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December 16



Dr. Anahí Collado

PSYCHOLOGICAL PRACTICE WITH
INDIVIDUALS OF LATIN AMERICAN DESCENT

Talking Racial Stress: Assessing & Treatment Planning for Experiences of Racial Discrimination

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Ryan DeLapp, PhD, is a clinical psychologist at Albert Einstein's Student Mental Health Center and an attending psychologist at Montefiore's Child/Adolescent Psychiatric Outpatient Division. He earned his doctorate in clinical psychology from the University of Louisville before completing his pre-doctoral internship at Montefiore Medical Center. Dr. DeLapp specializes in cognitive-behavioral therapy (CBT) for anxiety, mood, and behavioral disorders. He also has several publications and presentations discussing considerations for assessing and treating racial stress.

Disclosures/Conflicts of Interest

- None

Learning Objectives

1. Explain formal, structured methods of assessing racial stress to assist in diagnosis and case formulation.
2. Demonstrate strategies to have informal conversations about racial stress throughout the course of treatment with BIPOC patients.
3. Utilize cognitive behavioral principles to conceptualize the impacts of racial stress on someone's well-being.

4-Steps for Talking Racial Stress

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

Case Example: Patient X

- Biracial, Male, 30's
- Married (White female), 2 children
- Limited social network
- Medical and Psychiatric Hx: Unremarkable

Case Example: Patient X

- Occupational History
 - Minimum Wage jobs, Law Enforcement, Real Estate
- Work Stressors
 - White officers unpunished use of N-word
 - Reprimanded for not meeting traffic stop quotas in Black neighborhoods
 - Unequal opportunity for upward mobility in dept
 - Refusal of back-up during transport of combative individual

Case Example: Patient X

- Mini International Neuropsychiatric Interview
 - Chronic worries about finances and future (“I’ve always had a plan for my life.”)
 - Rumination about enjoyable law enforcement experiences
 - Anxiety related to being negatively judged by superiors
 - Endorsed traumatic events, but denied PTSD sx
 - Broader references: Anger, Irritability, Restlessness, Fatigue, Difficulty Sleeping, Withdrawal, Difficulty Concentrating
 - Denied sx of panic, depression, bipolar, psychosis, and personality disorders

