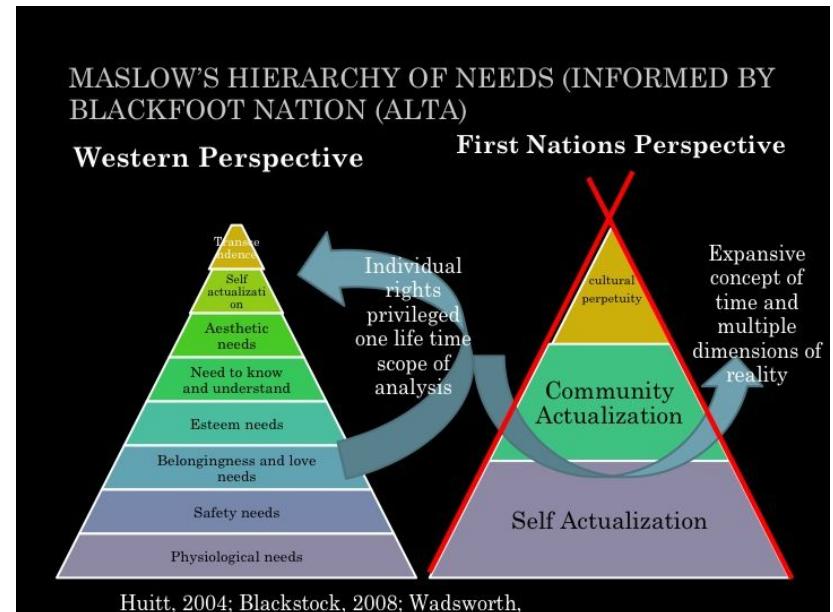


Image from [simplypsychology.org](http://simplypsychology.org)

## Blackfoot Pyramid of Needs



## *Again - Why Does Context Matter?*

---

- Each of us have unique cultural frames that inform our experiences and help us make meaning of the world
- Some of those frames and experiences contributed to our decisions to take on certain roles in the world - a function to function
- Some of these functions or associations may be rooted in ideas that take away from our values orientation as helpers and healers

## *Again - Why Does Context Matter?*

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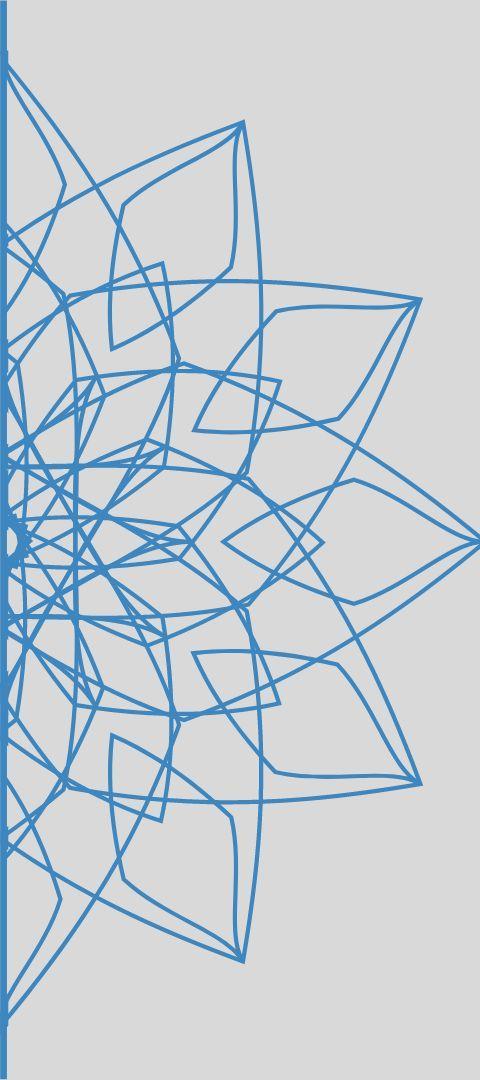
- Our clients, who share some contexts with us, also come with unique cultural frames
- Influences of treatment-seeking and treatment-maintaining behavior may be multi-determined and relationally influenced

“Let us commit to listening more and talking less; following more and steering less; advocating more and complying less; including more and ignoring less; and collaborating more and commanding less.”

