

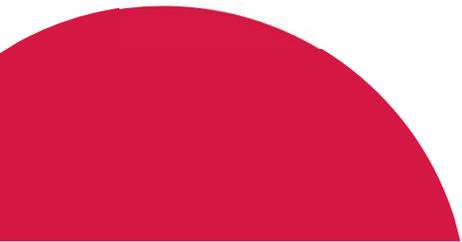
Bringing the Ethics of Inclusion to Your Psychotherapy and Practice Space

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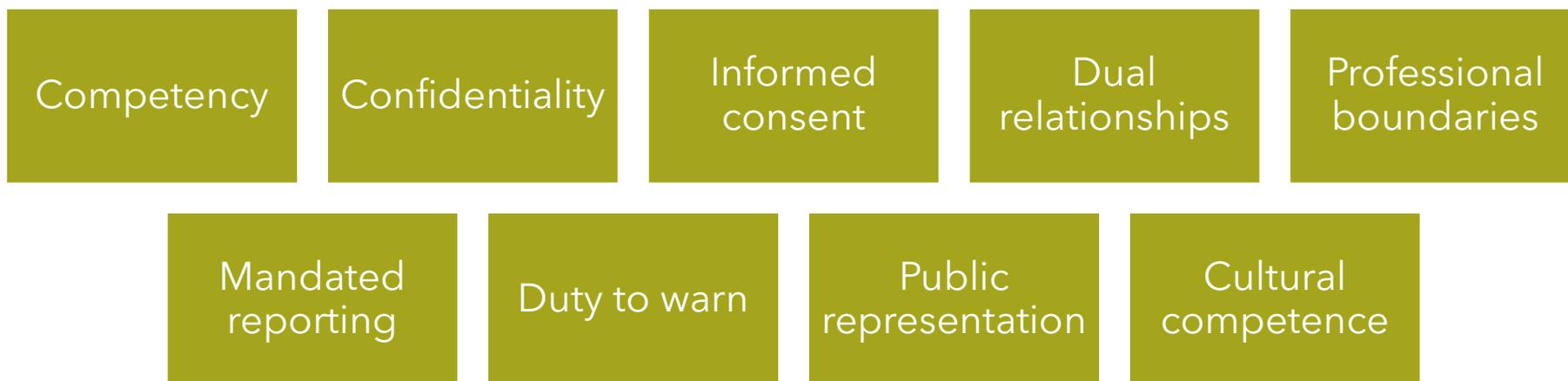
Ethics

Ethics are **rules of conduct** for a profession. Professional associations relating to counseling, helping and healing (social workers, psychologists, counselors, etc.) have their own specific ethical codes.





Basic tenets of ethics codes



The NASW Code of Ethics

Stresses the goal of social competence and the **ability to work with clients of all cultural groups**. It urges social workers to understand "culture and its function in human behavior and society, recognizing the strengths that exist in all cultures."



A magnifying glass with a black handle and a silver rim is positioned on a large yellow circle. The magnifying glass is angled towards the bottom right. Surrounding the yellow circle are several decorative geometric shapes: a pink semi-circle at the top left, a purple L-shaped line at the top right, a purple L-shaped line at the bottom left, and a brown semi-circle at the bottom right with three red dashed lines above it.

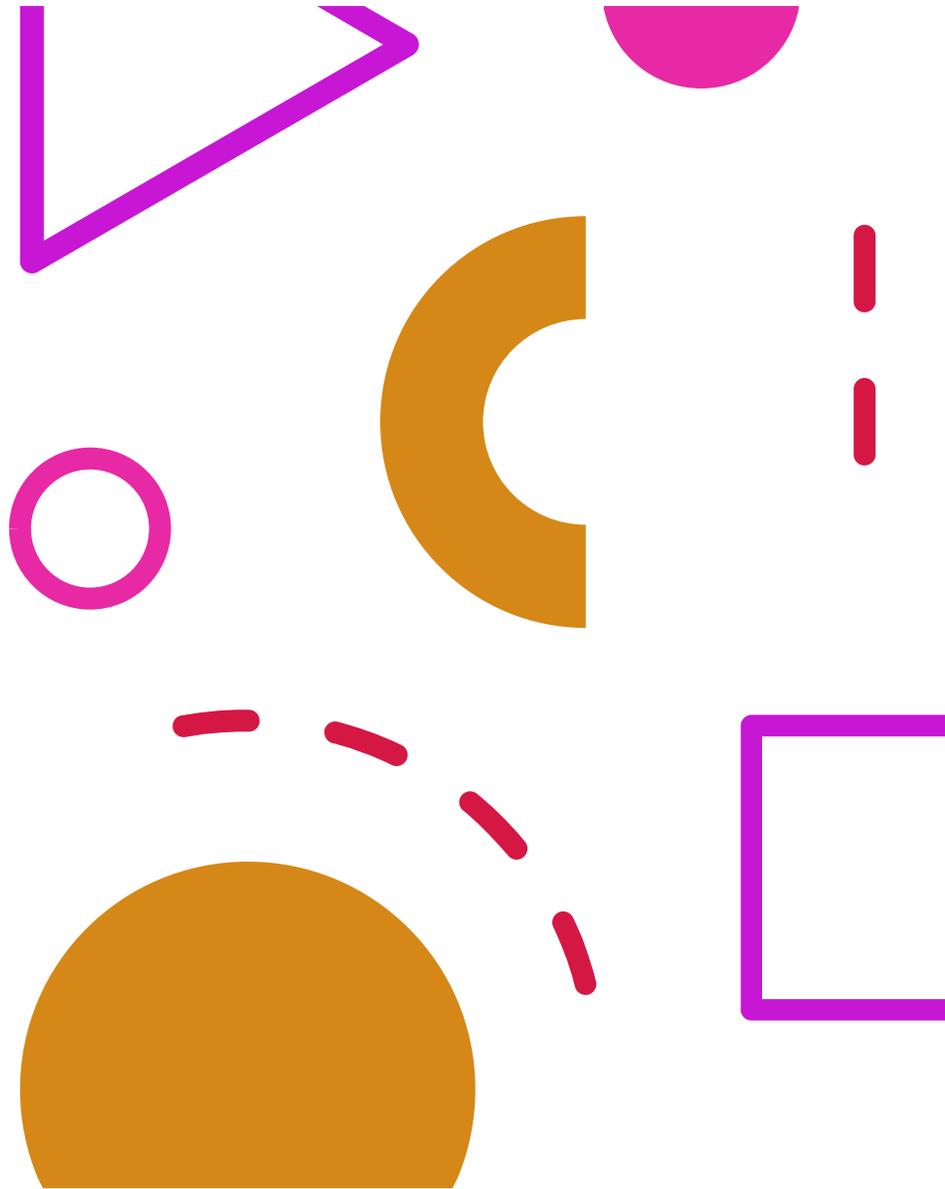
Let's look at...

The areas of ethics that are connected to discrimination and exclusion, often unconscious, and the structures of racism.

Racism

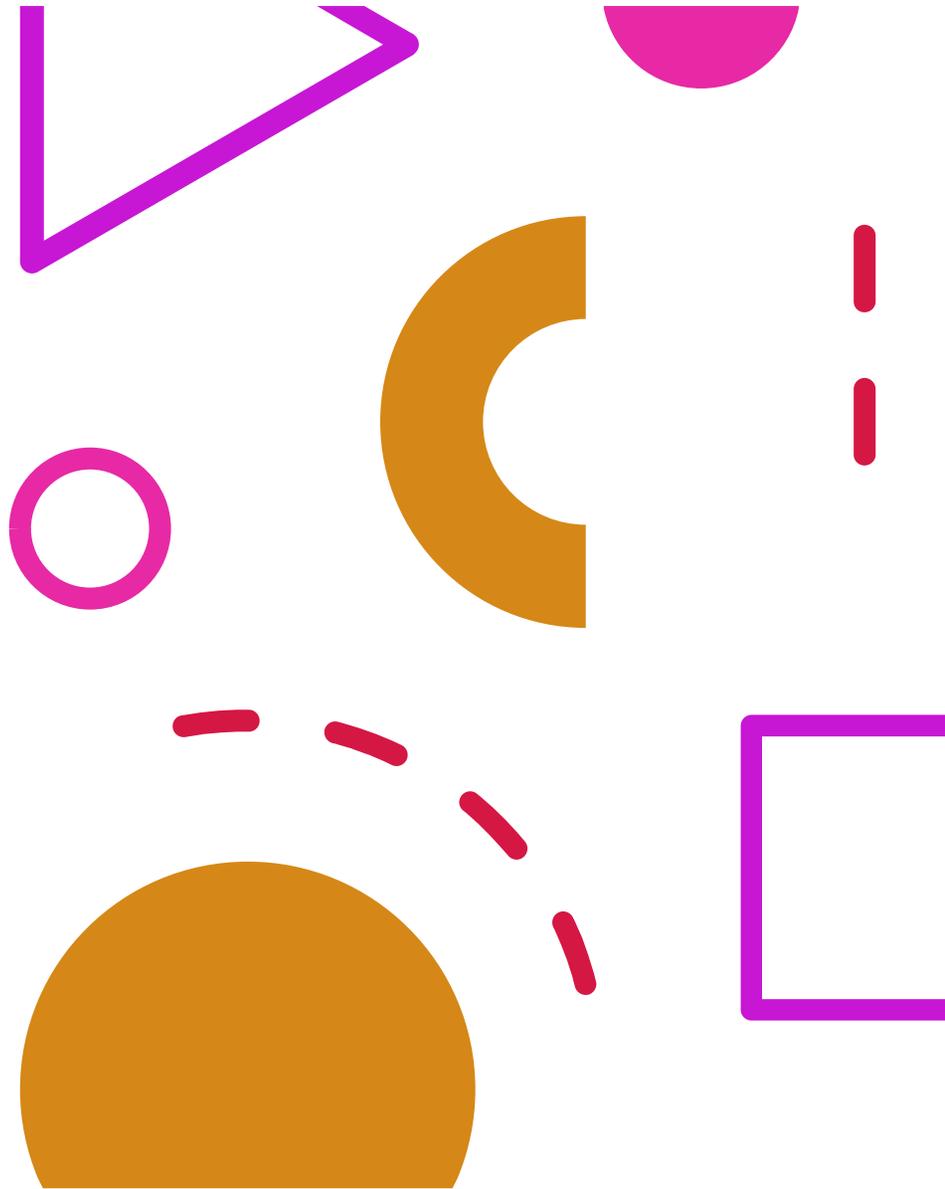
Using **power** and **prejudice** to keep a race of people down.