Racial Stressors

Type:
Overt vs. Covert

Experienced:
Personally
Loved Ones
Vicarious Racism

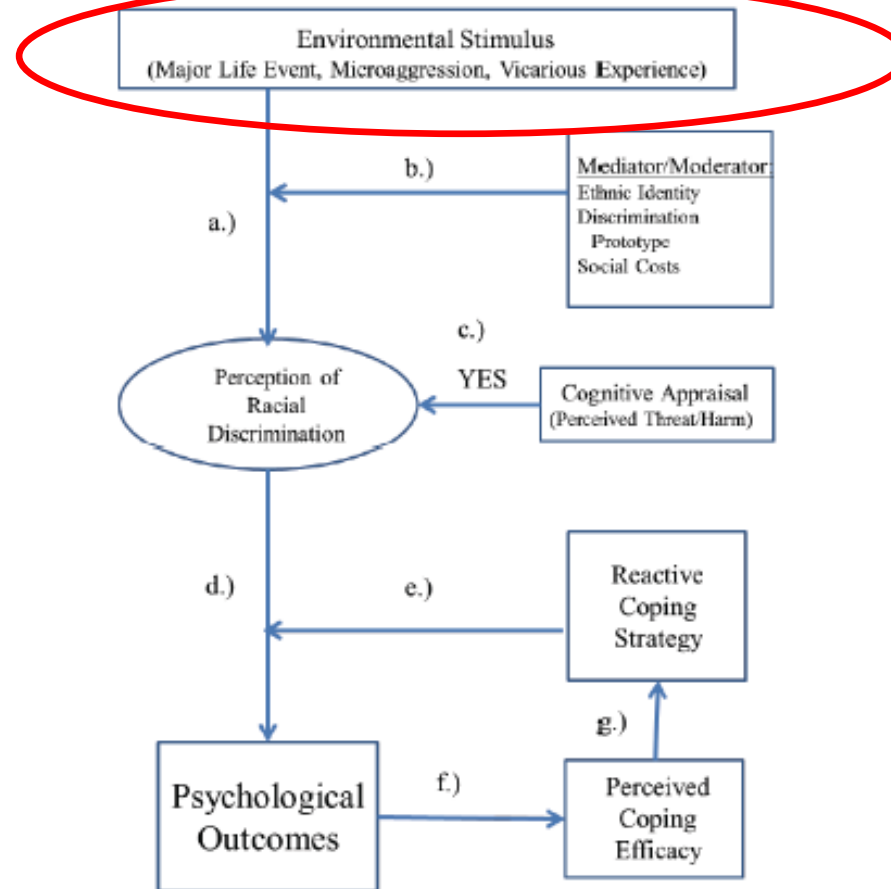


Fig. (1). A refined model of Reactive Coping for African Americans who have experienced racial discrimination based on an existing model by Clark and colleagues [22]. (a) An environmental stimulus activates an attributional process that results in perceived racial discrimination. (b) Perceptions of racial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

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)

Case Example: Patient X

- UnRESTS
- Racial Identity
 - Referred to as “Black”
 - Raised primarily with AA family
 - Past social network: AA
 - Strong sense of belonging to AA community
- Primary racial stressor: Refusal of backup during transport of combative individual (“**feared serious injury**”)
 - Re-experiencing sx: Nightmares (“Alone w/o back-up”), hyperarousal with reminders (heartbeat), fearfulness with reminders (Sheriff’s Dept)
 - Avoidance sx: distractions, no cop TV, distant family relationships
 - Emotions: helplessness, fear, irritability

Case Example: Patient X

- Self-report
- Trauma:
 - **Posttraumatic Diagnostic Scale (PDS): Moderate severity**
 - Impairments: social relationships, leisure enjoyment, life satisfaction
- **Racial Trauma**
 - **Race-Based Traumatic Stress Symptom Scale (RBTSSS): elevated traumatic stress**
 - depressive, intrusion, anger, hypervigilance, low self-esteem
 - **Trauma Symptoms of Discrimination Scale (TSDS): emotional distress higher than AA & Biracial samples**
 - **General Ethnic Discrimination (GED): emotional distress higher than AA samples**
- Additional
 - Beck Depression Inventory (BDI): Moderate severity
 - Penn State Worry Questionnaire (PSWQ): High worry
 - Social Interaction Anxiety Scale (SIAS): sub-clinical social anxiety

Creating a Safe Space

- Obtaining Consent
- Summarize w/o interpreting
- 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.”*

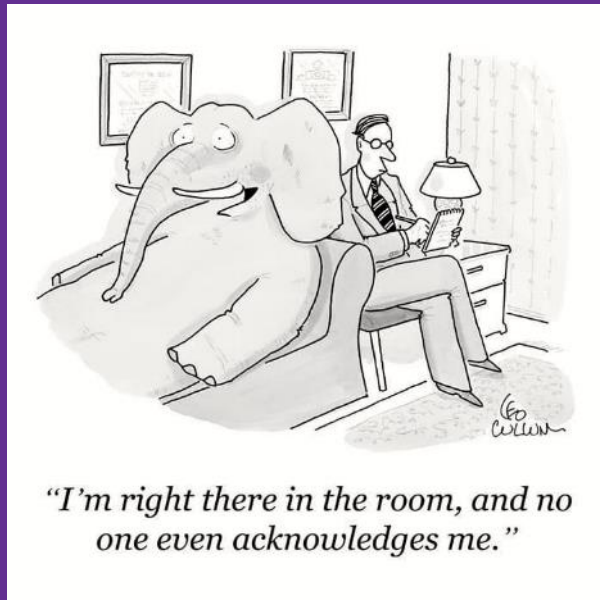


DeLapp & DeLapp, under review

Creating a Safe Space

- Elephant in the Room

- Acknowledge Literature (Kim & Kang, 2019)
- Acknowledge Truth
- Invite Ongoing Process