From APA First Nations Apology

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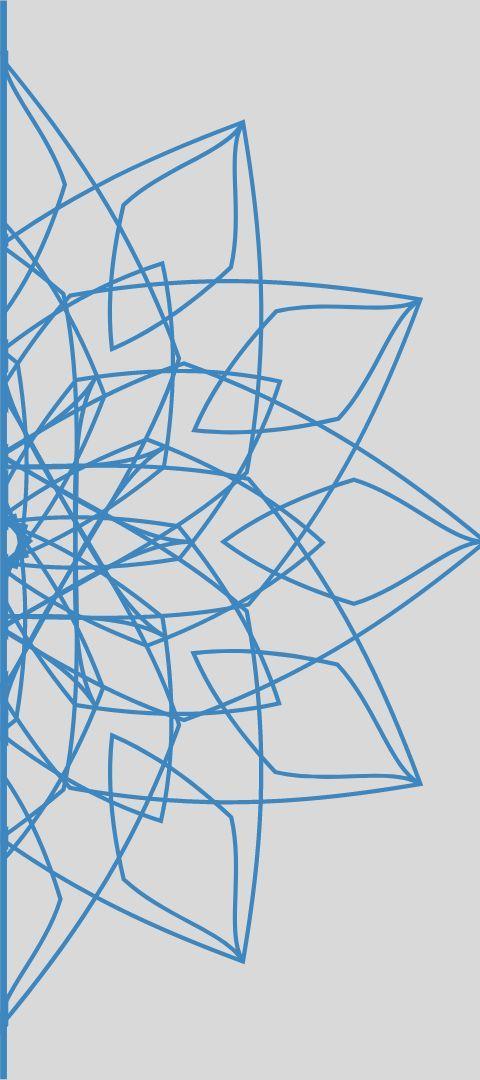
# *Rethinking Clinical Paradigms and Effectiveness*

---

# *How do we determine what is effective?*

---

- Distinction between EBP and EST
- When it comes to ESTs...
  - Few original trials included large numbers of people of color
  - What does this mean? What is our responsibility?
- There are cultural adaptations with an evidence base; many are demonstrated to be more effective than TAU
  - What does this mean? How do we interpret this?



# *Incorporating Context: Assessment and Consultation*

---

## *Case Example #1:*

---

John is a 24-year-old, Black, heterosexual, cisgender male. He presented for therapy after being mandated by his track coach at a small private university in the Pacific Northwest. John had a preexisting diagnosis of autism spectrum disorder. He came to his current university after having been arrested on the East Coast for indecent exposure. John was referred to the university counseling center by his track coach after the coach had received complaints about John's behavior from women on the team. The track coach told John that he had to present for therapy or else he would be kicked off the team.

**BREAKOUT QUESTION:** If you only had an hour to spend - what would you prioritize in assessment? What instruments would you administer? What are your clinical impressions?



# What would your team prioritize in assessment?

- ⓘ Click **Present with Slido** or install our [Chrome extension](#) to activate this poll while presenting.



## What instruments would your team administer?

- ⓘ Click **Present with Slido** or install our [Chrome extension](#) to activate this poll while presenting.



# What were your team's clinical impressions?

- ⓘ Click **Present with Slido** or install our [Chrome extension](#) to activate this poll while presenting.

# *Assessment Strategies*

---

- Invest in culturally adapted instruments (e.g. measures in different languages) and training, AND/OR make it a part of your practice to network with providers who have made that investment
- Consider impact of language in assessment questions - do a literature search for alternatives
- Consider context of time period (e.g. RRSS - Lee et al, 2001)
- Remember - you have the power (along with the client) to determine what is valid

# *Assessment Instruments*

---

- UConn Racial/Ethnic Stress and Trauma Survey (Williams et al, 2022) - English and Spanish
- Race-Based Traumatic Scale Inventory (Carter et al, 2013)
- Trauma Symptoms of Discrimination Scale (Williams et al, 2018)
- For review of children and adolescent assessments, see Braddock et al, 2021)
- Wright-Constantine Structured Clinical Interview (Wright & Constantine, 2020)

# Let's Role Play!

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Now try with the  
WCSCI...





**What differences did you notice between approaches? Pros/cons for either approach?**

- ⓘ Click **Present with Slido** or install our [Chrome extension](#) to activate this poll while presenting.



