DECOLONIZING MENTAL HEALTH CARE: THE JOURNEY OF PERSONAL REFLECTIONS FOR INCLUSIVE CARE

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Agenda for the workshop

- Introduction
- Land Acknowledgement
- Psychoeducation
- Reflection(s)
- Practices & Theories
- Questions
Slide 4

Henrietta Oluchi Couillard, MSW, LICSW

- Clinical Instructor, Clinical Social Worker
- Internship at Harvard School of Public Health
- Certified Trauma Worker, Clinical Social Worker
- Certified Trauma Worker, Clinical Social Worker
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Slide 5

Cecilia Hardacker, MA

- Clinical Psychologist, Specialist in Trauma Recovery
- Master of Arts in Clinical Psychology
- Certified Trauma Specialist
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Slide 6

Objectives

- Participants will gain a better understanding of:
- Important definitions
- What a trauma informed mindset is and how it relates to decolonizing mental health
- How to identify current or past practices that perpetuate racism, impact clinical work, and have excluded BIPOC communities
- Learn about Eastern Traditional healing practices
- How to practice two anti-racist clinical approaches
Slide 7

Land Acknowledgement

"The Civil Rights and Social Justice Section of the American Bar Association acknowledges that Washington, D.C. – where the offices of our Section staff are headquartered and where we would be holding this meeting if we had been able to hold it in-person – is located on the traditional and ancestral homelands of the Anacostia and Anacostan peoples, who have served as stewards of the region for generations. Washington, D.C. is surrounded by just over a dozen tribal nations that thrive along the Anacostia and Potomac River watersheds, Chesapeake Bay area, and the states of Maryland, Virginia, and Delaware. Arlington, Va., is on the ancestral lands of the Absarokee people, who, as documented in River Bluffs by Robert Moww, are the neighbors of the Anacostia people. We gratefully acknowledge the Native Peoples on whose ancestral homelands we gather, as well as the diverse and vibrant Native communities who make their home here today. We are grateful for their past and continued stewardship of this land. We are committed to supporting the indigenous members of our community and we recognize the resilience, strength, and enduring presence of Indigenous people demonstrated around the world." – American Bar Association

Slide 8

Definitions

- Structural/Institutional
- Cultural
- Individual
- Internalized
- Reverse Racism
- Microaggressions
- Discrimination
- White Supremacy
- Colonization
- Intergenerational/Historical Trauma

Slide 9

Racism

- Racism: The belief that humans may be divided into separate and exclusive biological entities called "races" and that there is a causal link between inherited biological traits and traits of personality, intellect, morality, and other cultural and behavioral features, and that some races are innately superior to others (encourages slavery).
- Institutional
- Economic
- Education
- Guild Rights
Specific forms of Racism

- Structural/Institutional
  - The processes of racism embedded in policies, laws, and societal practices that give advantages to racial groups deemed superior, while racial groups deemed inferior are disadvantaged.

- Cultural
  - The spread of the ideology that certain groups are inferior through language, values, media, and symbols.

- Individual
  - Where individuals or companies discriminate against racial groups, whether intentionally or without intent.

Specific forms of Racism

- Internalized
  - When racism and white supremacy affect the minds of Black, Indigenous and People of Color (BIPOC) to the point where they begin to believe that they are inferior because of their own race.

- Racial Trauma
  - Traumatization that results from experiencing racism in any of its many forms.

- "Reverse"
  - This term is in quotes to emphasize that it's a falsified term that should carry no actual value.
  - Arose in direct response to affirmative action and race conscious admission policies in the 1970s.
  - It was a term created by and for white people who perpetuate racism by denying their privilege in all its forms and by claiming that fighting to improve the lives of BIPOC is "racist" against white people.

Microaggressions

- The everyday slights, insults, putdowns, invalidations, and offensive behaviors that people experience in daily interactions with generally well-intentioned individuals who may be unaware that they have engaged in demeaning or offensive behavior (adapted from Sue et al., 2007).

Examples include phrases such as:
- "What are you?" "Where are you actually from?"
- "you don't talk/act like a ______person"
- Stereotypes
**Slide 13**

**Discrimination**

- Discrimination refers to the differential treatment of members of different ethnic, religious, national, or other groups.

**Slide 14**

**White Supremacy**

White supremacy is a term used to characterize various belief systems central to which one or more of the following key tenets:

1. White people should have dominance over people of other backgrounds, especially where they may coexist;
2. White people should live by themselves in a whites-only society;
3. White people have their own "culture" that is superior to other cultures;
4. White people are genetically superior to other people.