We have structured our society around racism.



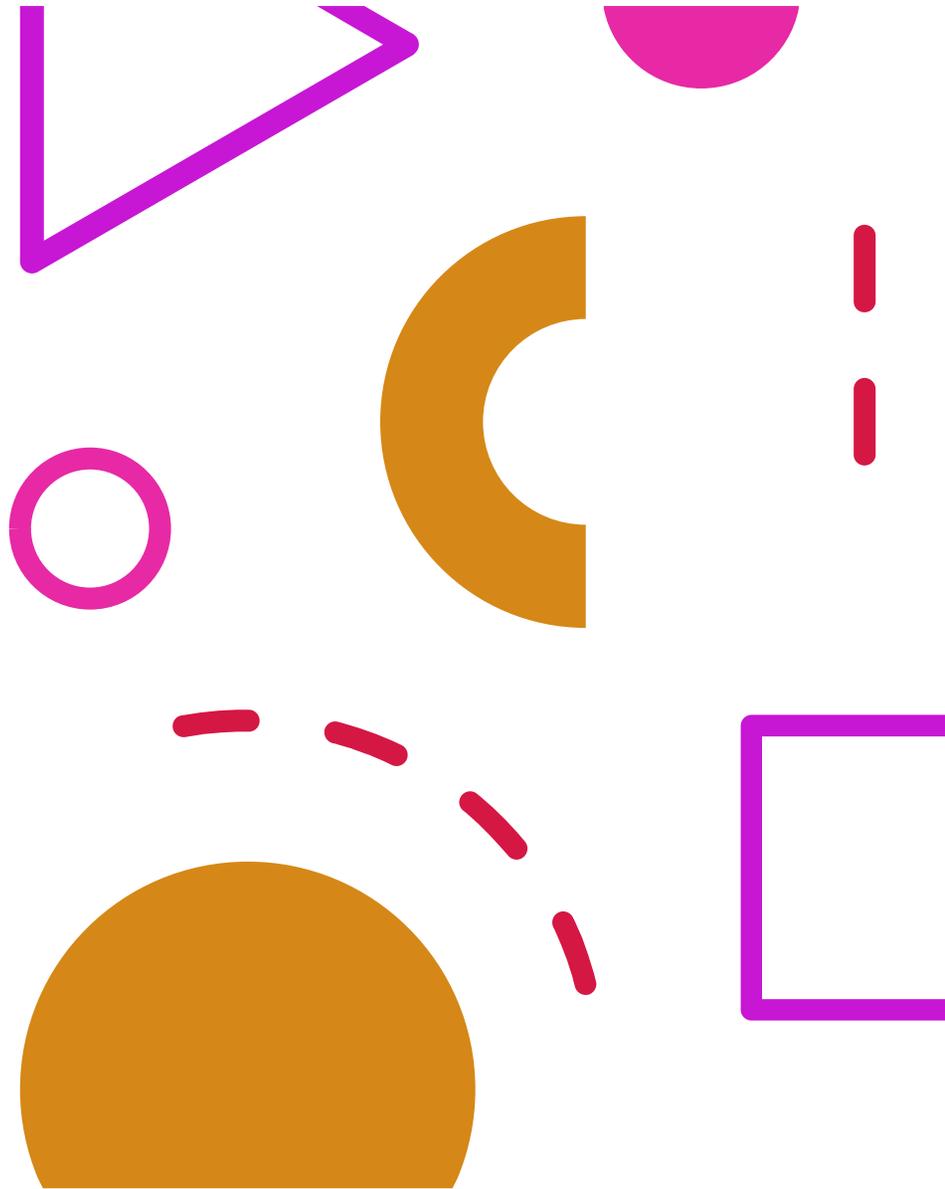
Racism & prejudice

Prejudice is an **attitude**. Racism is an **ideology**, a belief system. In addition to ideology, it is the **power to carry the ideology out**.



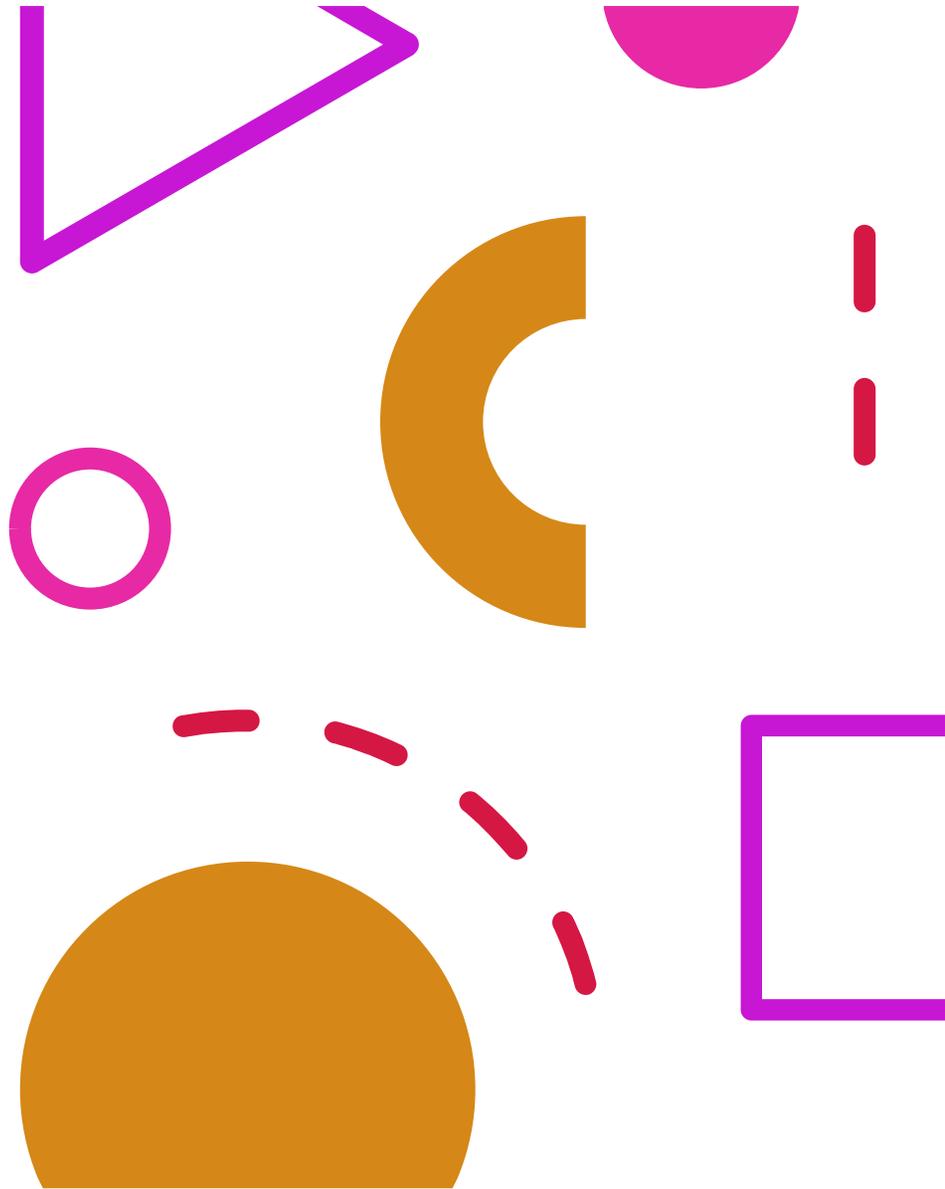
Racism & prejudice

People, families and communities are **hurt** deeply by racism.



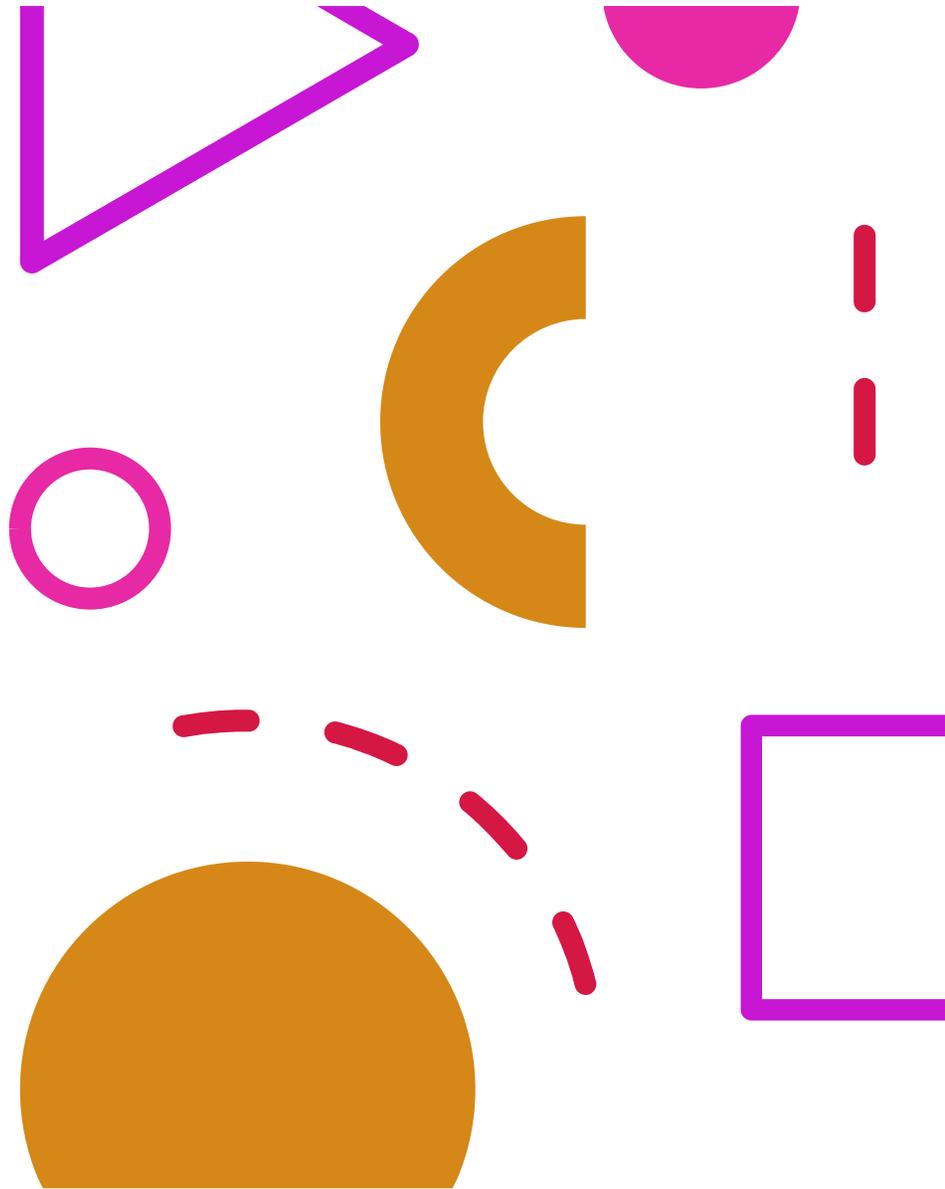
Anti-Racism

Being antiracist results from a **conscious decision** to make frequent, consistent, equitable choices daily. These choices require **ongoing self-awareness and self-reflection** as we move through life.