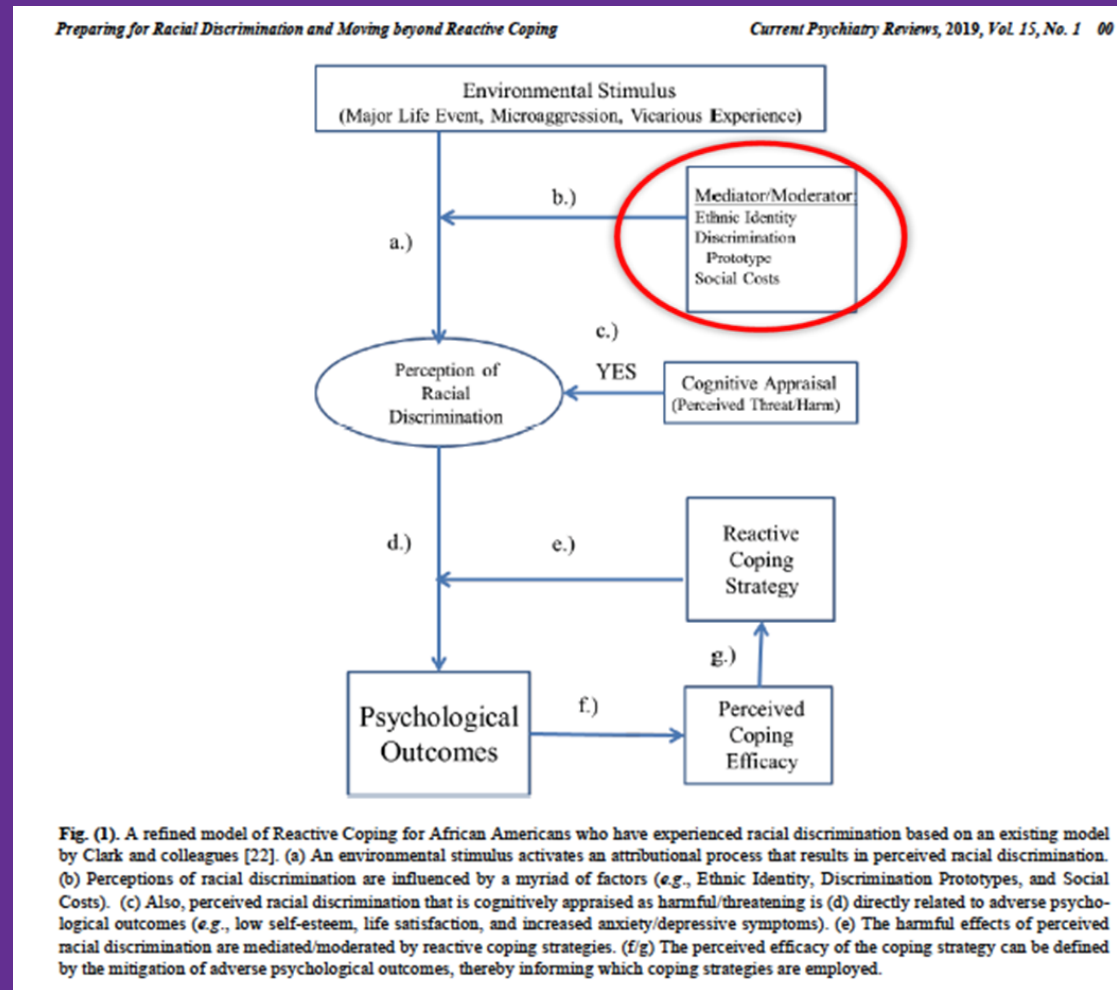
- Describe w/o assumed intent

- 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?"*

