

# Race-Based Stress and Psychosis

Joseph S. DeLuca, Ph.D.

Fairfield University

December 13, 2022



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**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Purpose of MHTTC

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

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ACCEPTING OF  
DIVERSE CULTURES,  
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INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

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# MHTTC Network

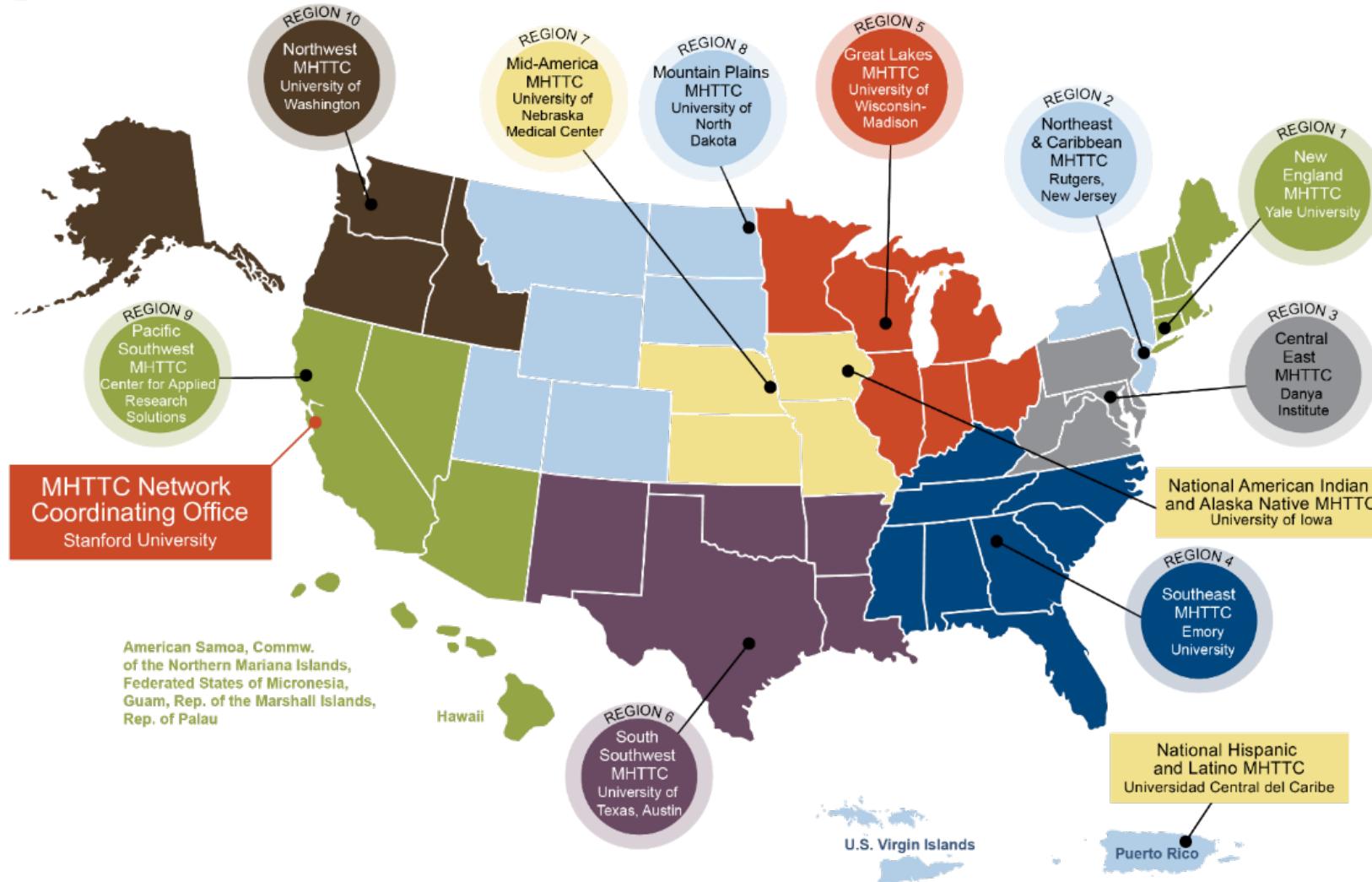


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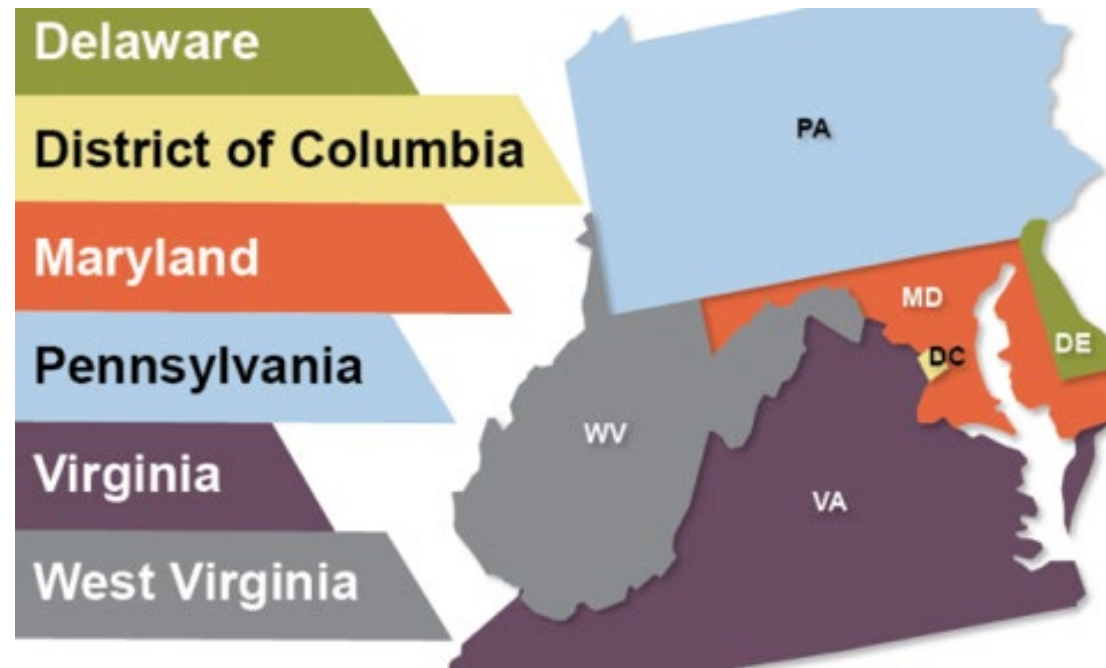
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# Central East Region 3



Central East (HHS Region 3)

**MHTTC**

Mental Health Technology Transfer Center Network

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2022

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# Background



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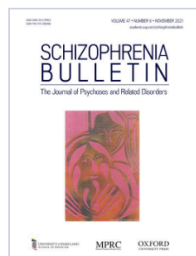