Anti-Racism

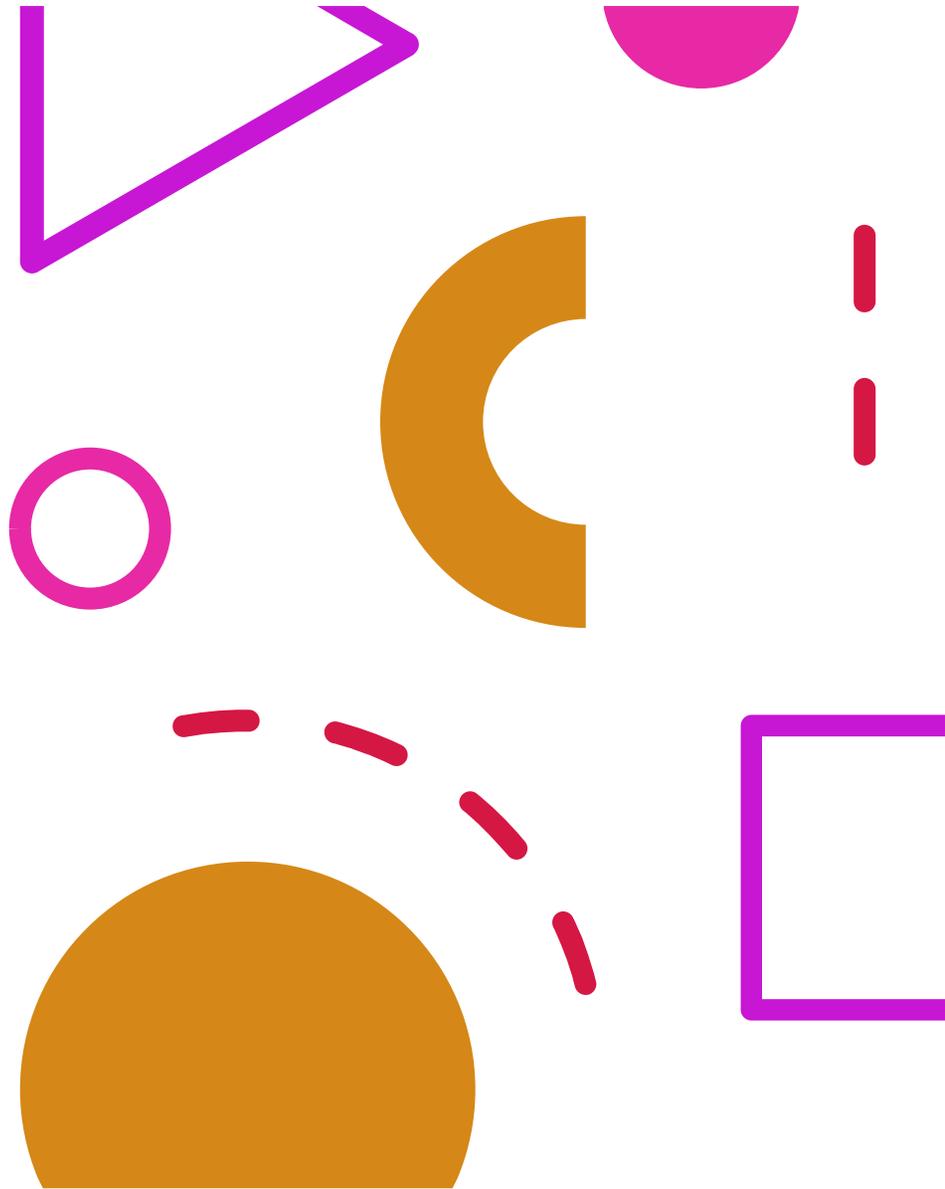
In the absence of making anti-racist choices, we (un)consciously **uphold aspects of white supremacy, white-dominant culture, and unequal institutions and society.**



Anti-Racism

Being racist or antiracist is not about who you are; it is about **what you do.**

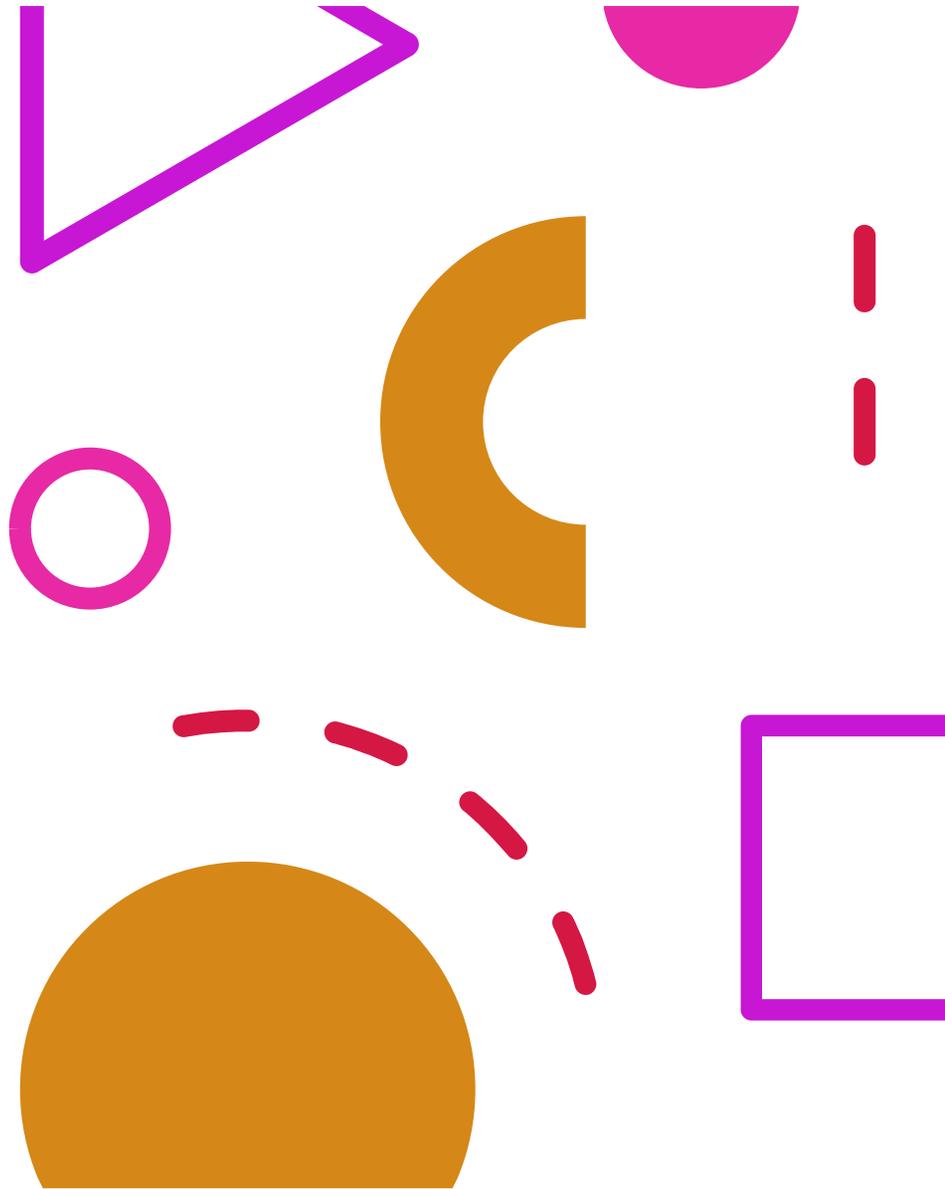
-- National Museum of African American History and Culture



Leadership

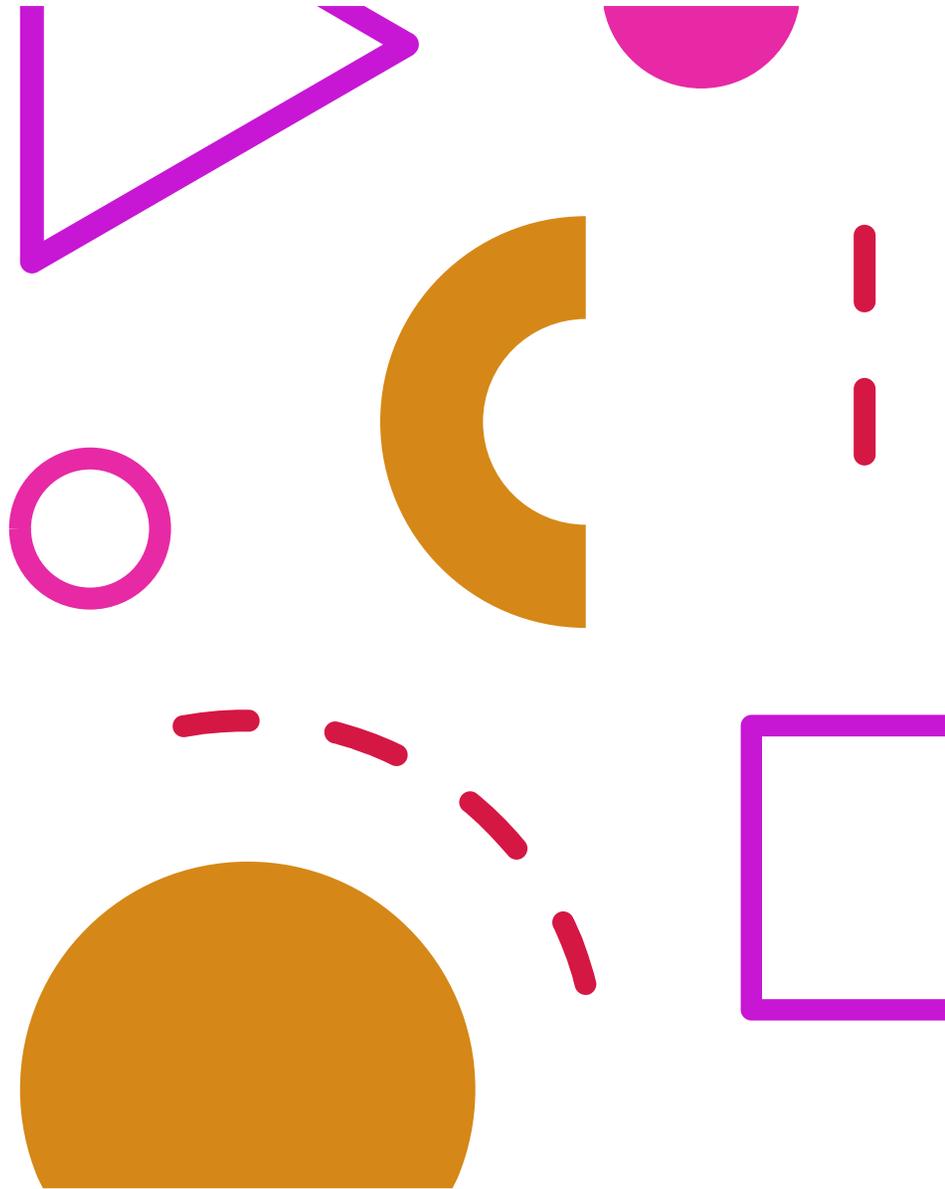
**"If you are a leader,
you have an
obligation to help rid
the nation of racism."**

- Mildred Joyner,
president of the
National Association of
Social Workers.