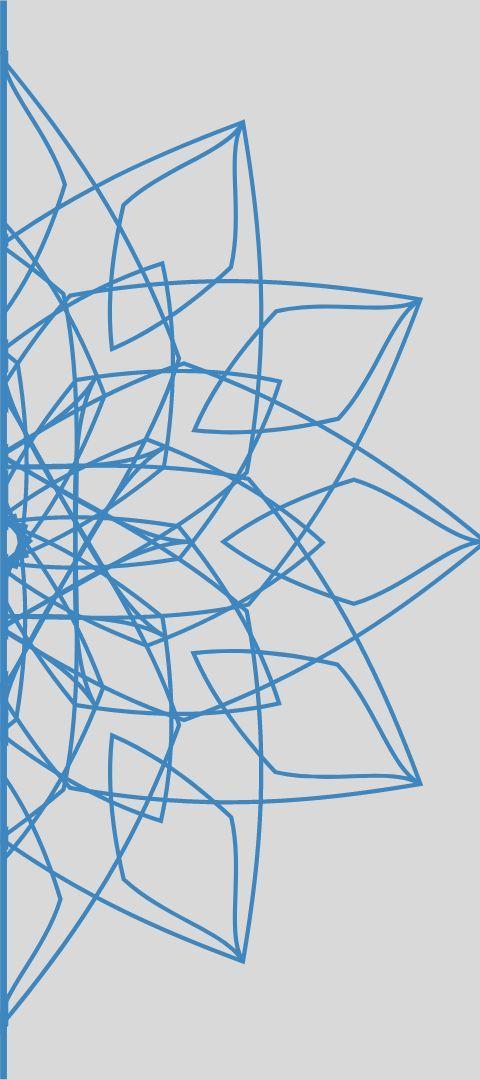
## How willing are you to add a culturally relevant assessment measure to intakes?

- ⓘ Click **Present with Slido** or install our [Chrome extension](#) to activate this poll while presenting.



# How ABLE are you to add a culturally relevant assessment measure to intakes?

- ⓘ Click **Present with Slido** or install our [Chrome extension](#) to activate this poll while presenting.



# *Incorporating Context: Relationship and Rapport*

---

## *Case Example #2*

---

You have met for intake with a 30-year old Chinese immigrant to the United States, who is presenting for intake to generally improve wellness. She has been practicing mindfulness intensively for three years after a career change and has directed that into a small business for mindfulness instruction. Formerly, she co-owned a business that she sold to her business partner after a disagreement. She is presenting for therapy to address issues of power and privilege.

# *Building Rapport*

---

- On therapist ethnic match...
  - Important to note that research on benefits of client-therapist ethnic match is mixed
- How do you find what works?
  - Increase integration of cultural pride and acknowledgment of cultural frames - use electronic resources/algorithm as a guide
- When do you know when to let go of “training”?
  - Remember - for many, therapy is exposure and so relationship building is vital
- What might arise between us?

2021

Brut.



While her adoptive parents are **toxic**,  
Brother Paul H. Thörn, the Fraternal  
Sons of American Preacher.

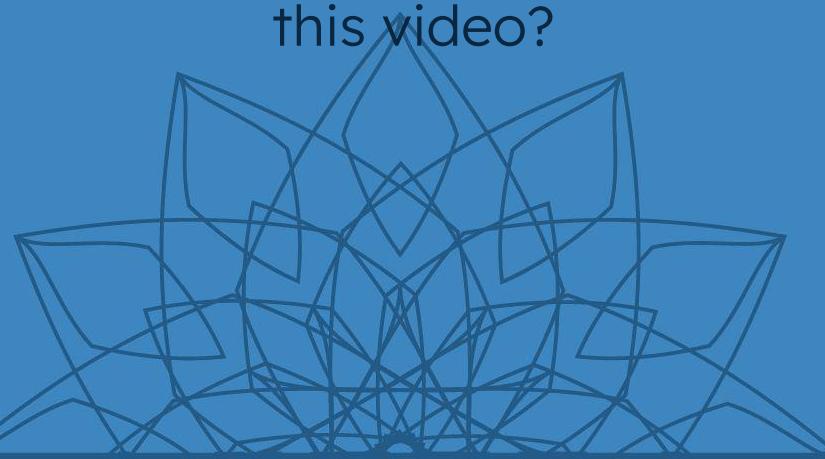


**How does the video above demonstrate the importance of incorporating cultural congruence in the therapy room? How might it impact therapy relationships?**