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- Clinical psychologist by training, specializing in youth mental health, early serious mental illness, and stigma.
- Assistant Professor at Fairfield University, and Assistant Clinical Professor (voluntary track) at Mount Sinai's School of Medicine (*Psychosis-Risk program*).
- Passionate about mental health education (particularly around psychosis), stigma reduction, and equitable, culturally responsive, evidence-based care.

## Psychosis-Like Experiences and Resilience: A Systematic and Critical Review of the Literature

Joseph S. DeLuca<sup>1</sup>, Pamela Rakhshan Rouhakhtar<sup>2, 3</sup>, Mallory J. Klaunig<sup>3</sup>, LeeAnn Akouri-Shan<sup>3</sup>,  
Samantha Y. Jay<sup>3</sup>, Therese L. Todd<sup>1</sup>, Cansu Sarac<sup>1</sup>, Nicole D. Andorko<sup>3</sup>, Shayna N. Herrera<sup>1</sup>,  
Matthew F. Dobbs<sup>1, 4</sup>, Zarina R. Bilgrami<sup>1</sup>, Emily Kline<sup>5</sup>, Anne Brodsky<sup>3</sup>, Rachel Jespersen<sup>1, 4</sup>,  
Yulia Landa<sup>1, 4</sup>, Cheryl Corcoran<sup>1, 4</sup>, and Jason Schiffman<sup>3, 6</sup>