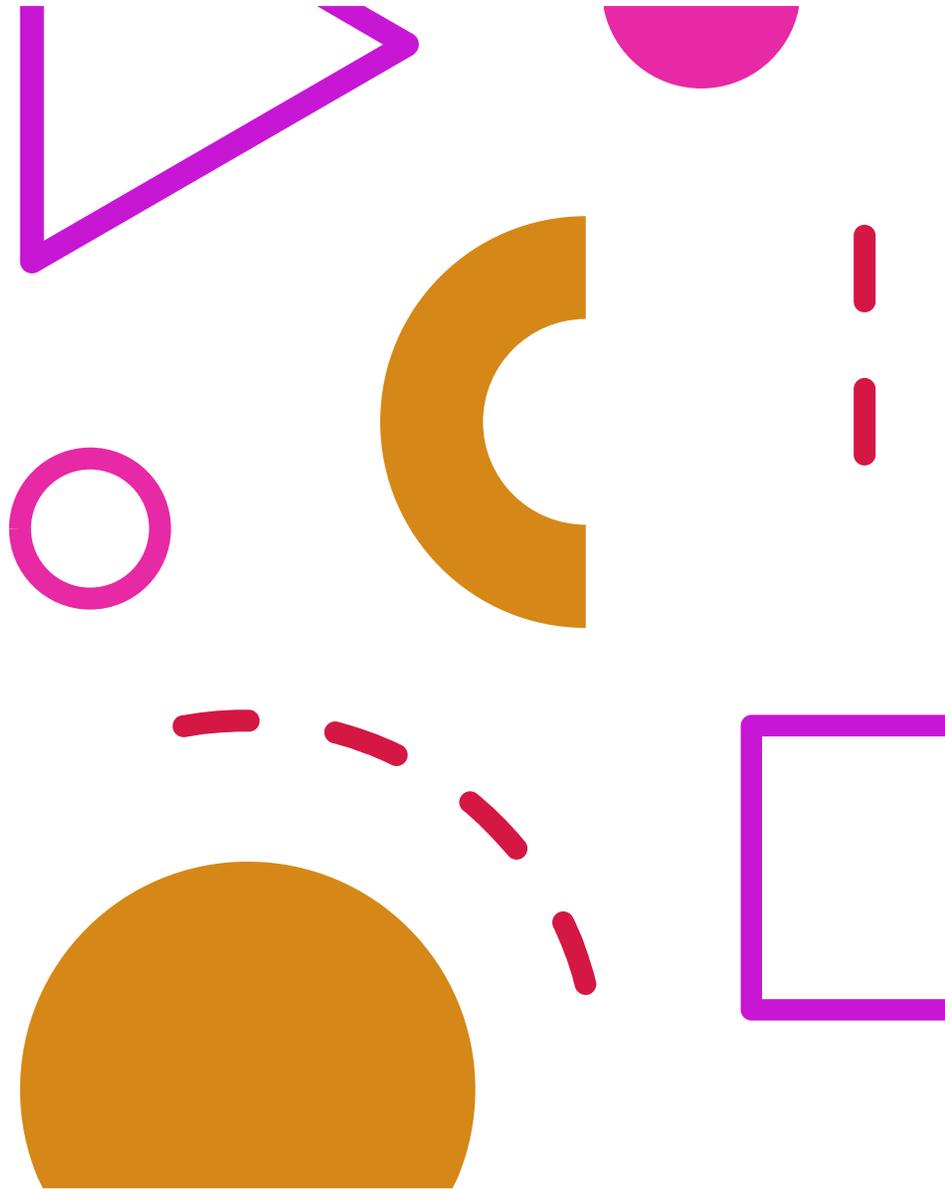
We are leaders

We have the
**ethical
responsibility**
to act as
leaders.



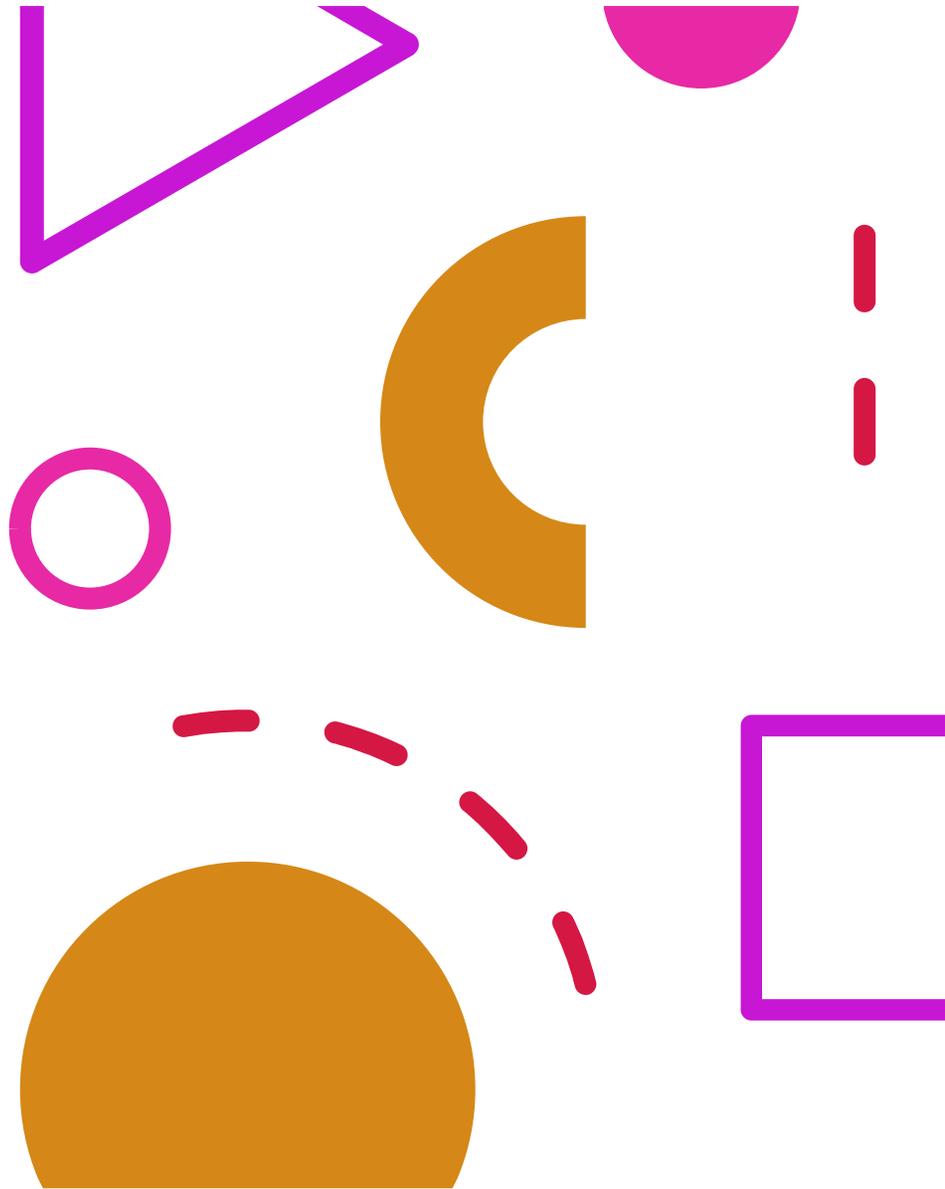
We are leaders

Not our **fault**,
but our
responsibility.



Social Justice

We must commit to **learn** about people who are different than ourselves and **include** them in every way.





Social Justice Informed Services



NASW:
Social
workers
challenge
social justice.

Social workers pursue social change, particularly with and on behalf of **vulnerable and oppressed individuals and groups** of people. Social workers' social change efforts are focused primarily on issues **of poverty, unemployment, discrimination, and other forms of social injustice**. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to **ensure access** to needed information, services, and resources; **equality of opportunity**; and **meaningful participation in decision making** for all people.



American Counseling Association Code of Ethics

American Counseling Association Code of Ethics indicates counselors have an ethical obligation to **dismantle potential barriers** and obstacles that inhibit a client's positive development and potential for growth. Similarly, the American School Counselor Association (ASCA) defines advocacy as a **necessary component** in the Ethical Standards for School Counselors. In these standards, ASCA emphasizes school counselors' role as collaborators with and for students in achieving **educational equity by dismantling perceived barriers** to access and opportunities.