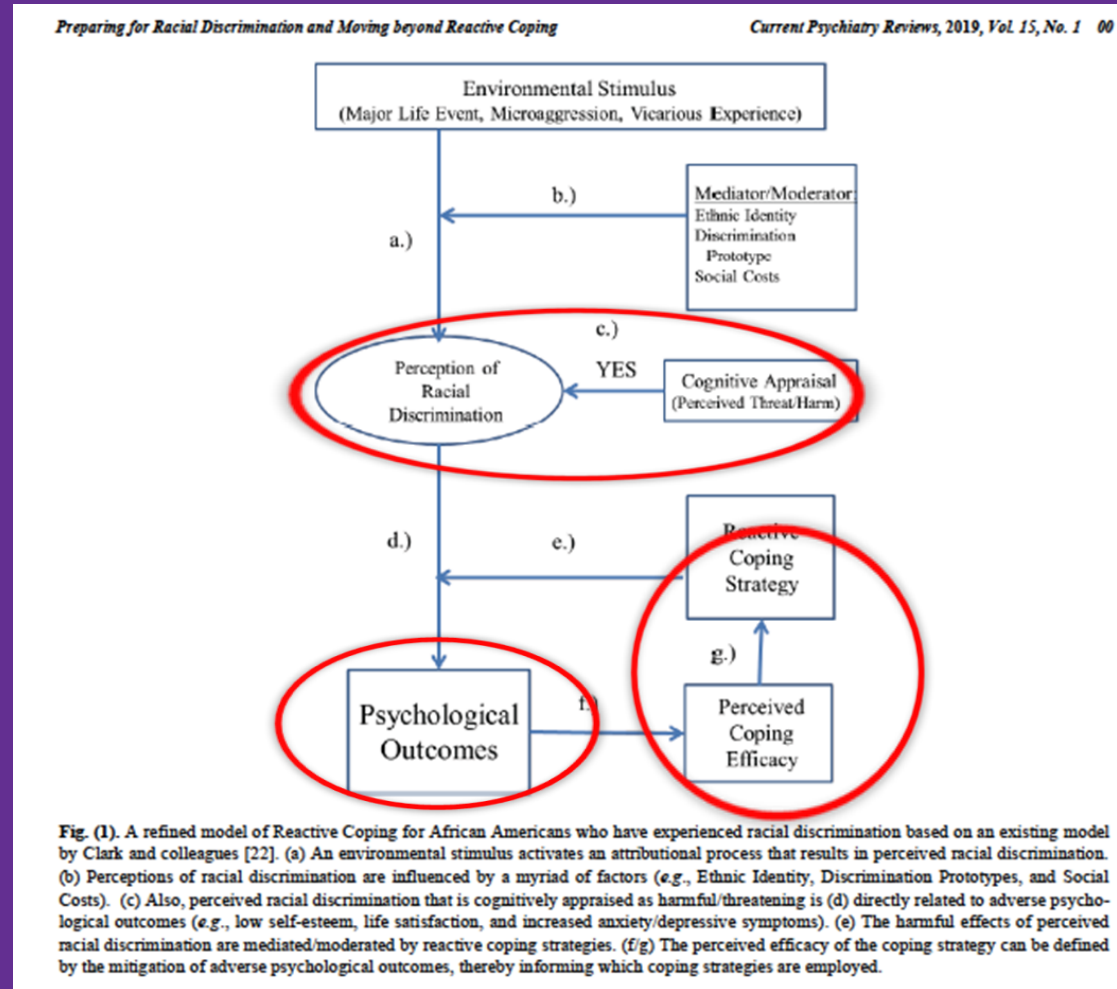
Comprehensive Assessment: Understand Cultural Background