Volume 47, Issue 6  
November 2021

### JOURNAL ARTICLE

## Reducing Stigma Among Youth at Risk for Psychosis: A Call to Action

Joseph S DeLuca , Lawrence H Yang, Alicia A Lucksted, Philip T Yanos, Jordan DeVlyder,  
Deidre M Anglin, Yulia Landa, Cheryl M Corcoran

*Schizophrenia Bulletin*, Volume 47, Issue 6, November 2021, Pages 1512–1514,  
<https://doi.org/10.1093/schbul/sbab098>

**Published:** 17 August 2021

EVIDENCE-BASED PRACTICE IN CHILD AND ADOLESCENT MENTAL HEALTH  
<https://doi.org/10.1080/23794925.2022.2042874>

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## Equity in Mental Health Services for Youth at Clinical High Risk for Psychosis: Considering Marginalized Identities and Stressors

Joseph S. DeLuca <sup>a</sup>, Derek M. Novacek <sup>b,c</sup>, Laura H. Adery<sup>c</sup>, Shayna N. Herrera <sup>a</sup>, Yulia Landa<sup>a,d</sup>,  
Cheryl M. Corcoran<sup>a,d</sup>, and Elaine F. Walker<sup>e,f</sup>

## Mental Health Care Utilization in Individuals With High Levels of Psychosis-Like Experiences: Associations With Race and Potentially Traumatic Events

Emily Petti<sup>1, 2</sup>, Mallory J. Klaunig<sup>1</sup>, Melissa E. Smith<sup>3</sup>, Miranda A. Bridgwater<sup>1, 2</sup>, Caroline Roemer<sup>1</sup>, Nicole D. Andorko<sup>1</sup>, Doha Chibani<sup>1</sup>, Joseph S. DeLuca<sup>4</sup>, Steven C. Pitts<sup>1</sup>, Jason Schiffman<sup>1, 2</sup>, and Pamela Rakhshan Rouhakhtar<sup>1, 5</sup>

### BRIEF REPORT

## Race Moderates the Relation Between Internalized Stigma and Suicidal Thoughts and Behaviors in Youth With Psychosis-Risk Syndromes and Early Psychosis

LeeAnn Akouri-Shan<sup>1</sup>, Samantha Y. Jay<sup>1</sup>, Joseph S. DeLuca<sup>2</sup>, Emily Petti<sup>3</sup>, Mallory J. Klaunig<sup>3</sup>, Pamela Rakhshan Rouhakhtar<sup>1</sup>, Elizabeth A. Martin<sup>3</sup>, Gloria M. Reeves<sup>4</sup>, and Jason Schiffman<sup>3</sup>



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## Early Career Service Grants

### Joseph S. DeLuca, PhD

“Targeting Stigma and Race-Based Traumatic Stress in Early-Stage Psychosis Care via a Professional Development Program and Workgroup”

The proposed initiative’s goal is to improve the recognition of Race-Based Traumatic Stress and stigma among youth in the early stages of psychosis to help guide treatment and enhance engagement. The aim is to deliver a recorded 45–60-minute evidence based professional development presentation to early psychosis providers which will help enhance their ability and comfort to provide culturally responsive early psychosis services.

# Agenda

- 1. Psychosis**
- 2. Racial trauma**
- 3. Psychosis *and* racial trauma**
- 4. Assessment & treatment strategies**
- 5. Summary & Q&A**

# Agenda

## 1. Psychosis

2. Racial trauma

3. Psychosis *and* racial trauma

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# Psychosis: Big picture

- Approximately 1%-3% develop a psychotic disorder in their lifetime.
- 100,000 adolescents and young adults develop a first episode of psychosis each year in the US.
- Estimated economic burden of \$156 billion in the US.
- Significant individual impact (earlier mortality, lower QoL).
- Although there are negative outcomes associated with psychosis, it is important to note that many individuals who experience psychosis can and do lead full and successful lives.