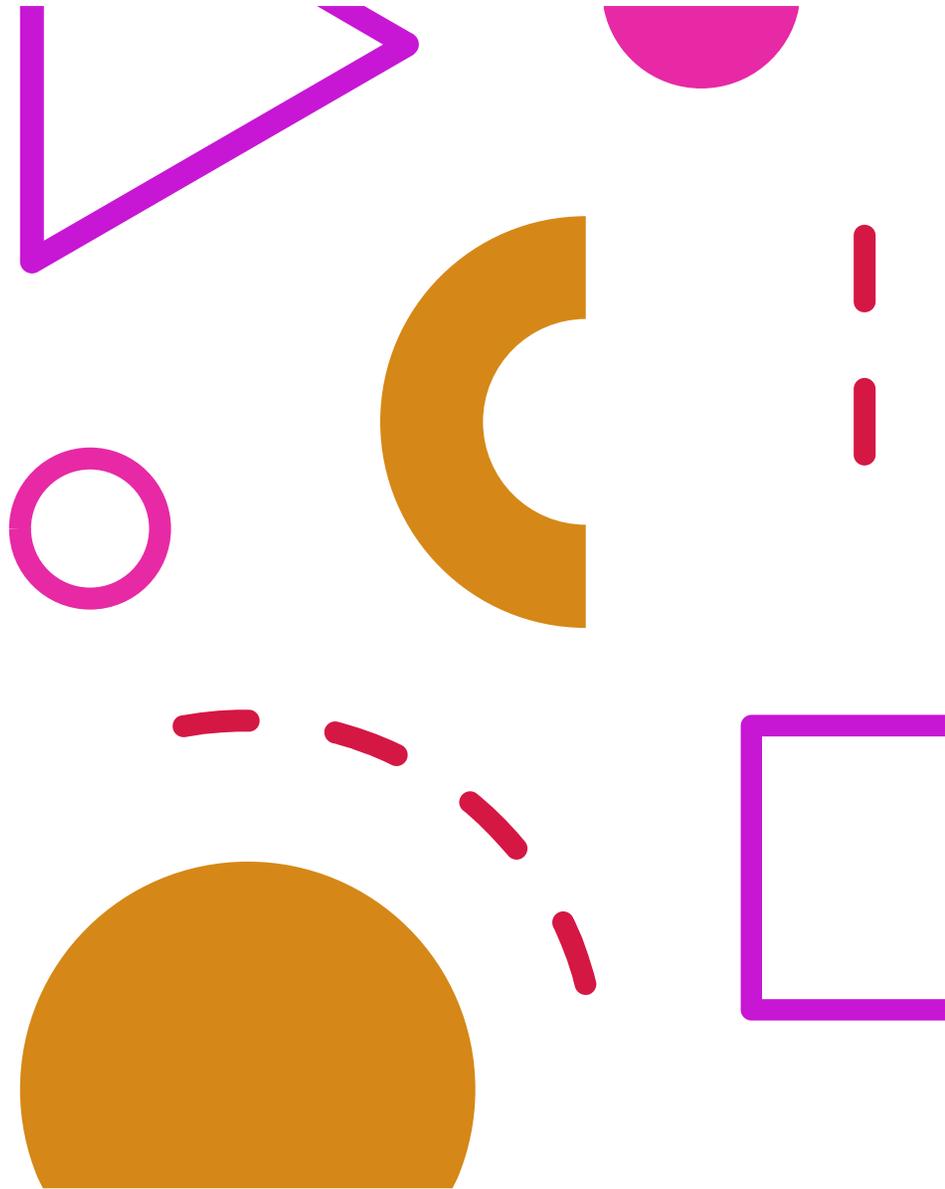
American Psychological Association's Multicultural Guidelines (2010)

"Psychologists are in a position to provide **leadership as agents of prosocial change**, advocacy, and social justice, thereby promoting societal understanding, affirmation, and appreciation of multiculturalism against the **damaging effects of individual, institutional, and societal racism, prejudice, and all forms of oppression** based on stereotyping and discrimination."



Who?

- Psychotherapists
- Administrators
- Supervisors
- Educators
- Leaders
- Activists



Decolonizing Therapy

- Recognizing that today's psychotherapy treatment **promote Eurocentric ideas** and values at the expense of other ways of **healing and being**.
- Decolonizing the mental health system means stepping away from individualism and **making space for collectivism**.
- **Trauma from oppression and colonization** plays a major role in people's state of mental health.



Can I trust?





Black people and mental health services

Statistically, Black people have high levels of anxiety, hopelessness, violent behaviors and physical illnesses (especially high blood pressure and heart disease).

Yet:

- They are less likely to seek out mental health services.
- More likely to receive poor quality health care.
- More likely to end services prematurely.
- More likely to experience post-partum depression.





But why?

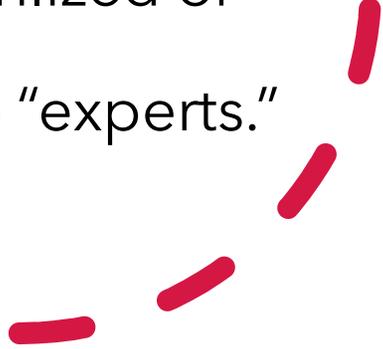
Do **Euro-centric models**, uninformed and **racist white therapists**, a focus on **1-1 treatment** and the **structures of racism** that is embedded in the mental health system impact these behaviors?
(Yes.)



A tiny bit
of mental
health
history,
starting in
the 1770s
in North
America

- Black people are immune to mental health problems.
- Black peoples' "lethargy" and "dullness" should be addressed by severe whipping.
- Black people have mental health problems, but they cannot be treated with white people.
- Black people's mental health was "harmed" by Emancipation.
- Black people who were judged mentally "defective" were sterilized or lobotomized.

(All actions and words of white "experts."
No one asked Black people!)



“Insane” or
“idiots”?

In the 19th century, U.S. census takers went from house to house asking about the number of people with **mental disabilities**. In particular, the 1840 census was shown to have **severely over-counted** the number of free black people who were “insane” or “idiots”—data that supporters of slavery **used as propaganda** to argue black Americans were unable to handle freedom.





What to do?

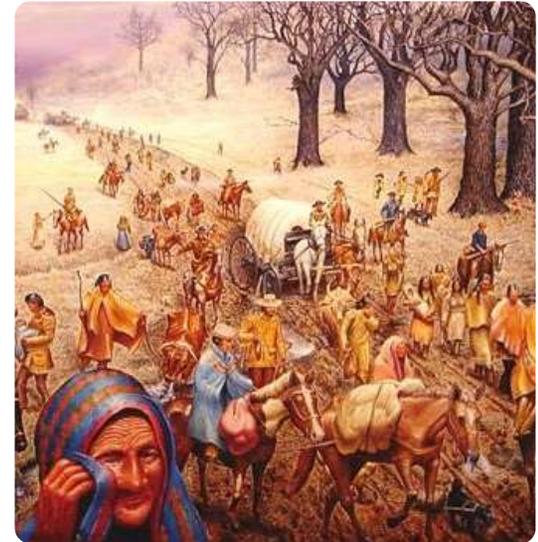
- How do I present my practice to the public?
- How do I present to and interact with prospective people I work with, "clients," patients, coworkers, interviewees, students, interns, and others who want to work or must work with me?
- How do I interact with people of color?
- How do I respond to my own internalized prejudices?
- How do I respond to prejudicial statements by others?



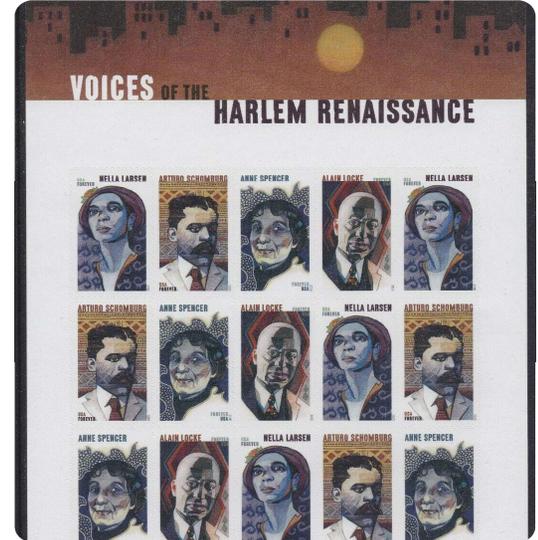
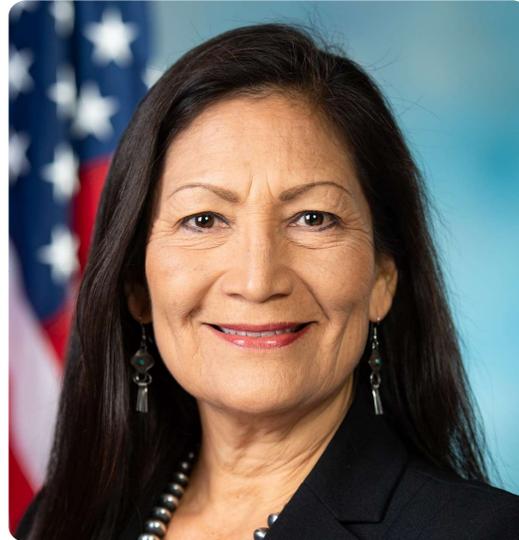
Recognize ancestral trauma



African people arrive in to North American and Latin American spaces carrying ancestral trauma. They were kidnapped as early as 1619 and brought to land that had been stolen from indigenous peoples.

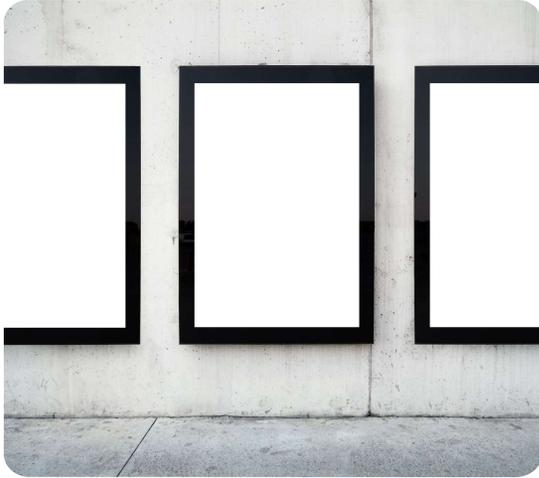


Not victims but
humans of strength,
connections, resources
and survival.