**Slide 15**

**Colonialism**

- When one nation subjugates another, conquering its population, exploiting it, often forces its own language and cultural values upon its people, (Blakemore, 2019)
- Not a modern phenomenon
- Frequently used to describe the settlement of North America, Africa, Australia, New Zealand, Algeria, and Brazil, places that were controlled by a large population of permanent European residents
- Currently, places like Puerto Rico are a territory of the United States, they are stateless, and citizens of PR are required to pay federal taxes without equal representation
- "Puerto Ricans never asked to be colonized, never asked to be denied their Puerto Rican citizenship and never asked to have U.S. citizenship imposed on them, they are colonial subjects of the United States - Professor Jacqueline N. Font-Guzman.
- COLONIALISM IS ALIVE AND WELL
**Intergenerational & Historical Trauma**

<table>
<thead>
<tr>
<th>Intergenerational Trauma</th>
<th>Historical Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Trauma that is passed from a trauma survivor to their descendants. It can also be referred to as transgenerational trauma.”</td>
<td>“Historical trauma is closely related, as it is intergenerational trauma experienced by a specific cultural, racial, or ethnic group of people.”</td>
</tr>
</tbody>
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**reflection questions**

1. Did you know the Racism Scale existed before today?
2. What came up for you while doing this reflection activity?
3. How much understanding the behaviors on the scale and the behaviors you engage in impact your current or future work?
Impact of Racism and Mental Health

Stats on the Effects of Racism on Overall Health

▪ 67% of Black adults have said discrimination is a significant source of stress, according to a July 2020 survey from the American Psychological Association.

▪ Black adults are 20% more likely to report serious psychological distress than White Adults.

▪ A study from 2019 found that Black teenage girls, grades 9-12, were 60% more likely to attempt suicide, as compared to their non-Hispanic White counterparts.

▪ Black youth are overrepresented in the criminal justice system. Approximately 40 percent to 80 percent of youth in the juvenile justice system meet the diagnostic criteria for a mental illness.

Symptoms of Intergenerational trauma

▪ Shame and guilt
▪ Increased anxiety
▪ Heightened sense of vulnerability and helplessness
▪ Low self-esteem
▪ Depression
▪ Suicidality
▪ Substance abuse
▪ Mistrust
▪ Intrusive thoughts
▪ Difficulty with relationships and attachment to others
▪ Difficulty in regulating aggression
▪ Extreme reactivity to stress
▪ Dissociation
▪ Agoraphobia
▪ Maladaptive coping strategies
Decolonizing Mental Health

We have a global mental health crisis.

- "The dominant Eurocentric lens that guides our practice fails to tell a complete and accurate story of why we are sick and how we get well?"
- Our framework approach to mental health is deeply colonial.
- The existing system serves a very small percentage of people.

What does decolonizing mental health mean?

We seek to find healing and meaning in cultural affirming practices.

We decolonize health care and mental health care away from the dominate white, heteronormative, patriarchal, gender binary narrative.
### Slide 25

**How are we decolonizing mental health?**

**Etta**
- Referring to culturally affirming agencies in our communities when necessary
- Collectivistic approach to healing
- Decreasing barriers to accessing services
- Creating and building holistic health groups for female identifying students at Patrick Henry High School
- Strengthening partnerships within school-based community

**Cecilia**
- Low cost/free services at the SBC
- Challenge psychiatric expertise (underdiagnosis or misdiagnosis)
- History of the DSM
- Decrease pathologizing behavior of BIPOC people
- 504 Plan/IEP
- Creating a group therapy model for high school girls

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### Slide 26

**WHITE SUPREMACY & MENTAL HEALTH**

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### Slide 27

**Eurocentric Values and World View**

- Individualism
- Competitiveness
- Dualistic thinking
- Control over nature
- Hierarchical decision-making processes
- Standard and English language (reading/writing)
- Rigid time orientation
- Judeo-Christian beliefs
- Nuclear family structure
- Property ownership
- Future orientation
- "Objective/rational" thought
- The Protestant work ethic
- Patriarchy
- "Subjective/irrational" thought
- Emphasis on group
- Matriarchy
- "Imagined communities" thought
**Common Western Therapeutic Practices**

- **CBT** – Cognitive Behavioral Therapy
- **DBT** – Dialectical Behavioral Therapy
- **EMDR** – Eye Movement Desensitization and Reprocessing
- **Narrative/Talk Therapy**

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**TRADITIONAL, SUPPLEMENTAL HEALING PRACTICES**

- Traditional Healing: “The practices and knowledge that existed before the advent of modern conventional medicine that were used to promote, maintain, and restore health and well-being to individuals and communities.” (Harley, 2006).