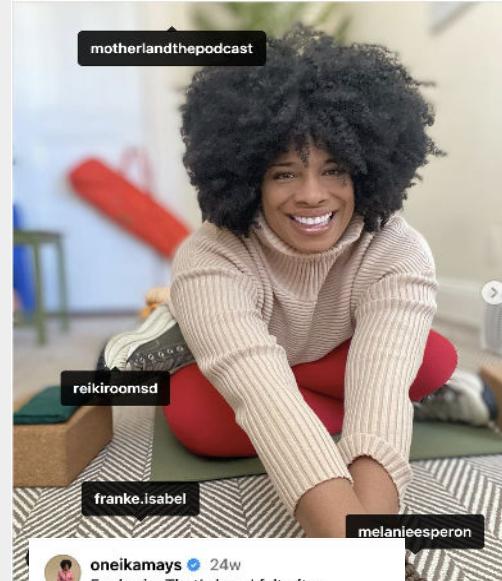
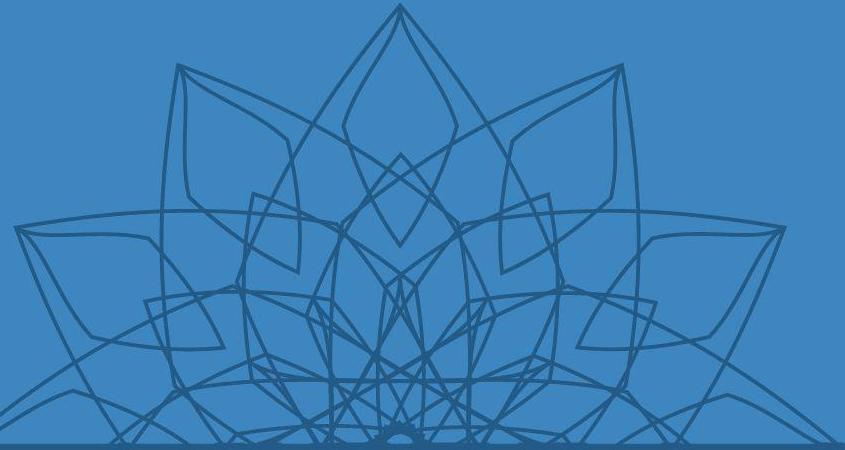
- ⓘ Click **Present with Slido** or install our [Chrome extension](#) to activate this poll while presenting.

# Psychoeducation Adapted

How can you facilitate  
discussion on depression with  
this video?



# Modeling in the Community



oneikamays 24w

Euphoric. That's how I felt after meditating for the first time. It was a high to feel so fantastic. At the time I didn't realize that wasn't the point of my sitting practice. So I would sit trying to chase that initial feeling. Sometimes I'd feel sad, frustrated, scared, angry and confused. I'd turn to my asana practice to get the 'fix' of euphoria. I ignored all of the other feelings and looked for different ways to escape them. With study and practice I discovered that being with ALL OF IT was the point. Noticing that what was arising and meeting that mess with love WAS the path.

On this week's episode of Motherland Isabel, Mel and I discuss spiritual bypassing, toxic positivity and how it can harm us. Tune in wherever you listen