Talking Prompts

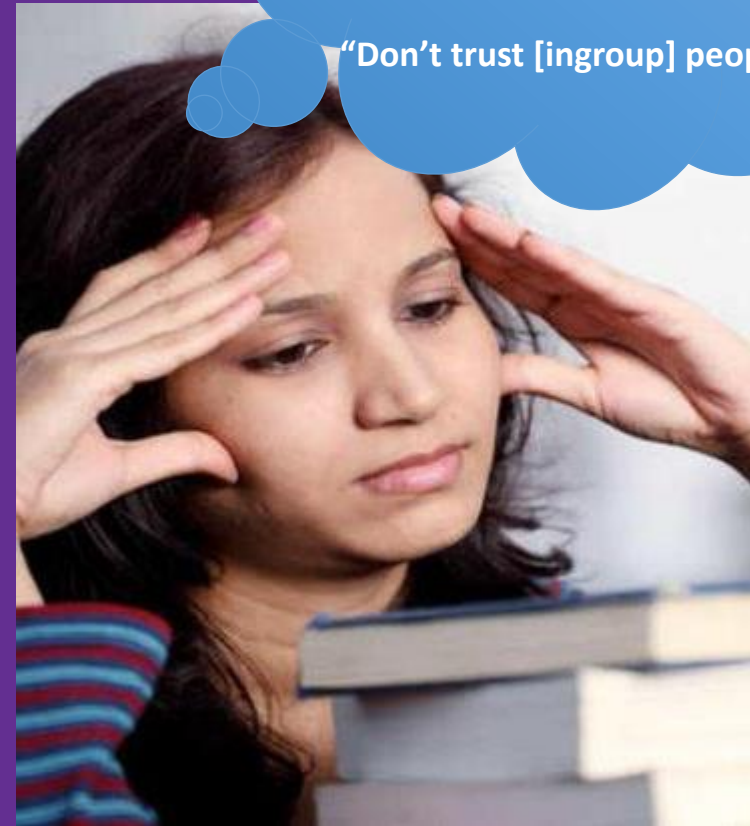
- When did you first recognize your race or ethnicity?
- When you recognized, was it a source of pride? Stress? A mixture?
- How important is your race/ethnicity to you?
- What types of activities or traditions do you engage that give you a sense of belonging to your race/ethnicity?
- What messages have 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?

Comprehensive Assessment Other Targets



Assessing Cognitive Responses

- **Cognitive Appraisals** (Anderson & Stevenson, 2019; DeLapp & Williams, under review)
 - 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 [ingroup] people”

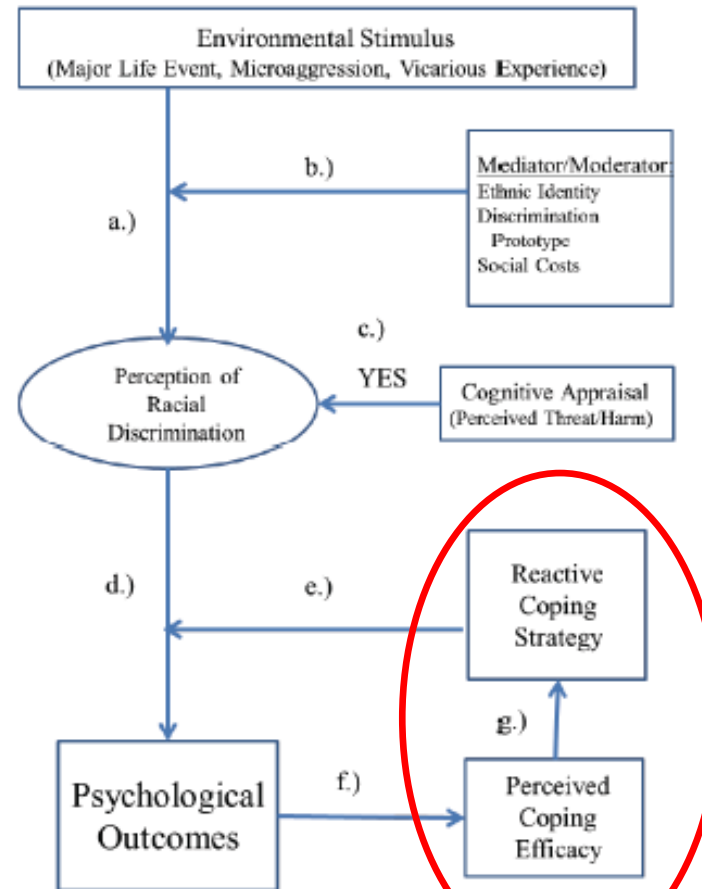
“Because I’m [identity], I’ll never be able to get over this”