**Culturally responsive care is an ethical imperative** (e.g.,  
Bakerele et al., 2021; Barnett & Bivings, 2002)



[Source](#)

# Psychosis



- Not a diagnosis
- Diverse set of experiences, including loss of touch from reality
  - *This can include **positive symptoms** such as hallucinations & delusions, as well as **negative symptoms** such as flat affect & alogia*
- *Psychosis* is commonly associated with schizophrenia-spectrum disorders, but may be present in mood disorders, trauma, substance use, etc.



# Why focus on psychosis?

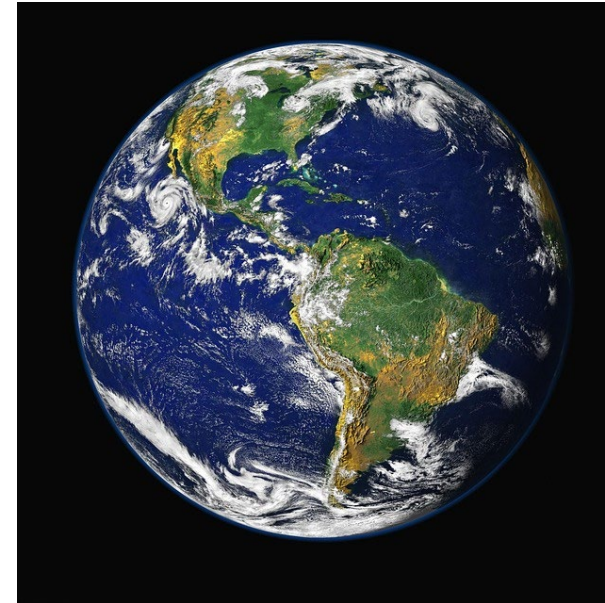
- Although psychotic disorders are relatively rare (1-3%), they impact **millions** of people worldwide (schizophrenia alone affects more than **24 million people**) (World Health Organization [WHO], 2022)
- The psychosis spectrum is broad and *psychotic-like experiences* predict future psychopathology (Lindgren et al., 2022; McGorry et al., 2018; Staines et al., 2022)
- Stigma, equity, and human rights issues are common (DeLuca et al., 2022; Jones et al., 2021; Oluwoye et al., 2018; WHO, 2022)
- Psychosis and culture are deeply intertwined (e.g., Anglin et al., 2021)



Source: Pixabay

# Psychosis + Culture

- Societal, environmental, and cultural factors can and do strongly influence psychosis development, treatment, and prognosis
- Racism in the mental health field and “psychosis”
- Explanations of and beliefs about psychosis can differ cross-culturally (tx implications)