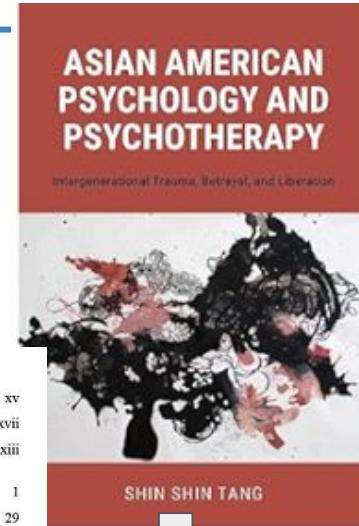


## Motherland

Motherland with Melanie Esperon, Oneika Mays and Isabel Franke

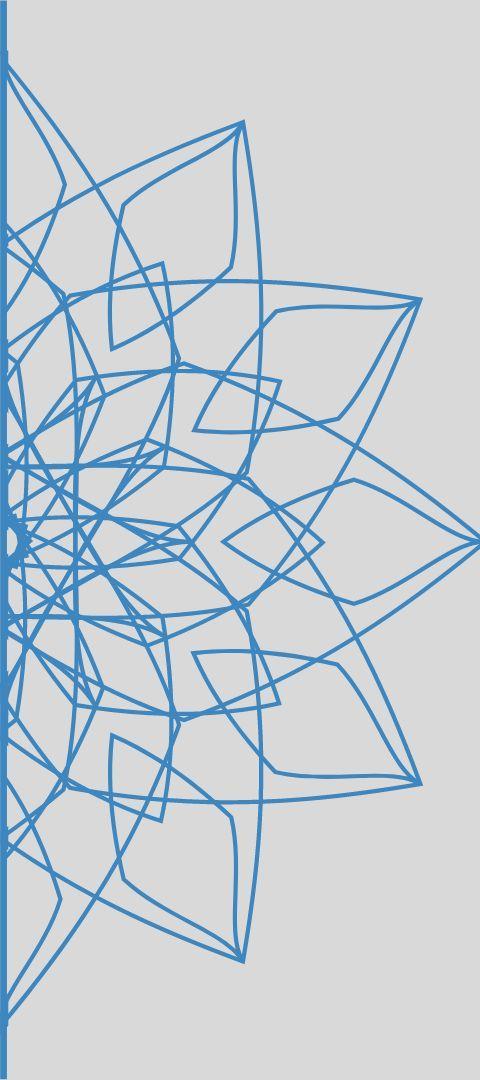
# Applying to Case #2

- Being mindful of appropriation of mindfulness into western-centric psychotherapy paradigms (Nagayama-Hall et al, 2011)
- Deepening of resource bank
- Addressing self-awareness and self-disclosure in the room
  - Power and privilege
  - Historical dynamics between members of differing cultural frames (e.g. Black and Chinese Americans)



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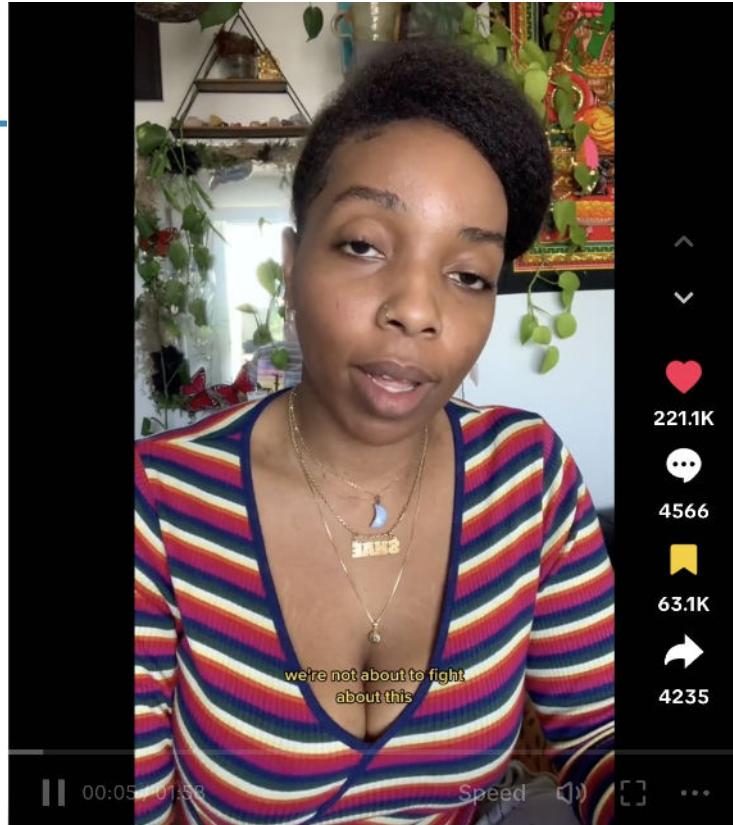
# *Incorporating Context: Intervention Adaptations*

---

# Meditation adapted

Observe:

- Language
- Pace
- Cultural references in environment
- Focus on self-compassion - evidence based in AA pop for changing self-criticism, which mediates depressive symptoms (Johnson et al, 2018)



## *Racial Stress Mindfulness - CLCBE (Stevenson)*

---

- Based on RECAST Theory (Anderson & Stevenson, 2019)
- Transmission of racially-specific coping strategies helps to strengthen cognitive and behavioral mechanisms for encountering racially stressful situations
- Incorporates racial socialization and racial literacy strategies

# Racial Stress Mindfulness - CLCBE (Stevenson)

CALCULATE

LOCATE

COMMUNICATE

BREATHE

EXHALE

**Name the feeling** that you experience while thinking about the incident.

**Calculate** its intensity on a scale of 1-10.

**Locate** in your body where you experience this emotion the strongest.

Be as vivid as possible while describing what that emotion feels like in the places that you located. You can use metaphors or whatever other words you need to **communicate** how the emotion feels.

Take a deep **breath** in.

Then **exhale**.

# Racial Stress Mindfulness - CLCBE (Stevenson)

CALCULATE

LOCATE

COMMUNICATE

BREATHE

EXHALE

**"When watching this event being covered on the news, I feel anger at a 10."**

**"It feels like a hot anvil is sitting on my chest."**

Take a deep **breath** in.

Then **exhale**.