- What is the purpose of exploring Traditional healing methods?
  - Healing may or may not include traditional talk therapy
  - Mistrust of Western medicine within BIPOC communities
  - Cost Effectiveness
  - Individual connection to ancestral roots
  - Accessibility

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Slide 31

Healing Practices: African American Communities

- Religion
- Oral storytelling
- Herbal Remedies
- Dancing/Movement
- Drumming
- Music
- Folk Magic

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Slide 32

Healing Practices: Native American Communities

- The Four Sacred Medicines
- Herbal Medicine
- Pow-wows
- Sweat Lodges
- Smudging and purification
- Songs and Drumming
- Storytelling
- Talking Circles

Slide 33

Additional Traditional Methods of Healing

- Movement
  - Yoga
  - Drumming
  - Dance
  - Massage/Body work
- Food/Drink
  - Superfoods
  - Nutrient Dense foods
  - Teas
- Meditation
  - Mindfulness
  - Sound bath
  - Guided meditation

- Reiki
- Acupuncture
- Craniosacral Therapy
- Movement
- Food/Drink
- Meditation
- Reiki
Slide 34

Increasing Access to Supplemental Healing Practices

Community agencies are offering:
- Scholarships
- Affordable memberships
- Free or donation-based classes

Slide 35

Reflection 2

- How realistic is it for you to incorporate supplemental healing practices into your work?
- Are you connected to practitioners who offer alternative/traditional modalities of healing?
- How connected are you to non-Eurocentric individuals/agencies/organizations in your community?

Slide 36

THEORIES

Ken Hardy: Multicultural Relational Theory
Harry J Aponte: Person of the Therapist
Multicultural Relational Perspective (MRP) – Ken Hardy

Multicultural relational perspective is a philosophical stance and approach to clinical practice and training.

3 core principles include:

- Reality is a subjective experience
- The “self” is a major organizing principle in relationships
- The “self” is comprised of multiple dimensions

According to the MRP, this is one of the first critical steps to becoming more accountable, socially just, and a culturally attuned practitioner.

Person of The Therapist (POTT) – Harry J Aponte

- Main point of POTT is to use self that emanates or comes from the personal depths of the individual who is conducting therapy
- A strategy about how therapists use themselves
- This is about us as clinicians – developing a conscious, parasitic, and disciplined access to our humanity within our professional role in therapeutic relationships
- Idea that we as therapists view the therapeutic process as a person-to-person human encounter

Aponte’s Critical Questions

Aponte asks two critical questions:

- How does the therapeutic relationship make therapy work?
- How do we train therapists to use the therapeutic relationship to achieve their goal? How can this be expanded to other helping professions?
Identification & Differentiation

The POTT model places emphasis on the importance of us as therapists being able to both identify with and differentiate ourselves from our clients.

- We need to be able to do this at any given time in the therapeutic process.
- We also need to be able to see ourselves in the client's issues at the appropriate moment.
- Get in touch with the aspect of the client's struggle and resonate with our own human weaknesses and vulnerabilities.
- This form of empathic resonance has both affective and cognitive elements.

- Resonance can look like:
  - Issues similar to the ones we have experienced.
  - Can be a reflection in how we struggle with the respective issue.

To share this intimate connection with a client, WE MUST be able to differentiate from the client and their experience.

*Think of Bowen’s Concept of Differentiation*

Differentiation as POTT

- Has to do with our sense of self and grounding in self.
- Speaks to the ability of the therapist in a clinical moment to be connected with the client, also while retaining the freedom to relate, assess and intervene with clients as they need in the "here and now."

- Clinicians need to be able to:
  1. Have knowledge of self.
  2. Have ability to assess their self.
  3. Have problem managing these values.
What does use of self ACTUALLY look like?

- Discover within ourselves issues and their underlying dynamics that in some way resonate with those of our clients in any particular circumstance.
- Find as needed similarities and/or parallels in our own lives to the SES, ethnicities, cultural fabrics, and personal values.

The Relationship

Identification
- Discover within ourselves issues and their underlying dynamics that in some way resonate with those of our clients in any particular circumstance.
- Find as needed similarities and/or parallels in our own lives to the SES, ethnicities, cultural fabrics, and personal values.

Differentiation
- Identify where we end and our clients begin in their interactions with the therapeutic process – client’s freedom to choose change.
- Recognize moments where our personal connections with our clients meet and end at the boundaries of professional frameworks.
- The need to remain differentiated at any stage of the process.

The Intervention

Identification
- Infuse our interventions at will with our personal, emotional, and cognitive dispositions that sync with what the clients themselves are then disposed to take in.
- Establish appropriate circumstances of interventions within the socio-cultural framework on our clients through the associations we have made through our own socio-cultural experiences.

Differentiation
- Increase from a place of perceived freedom that fits where we need to be in the relationship with our clients.
- Increase as needed from the clarity about and commitment to our own roles in our professional relationships as influenced by relationships we have or with clients.
The Assessment

Identification
- Open ourselves mentally and emotionally, resonant to the clinical instance, to observe the flow and manifestation of our clients’ thinking, feeling, and pain.
- Open ourselves to ourselves to perceive and identify our own reactions and associations to what we are experiencing in the moment within the relationship with the client.

Differentiation
- Tracking within ourselves the connections between what our clients are communicating and what we directly experience of our clients within ourselves.
- Monitoring continuously the degree of synchrony between the data we are gathering directly and our clinical hypothesis and therapeutic strategies.

Implementation of POTT with our students

QUESTIONS?
Feel free to contact us at:
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References Continued


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