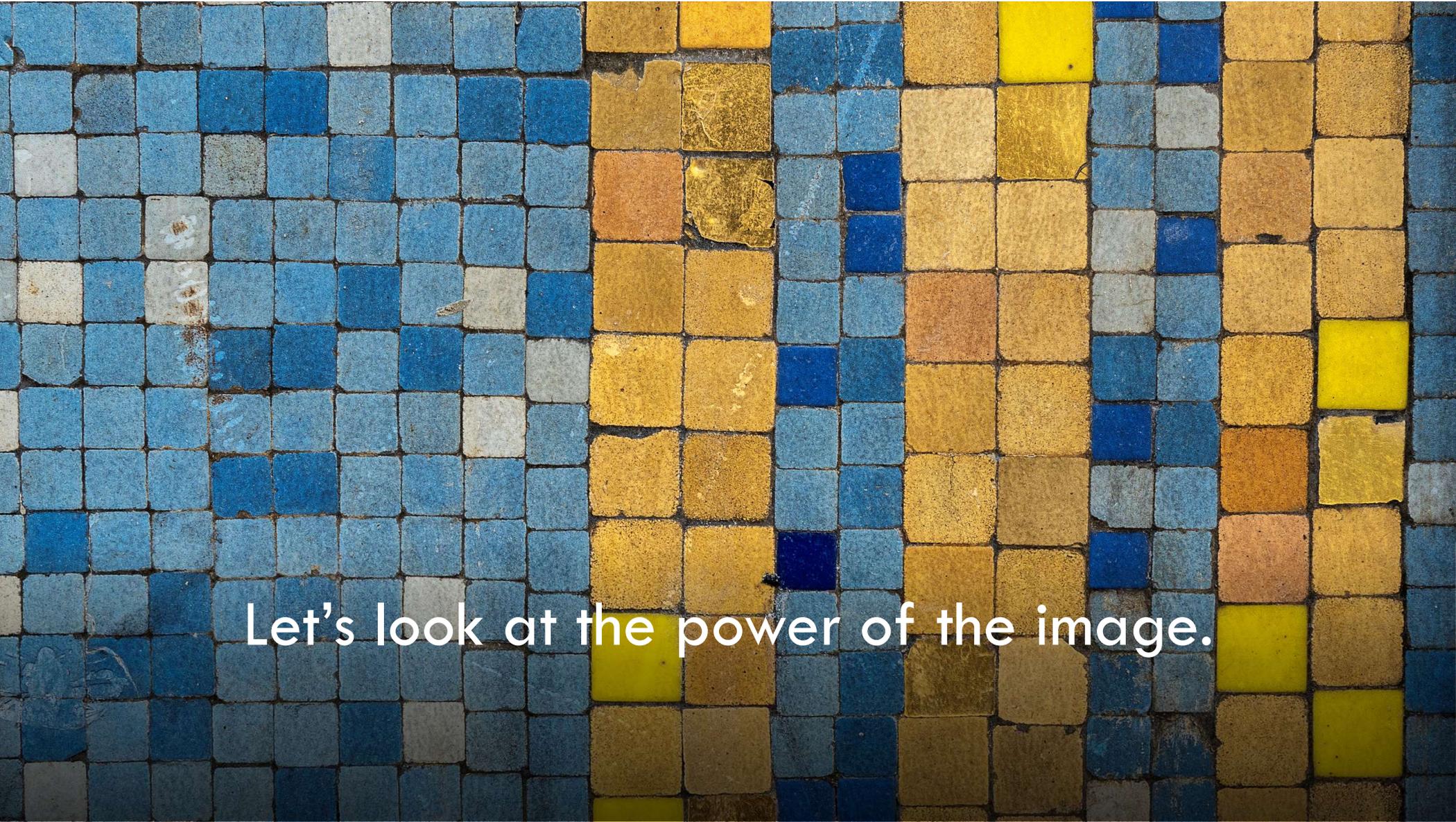


How do we portray ourselves to the public?



How?

- Website and images?
- Blog posts, articles and other writings?
- Website verbiage and spoken words?
- Brochures and promotional materials?
- Office décor and set up?
- Social media?
- Therapy and other supplies? (sand tray, collage, etc.)

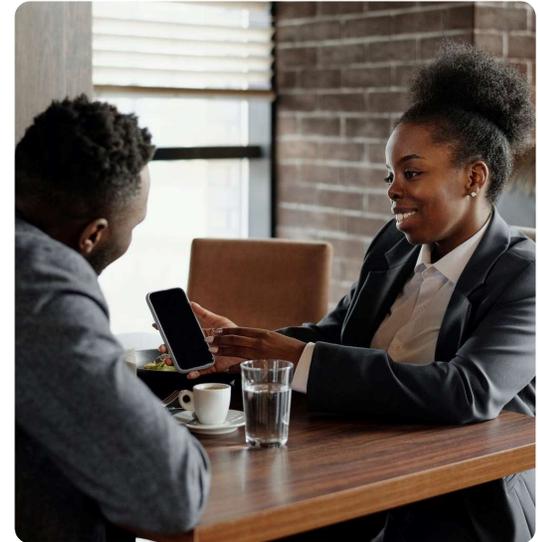


Let's look at the power of the image.



Alternate images

What happens inside when
you see these pictures?



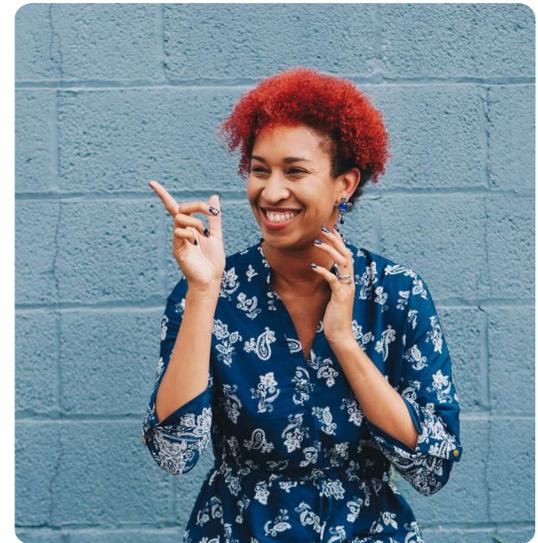
More alternate images

What happens inside of you when you see these pictures?



Now...

What happens inside of you
when you see these pictures?

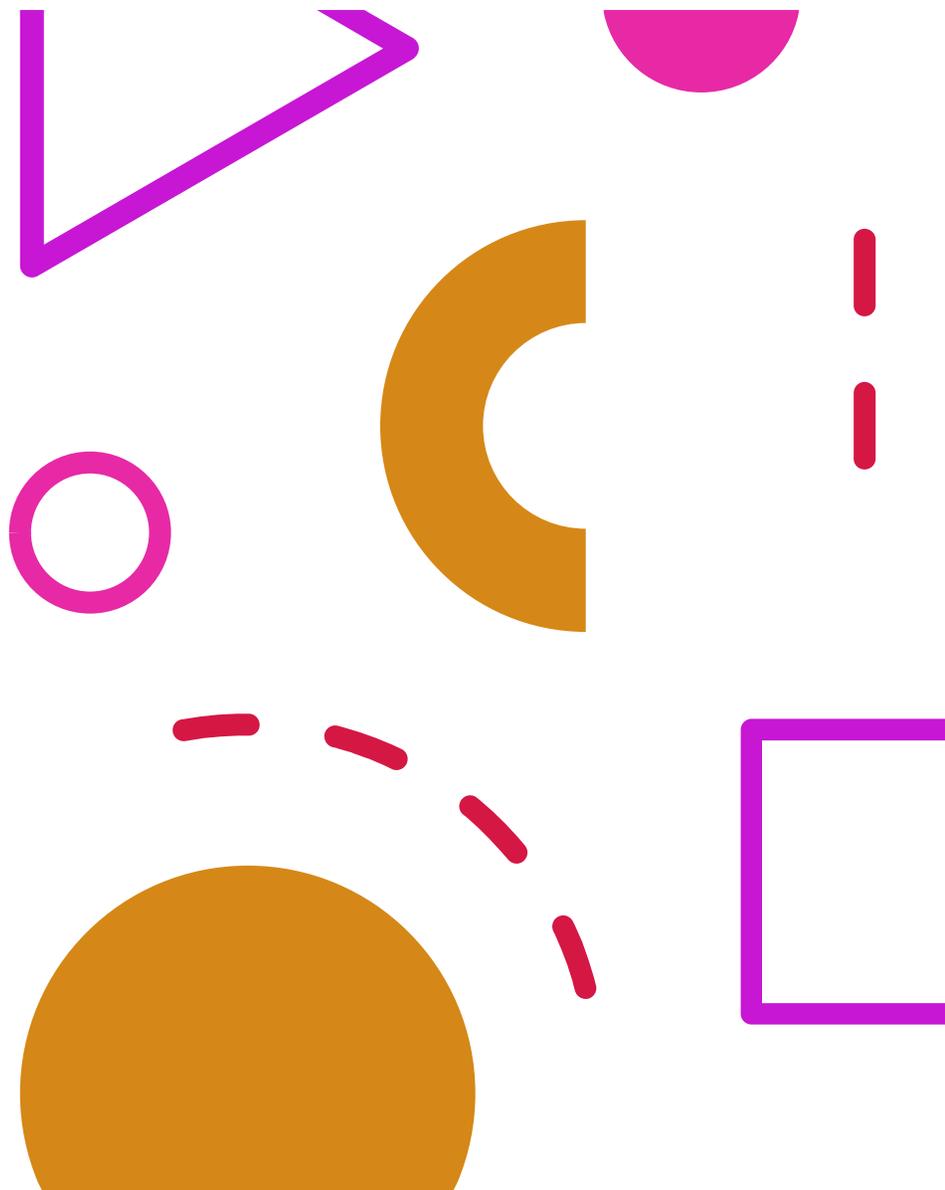




What's in our paperwork?

Intake?