**"When I experienced this at school, I felt fear at an 8."**

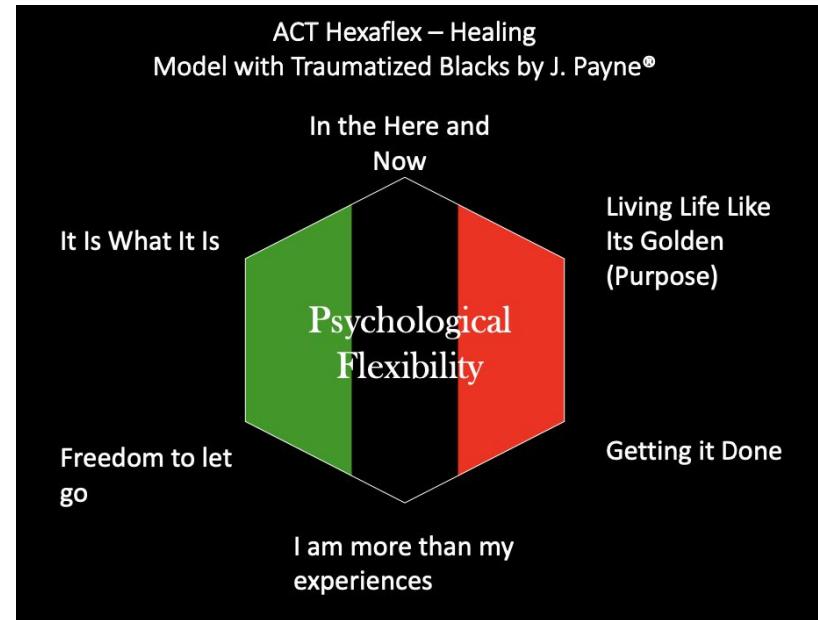
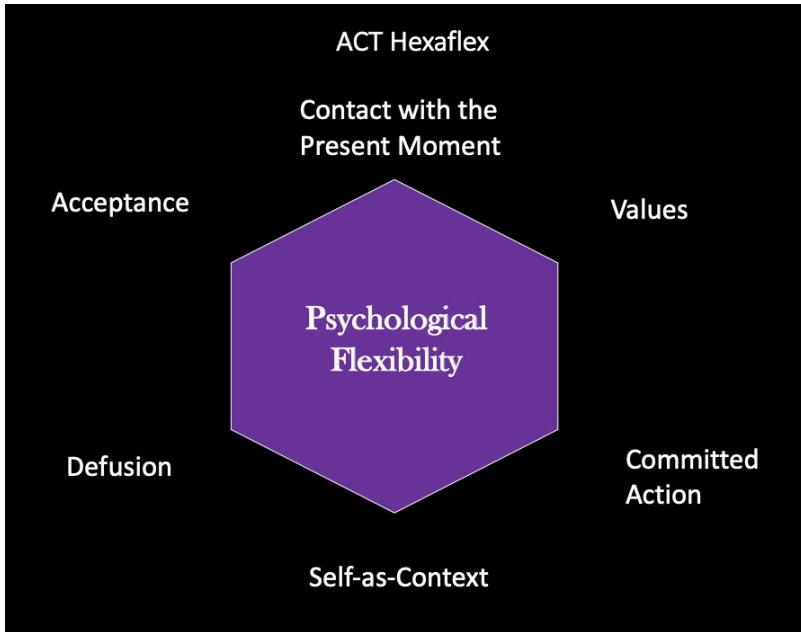
**"It feels like a ton of angry butterflies are swirling around in my stomach and then they fly up to my throat, choking me."**

# *Culturally-Tailored ACT (Payne)*

---

- Specifically designed for African-American pain/trauma
- Payne notes: EBPs such as ACT only work for those who:
  - Have access to treatment
  - Choose to trust the process (Whaley, 2011)
  - Are motivated to participate (Corrigan, Druss, & Perlick, 2014)
- Approach involves use of culturally-relevant metaphors, faith-based mindfulness, directly addressing racism, and addressing barriers to treatment relative to social determinants of health

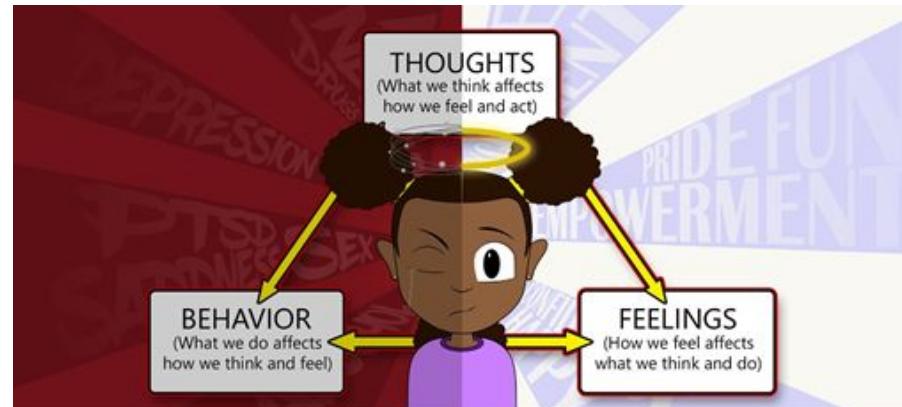
# Culturally-Tailored ACT - (Payne)