“Don’t trust [perpetrator] people”

“Don’t trust [ingroup] people”

Case Example

- Racial Stress
 - “Everyone’s out to get me”
- Decision to be a whistleblower
 - Dilemma: “It was ‘Do the right thing and lose everything’ or ‘Do my job.’”
 - Emotions: worry, helplessness, regret, embarrassment
 - Resolution: “I did it because of my grandparents sacrifices”



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.

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?

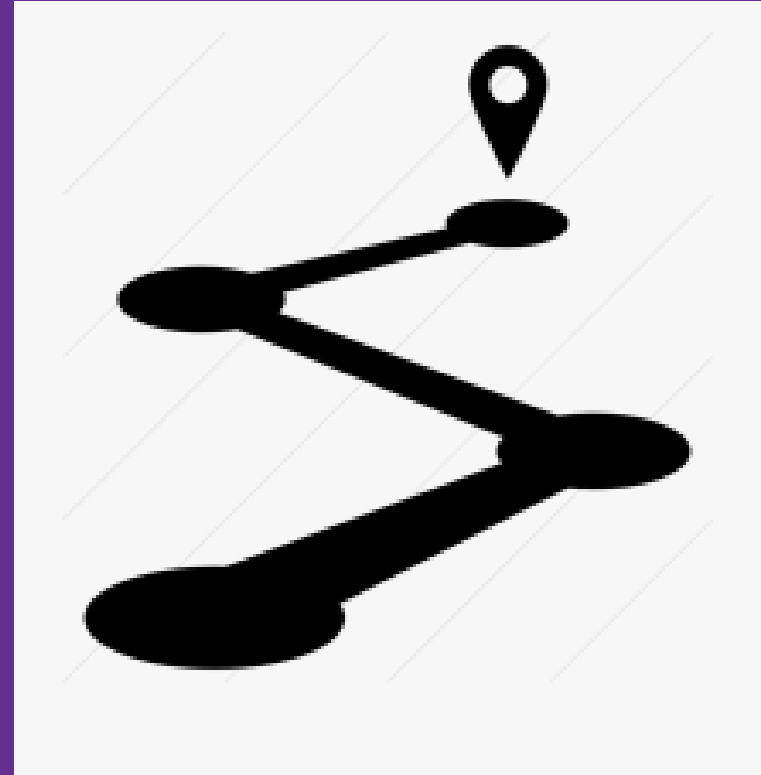
See DeLapp & Williams (2019) for review

Case Example

- Self- Advocacy & Social support (NAACP)
- Avoidance & Substance Abuse
- John Henryism (Griffith et al., 2013; Hudson et al., 2012)

CBT Case Formulation

- 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?



Possible Treatment Targets

- Self-Acceptance
 - Mindfulness (e.g., emotion recognition & expression)
 - Values Exploration
 - Racial Identity & Socialization
- Empowerment
 - Self-Validation & Compassion
 - Committed Actions/Beh. Activation
 - Problem Solving (e.g., increase assertiveness)
- Healing
 - Relaxation
 - Exposure (e.g., reduce situational & emotional avoidance)
 - Cognitive Interventions (e.g., address internalized racism, self-blame)

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Reading Resources/References

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Thank you!
Questions/Comments

Q&A With Dr. DeLapp



- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.