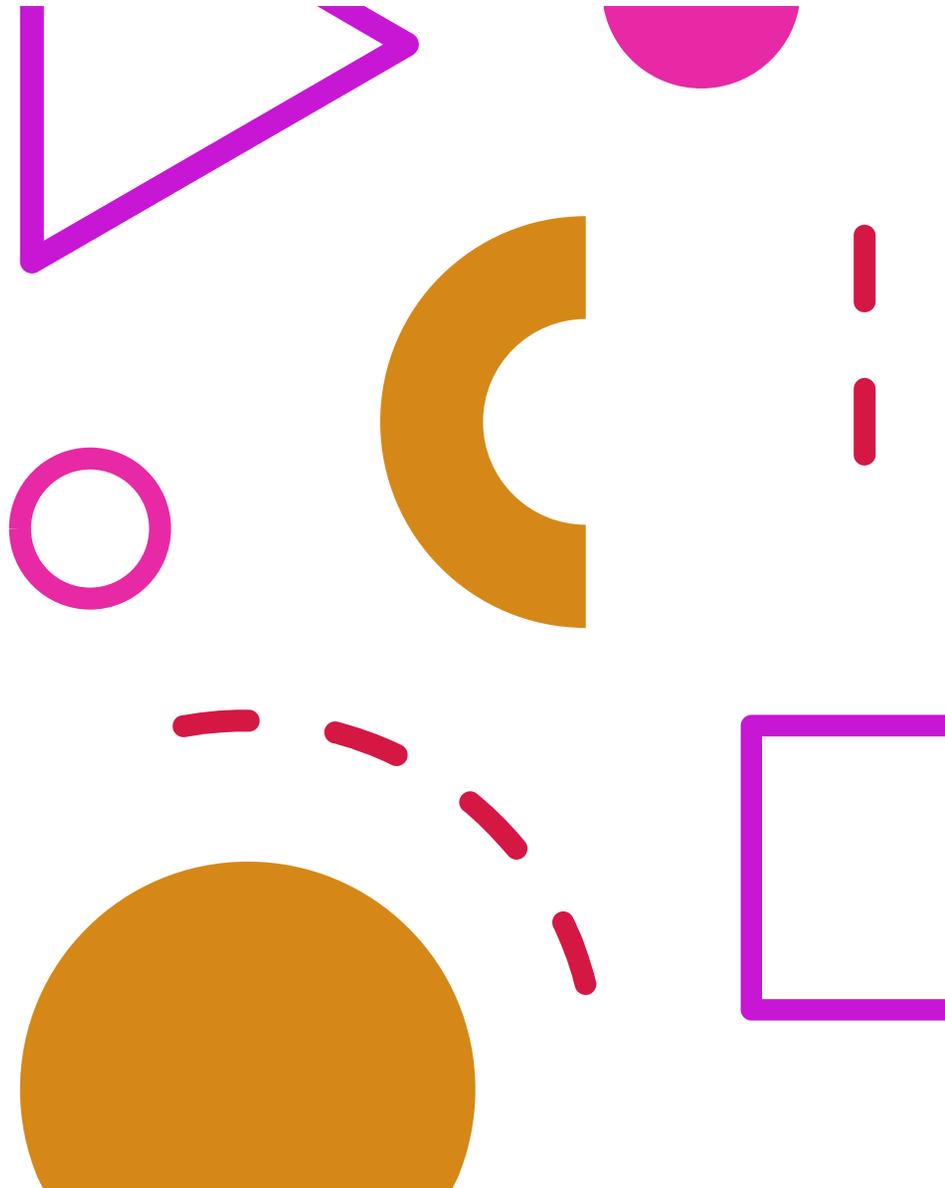
- Race (white, black, biracial, native, multiracial, multicultural)
- Preference for how to identify and discuss race and heritage: Black, African American, BIPOC (Black Indigenous People of Color), Afrikan, African ancestry, Native American, Indigenous, other...
- Have you experienced prejudice, discrimination and trauma due to your race or ancestry or both?



Intake?

Extended family and kinship

- Is anyone in your current or extended family or family-like group from another race or heritage?
- People you live with?
- People you don't live with but are like family?
- Other important people?



Intake?

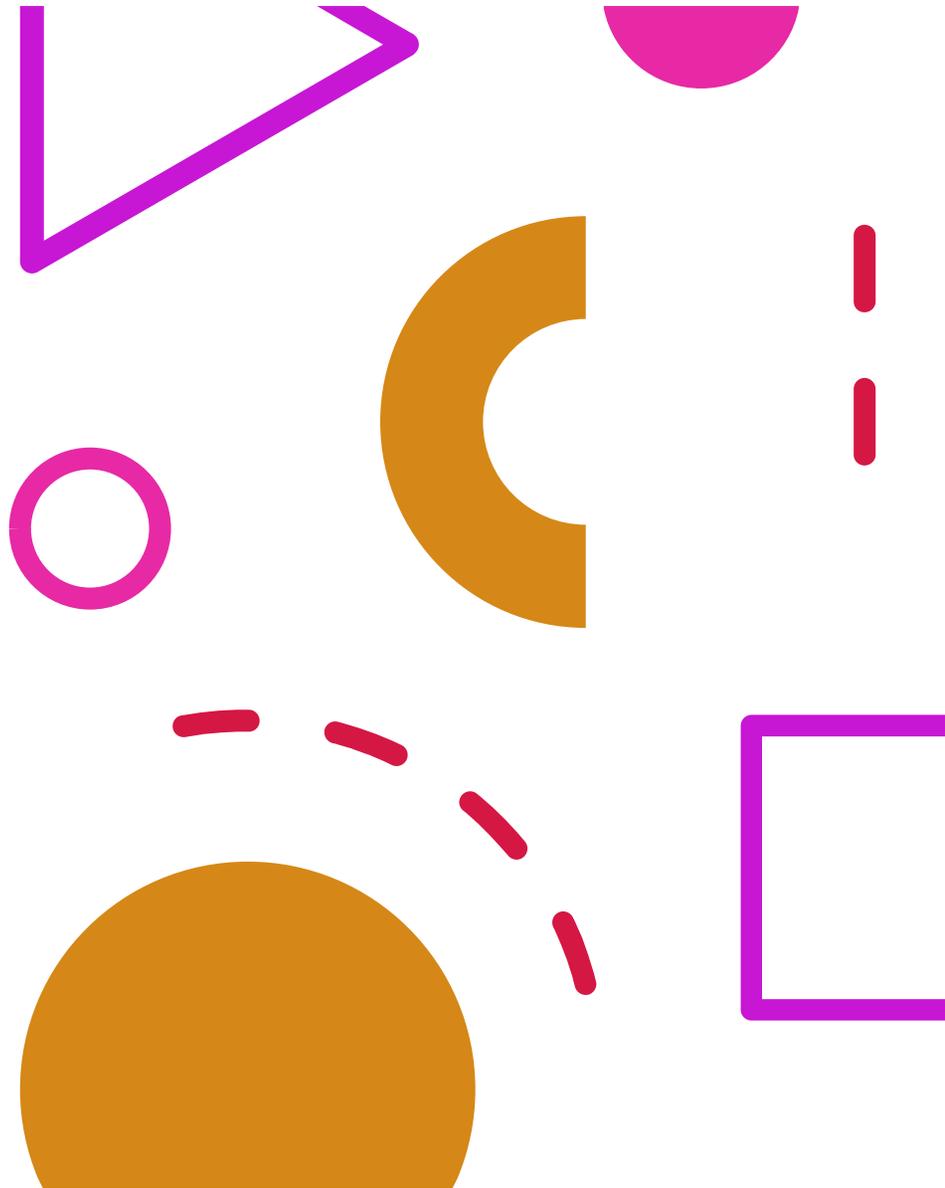
- **Religious affiliation or spiritual practices**

Yes, Christian, but also Muslim, Santería, Jewish, Native American practices (different by tribe)...

- **Immigration**

Personal, family, ancestors.

Prepare to self disclose, appropriately.





Families..

- Be alert to your personal **stereotypes**.
- Not all families will look the same. ("**Who's in your family?**")
- Be aware of **different names** for family members; ask what you do call your mother's mother ("Big Ma" or "Granny" rather than "Grandmother.")
- "Who **lives** with you?"



What happens when we say:

"I don't see you as Black. I just see you
as a regular person."

* Monnica T. Williams Ph.D.



What happens when we say:

"I'm not sure we need to focus on race
or culture to understand your
depression."



What happens when we say:

"If Black people just worked harder,
they could be successful like other
people."



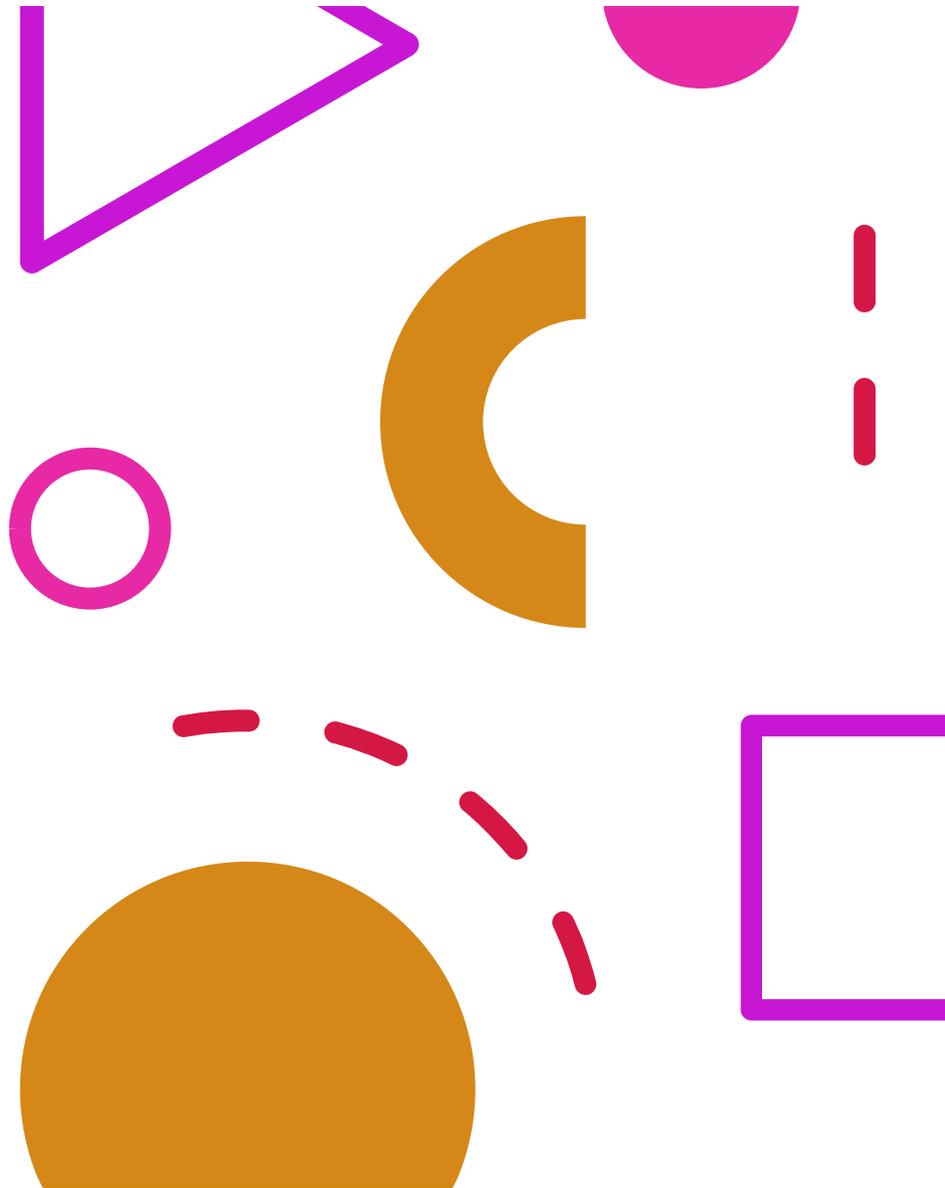
What happens when we say:

"Don't be too sensitive about the racial stuff. I didn't mean anything bad/offensive."