Payne, 2022

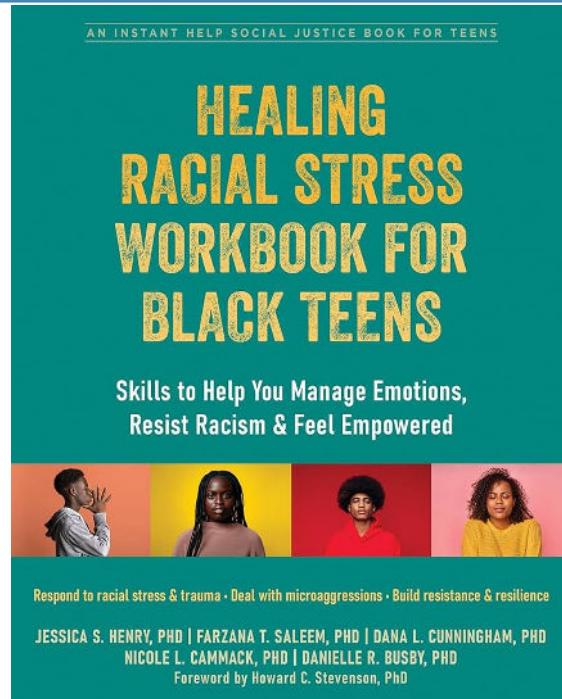
# *Cultural Adaptation of T7-CBT (Metzger)*

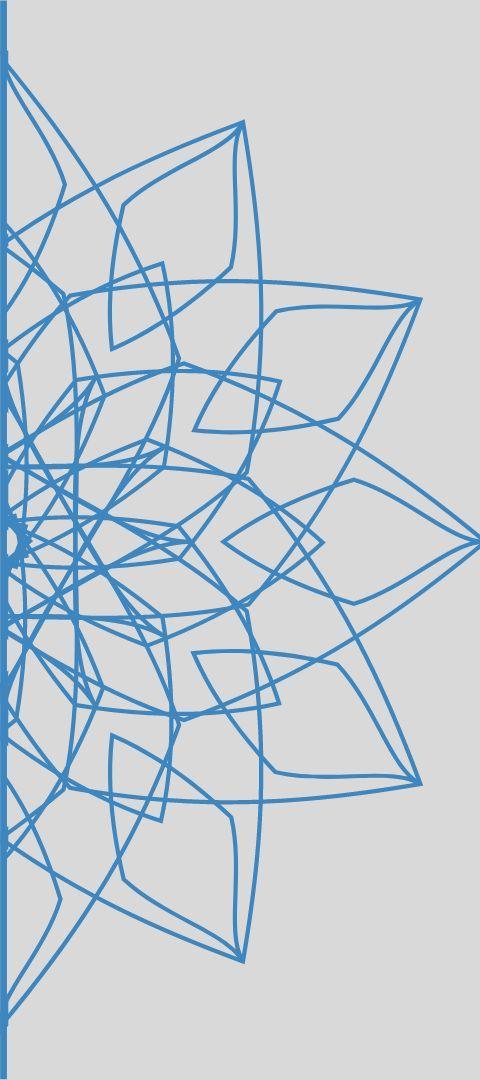
- Manual can be found at [this link](#)
- Incorporates Racial Socialization with Trauma-Focused Cognitive Behavioral Therapy
- Utilizes cultural modeling, relatable images, and references to cultural frames



# *Cultural Adaptation of CBT - Healing Racial Stress Workbook*

- Uses CBT and Behavioral Activation strategies while incorporating research on Racial Socialization and race-based stress
  - Designed for Black teens, but uses racial socialization knowledge that is universal across cultural frames
- Can be used as self-help manual or in conjunction with therapy





# *Incorporating Context: Intervention Development*

---

# Development Example: Nia Project (Kaslow)

- To develop the Nia project, Kaslow and colleagues:
  - Saw a need in their community
  - Understood the research and where it failed to meet their needs
  - Studied the people and their experiences
  - Used grounded theory approaches to assemble therapeutic paradigms that had potential for cohesion
  - Tried it out
- ... and you can do it too!



