Let’s Talk About Race: Creating Therapeutic Space Around Racial Experiences

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Why Are We Here?

- Intrigued by an article that left me wondering...

  Why?

  How?

- How and/or why are White therapists//helpers having a hard time connecting and/or missing it with (POC’s) Persons of Color / REM’s (Racial/Ethnic minorities)?
Objectives

- Inform about experiences of Persons of Color with White counselors
- Share concepts from narrative therapy and emotionally-focused therapy that assist in counseling with Persons of Color
- Engage participants in conversation about creating a safe space for Persons of Color
Questions / Food For Thought

Does ethnicity/race come up in the room when you have clients who are POC?

- Do you bring it up or highlight it? Does your client?

Challenge

- Why is this important?
- What things are getting in the way?
- What things are affecting our ability to join, engage and support our clients/Patients of Color?
- What does the data highlight?
- How are we conceptualizing these cases that we are leaving our clients feeling unheard and unsupported?
Definitions

**Racism** – 1: a belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race

2 a: a doctrine or political program based on the assumption of racism and designed to execute its principles

   b: a political or social system founded on racism

3: racial prejudice or discrimination

**Discrimination** – a: prejudiced or prejudicial outlook, action, or treatment

   b: the act, practice, or an instance of discriminating categorically rather than individually

**Microaggression** – a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority)

**Prejudice** – c: an irrational attitude of hostility directed against an individual, a group, a race or their supposed characteristics

As defined by merriam-webster
Cultural Competency

Cultural competency (Sue & Sue, 2003)

1. Awareness of personal values and biases
2. Understanding the client’s world, without judgement of differences
3. Using interventions that fit for the client

Some clinicians believed that race didn’t represent anything “real,” all clients should be treated the same (supporting that race is irrelevant), and/or that it was not their role/agenda. Other’s saw importance of racial exploration as it is relevant to client origin work. (Singer & Tummala-Narra, 2013)

Clinicians may feel uneasy about addressing race in session due to their own insecurities about competence and concerns about how they will be perceived (Singer & Tummala-Narra, 2013)
Barriers

● Cultural mistrust in the therapy/medical world

● Systemic barriers to access to health care, specifically culturally competent ones

● Cultural differences are NOT deficits, interventions should line up with client values (Hayes, McAleavey, Castonguay, & Locke, 2016)

● REM immigrants have increased depressive symptoms, social isolation, and traumatic stress; acculturation stress (i.e., racism) presents as low self-esteem, psychological distress, decline in work/school performance, and physical distress
Supporting Data

- Multicultural orientation is “a way of being,” acknowledging sociohistorical contexts, norms, and biases and is significant for the therapy relationship. (Morales, Keum, Kivilighan, Hill, & Gelso, 2018)

- Frequent self-reflection on implicit biases and racial awareness prevents microaggressions, poor decision making skills, and missed opportunities to explore critical aspects to the client’s treatment. (Morales, Keum, Kivilighan, Hill, & Gelso, 2018; Sue & Sue, 2008)

- General therapy skills such as empathy, support, exploration, openness, and warmth increase the therapeutic bond but without multicultural sensitivity, limit the bond and working alliance with clients of color. (Morales, Keum, Kivilighan, Hill, & Gelso, 2018)
Review of Basic Helping Skills

● Exploration stage
  ○ Attending and listening
  ○ Open questions and probes
  ○ Restatement
  ○ Reflection of feelings

● Insight stage
  ○ Challenge
  ○ Interpretation
  ○ Self-disclosure of insight
  ○ Immediacy

● Action stage
REM Skills

Things that help in building therapy relationships with REM’s (Singer & Tummala-Narra, 2013):

1. Identifying similarities
2. Openness to client values
3. Reducing power differences in the room with humor
4. Empathy
5. Focus on client’s experiences vs own expertise
6. Building connections/credibility with the community
Therapeutic Lens: Narrative Therapy

- Lived experiences or stories provide meaning
- Dominant narratives work as templates, but problems form when social narratives differ from these
- Therapists guide clients in highlighting other knowledge that best supports the individual’s experience
- Therapists are “co-authors,” and this position allows space for disempowered voices
Therapist Role: Narrative Therapy

- Situating self in the room based on identity
- Be aware of personal lenses, experiences, and power that can guide questioning and can increase OR limit willingness to explore client narratives
- Using client language
- Asking permission to explore sensitive topics
Case Study

The Case of Zelda & Thembi
Case study - The Case of Zelda & Thembi

Steps taken by the White therapist

- Overtly acknowledged racial differences in the room
- Considered how intergenerational and sociohistorical racial trauma impacted the client
- Noticed the client’s comfort levels with the topic of racial differences
- Recognized the client’s re-enactment and her own defensiveness around race
- Self-reflection
  - “What of my own racial history in that moment?... I should examine my unprocessed, unconscious racial issues because it was affecting our work together.”
Case Study

“We all carry the haunting presence of shame and guilt as the heritage of our history, soaked as it is in the trauma of oppression, whether that is slavery, apartheid, or anti-semitism (Suchet, 2004, p. 430), it is equally true that, when the patient and analyst are racially mixed, therapy is a place in which stories of racial trauma can be heard and the possibility for racial healing can be found – in the space in-between.” (Knight, 2013, pp. 28-29)
Group Activity

From Singer & Tummala-Narra (2013):

1. What is it like to work with racial minorities?
2. Describe a challenging OR positive moment working with clients of color.
3. How has working with minorities influenced views of yourself?
4. How comfortable are you exploring “race” with clients?
Group Activity

Adapted from Turns, Morris, & Lentz (2013)

1. What are your fears or concerns about working with clients of a different racial background than you?

2. What messages have you received from your family about YOUR racial background? What messages have you received from society about YOUR race?

3. What messages have you received from your family about your CLIENT’S racial background? What messages have you received from society about THEIR race?

4. What resources do you have regarding doing work with racial minorities? (Who can you talk to?)
References