Conversations...

It's OK to **observe** that we are different in **race and life experiences** and that such topics are always **welcome** to be discussed in the therapy setting, including anything that I am doing or saying that may be **problematic or not useful**.

And then follow through...



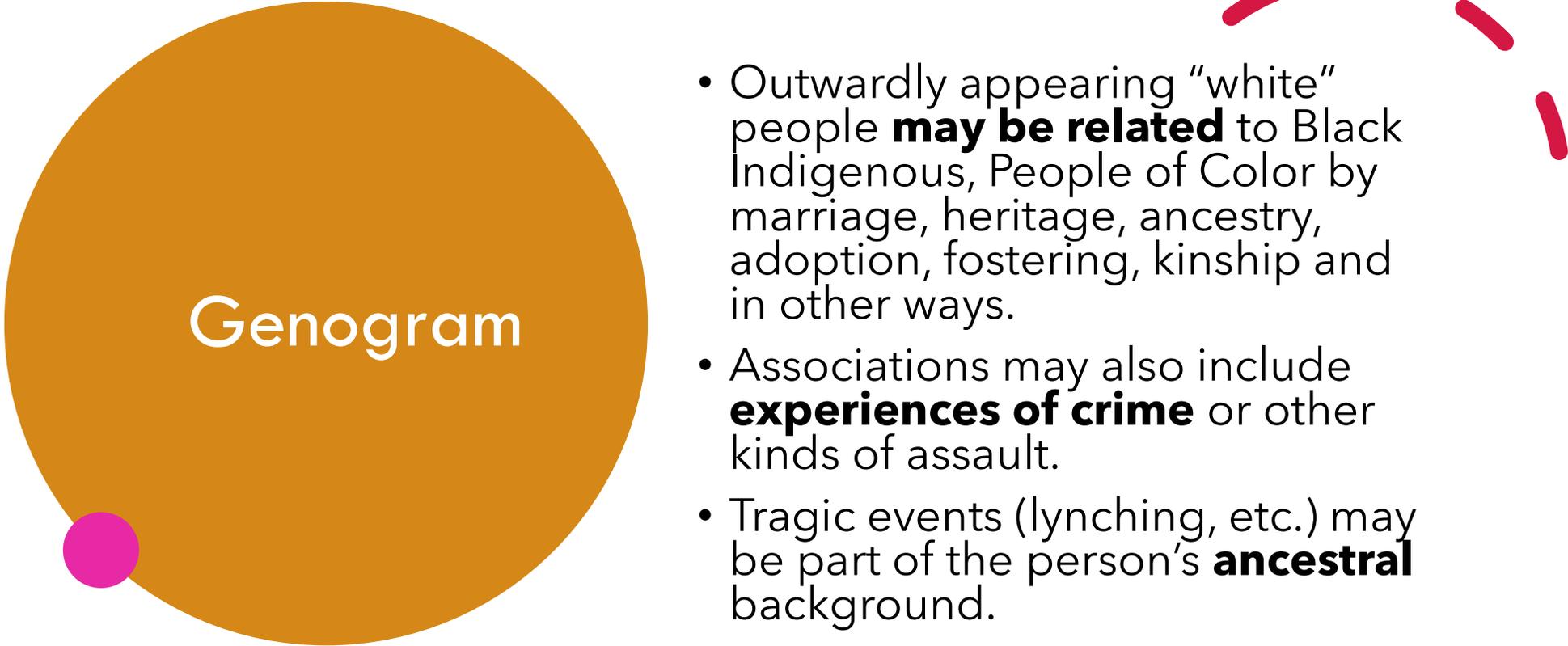
Genograms





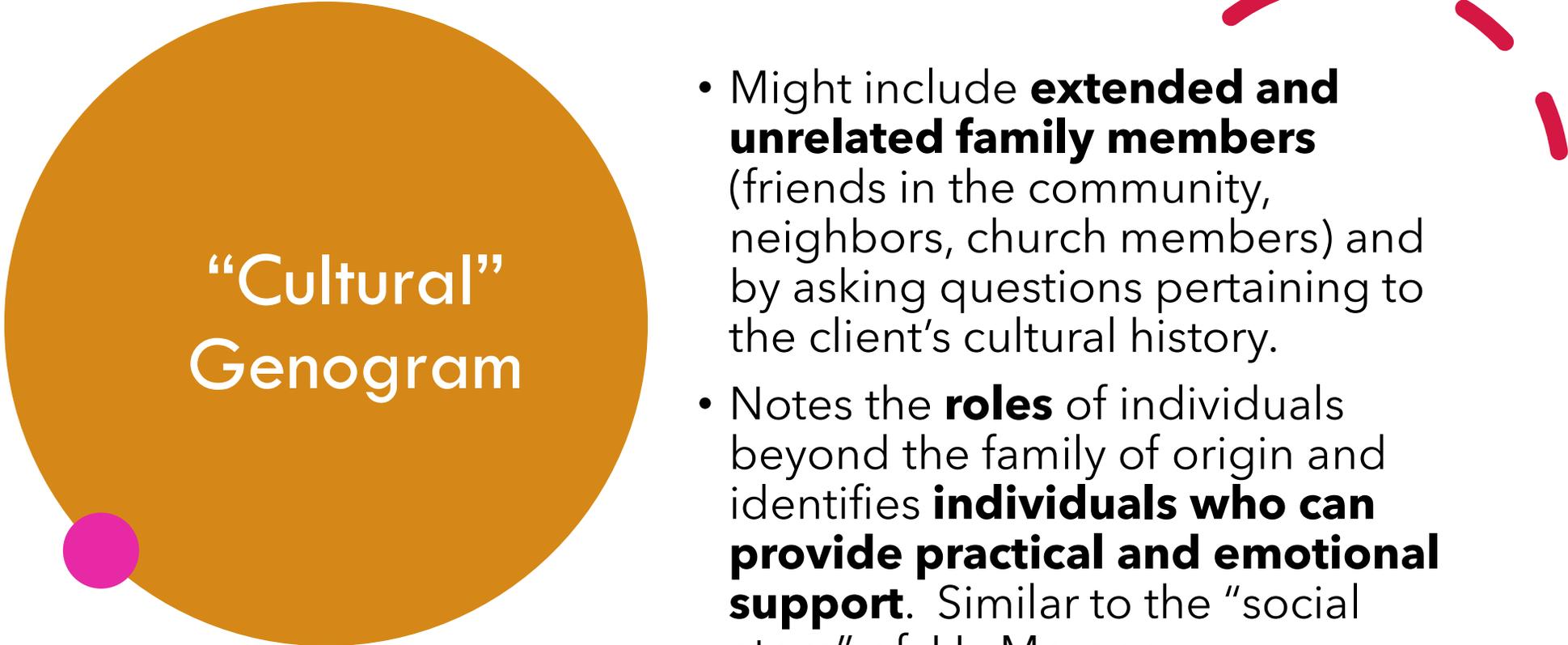
Genogram

- Ethnic heritage of everyone, as far back is known personally or from family stories.
- Where they lived, when and if they moved or migrated to another location.
- Who suffered trauma relating to genocide, ethnic cleansing, enslavement, bullying, etc.



Genogram

- Outwardly appearing “white” people **may be related** to Black Indigenous, People of Color by marriage, heritage, ancestry, adoption, fostering, kinship and in other ways.
- Associations may also include **experiences of crime** or other kinds of assault.
- Tragic events (lynching, etc.) may be part of the person’s **ancestral** background.



“Cultural” Genogram

- Might include **extended and unrelated family members** (friends in the community, neighbors, church members) and by asking questions pertaining to the client’s cultural history.
- Notes the **roles** of individuals beyond the family of origin and identifies **individuals who can provide practical and emotional support**. Similar to the “social atom” of J.L. Moreno.

"Oh, that happens to everyone..."



I got stopped at the store yesterday and they accused me of shoplifting...



I know just how you feel.



I got stopped at the store yesterday and they accused me of shoplifting...



That shouldn't bother you so much - they let you go, right?



I got stopped at the store yesterday and they accused me of shoplifting...



Oh, so sorry. But I know you're a strong woman, you can handle it.



I got stopped at the store yesterday and they accused me of shoplifting...





I got stopped at the store yesterday and they accused me of shoplifting...





Understand racism as ongoing trauma...

... and contributing to hypervigilance, anger, anxiety, depression, physical health problems and other trauma responses.





Making the space safe

- Listen carefully to people's experiences.
- Validate people's experiences.
- Be alert to your own prejudices and microaggressions.
- Support regulation of emotions.
- Identify the need for structural change.

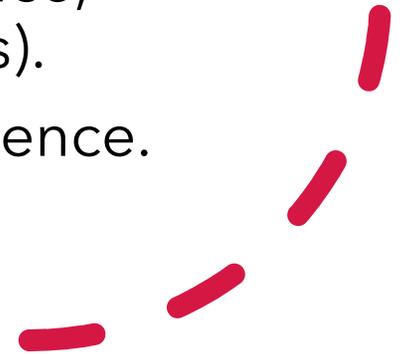
Making the space safe

- Have a list of “safe” professionals of various disciplines and styles for referrals as necessary - other health professionals, attorneys, organizations...
- Refrain from knowingly referring to any professional who holds obvious prejudice and would harm a referral in any way.
- Keep learning, reading, discussing, growing.



What we should not do

- Assume stereotypes.
- Equate one kind of discrimination with racism.
- “I know how you feel” or “Pain is pain.”
- Denying or diminishing the reality of racism in general.
- Denying or diminishing the reality of racism for certain categories of people (education, place of residence, occupational success, status).
- Idealizing the BIPOC experience.



Are we
acknowledging
the professional
contributions of
BIPOC?



BOOKS?



RESEARCH
PAPERS AND
ARTICLES?



TEACHING AND
TRAINING?



HANDOUTS?



SLIDE SHOWS
SUCH AS THIS?



SUPERVISION?



Resources

- Black Men in Social Work
- Melanated Social Workers
- “Seeing White” podcast with John Biewen (also TEDx Talk)
- The Legacy Museum, Montgomery, Alabama





Resources for POC photos and images

- www.nappy.co

Also

- Unsplash (www.unsplash.com)
- Pixabay (www.pixabay.com)
- Pexels (www.pexels.com)



Thank you
for
attending!

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