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MEDICINE

Department of Psychiatry and Behavioral Sciences

## Nia Project

The Nia Project's mission is to empower suicidal Black women with a history of adverse childhood experiences and/or intimate partner violence to be resilient and flourish, heal from their interpersonal traumas, find purpose in their lives and engage meaningfully in their communities.

# *What frameworks could you draw on to develop interventions?*

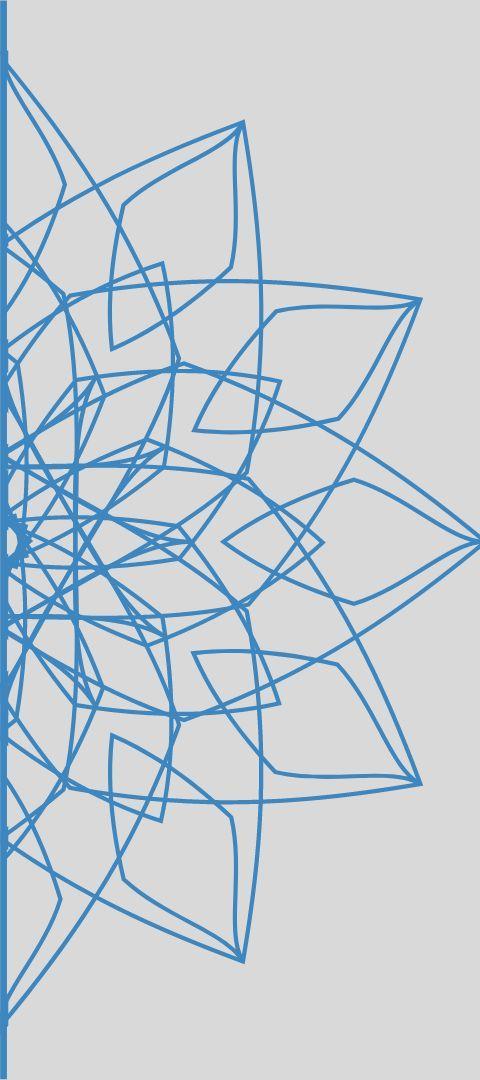
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- Liberation psychology - understanding oppressed individuals in the context of their oppression
- Communitarian approach - designing interventions in a way that emphasizes community and accountability
- Multicultural approach - focuses on social identities - “accurate cultural accounting of clients’ cultural lifeways and thoughtways”
- ...and more!

# *What questions would you ask?*

---

- What might be successful in your setting?
  - E.g. many ACT interventions for Latino/a populations have been tested in medical settings or with health emphasis
- What might be helpful or less helpful in your population?
  - E.g. Nia Project has no homework for therapy groups; instead clients work in groups to finish therapy homework before leaving
- How might you test your success?
  - Outcome measures? Qualitative survey?



# *The Elephant in the Room: BIPOC Therapist Flow into the Mental Health Pipeline*

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## *Some Statistics...*

---

- Among **licensed social workers**, 84% are women and 16% are men; 59% are White, 20% are Black, 12% are Hispanic, and the rest are unknown ([Zippia](#))
  - Slightly more diversity in new social work grads ([NASW](#))
- Among **mental health counselors** in the United States, 69% are women and 31% are men; 67% are White, 12% are Hispanic, 11% are Black, and the rest are unknown ([Zippia](#))
- Among **psychologists** in the United States, 64.8% are women and 35.2% are men; 76% are White, 11% are Hispanic, 5% are Black, 4% are Asian, and the rest are unknown ([Zippia](#))

# *What might this mean?*

---

- Whose perspectives are being left out?
  - “Other”?
  - Gender diverse?
  - People of the global majority?
- What stories are not told by the statistics?
  - Languages spoken by therapists (e.g. [APA](#) has noted that only 5% of psychologists provide services in Spanish)
  - Immigrant backgrounds/narratives
  - Impact of differing SES

# *What might this mean?*

---

- Though there may be mixed data on the effectiveness of therapist-client ethnic match, we might also note:
  - Limited numbers of therapists from different cultural frames may affect validity/reliability of the research
  - Limited numbers of therapists from different cultural frames may affect the modeling of career possibilities to potential trainees
  - Limited numbers of trainees from different cultural frames limits our discussion experiences while in training, which may impact how often we are using diverse clients rather than peers as learning experiences
  - Clients may be impacted from beginning therapy due to not seeing someone who matches their cultural frame