Source: Pixabay

# Societal, environmental, and cultural factors

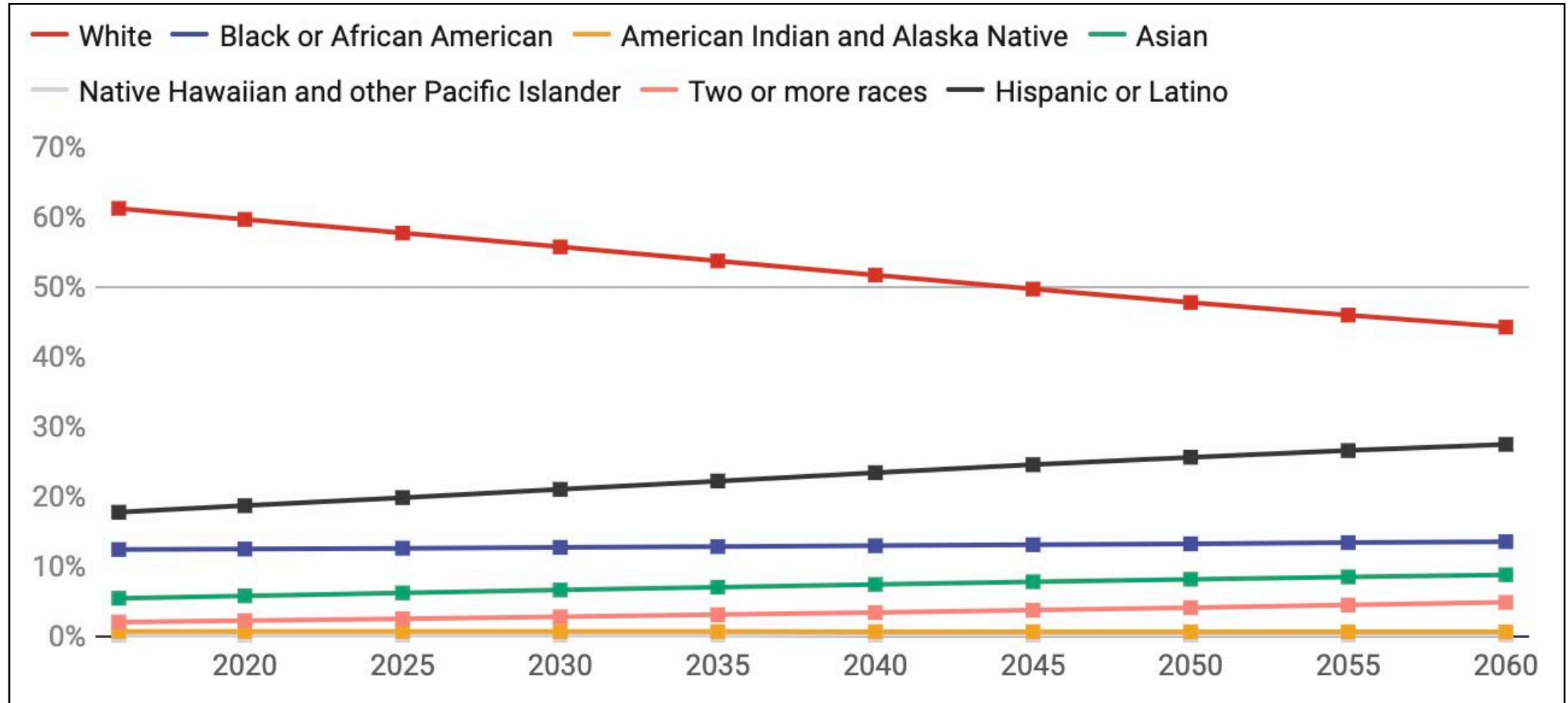
- Political dissent
  - “sluggish schizophrenia” in USSR + Eastern Europe (Merskey & Safran, 1986)
  - civil rights movement in the US (Metzl, 2010)
- High-income v. low-income countries (Padma, 2014)
  - cultural explanations?
  - urbanicity (DeVylder et al., 2018)
- Pollution (Newbury et al., 2019)
- Police victimization (DeVylder et al., 2017)
- Neighborhood crime (Wilson et al., 2016)
- Acculturative stress (DeVylder et al., 2013)
- Stress sensitivity (Gibson et al., 2014)
- Stigma (Evans-Lacko et al., 2012; Pescosolido et al., 2019)



Source: Pixabay

# Projected race/ethnicity breakdown

After 2045, non-Hispanic whites will likely make up less than half of all Americans.



All groups not Hispanic or Latino unless specified otherwise.

Chart: The Conversation, CC-BY-ND • Source: [U.S. Census Bureau](#) • [Get the data](#)



# Let's consider (adapted from DeLapp & Gallo, 2022)

- “Wilson” is a cisgender, bisexual, Black male who is 20 years old and attends college in a northeastern metropolitan city. He initially presented to psychotherapy due to a history of depression and anxiety that was at first attributed to college stress due to his rigorous business degree program.
- As treatment progressed, Wilson specified that his symptoms of depression and anxiety could be triggered by perceptions of racism within his daily life, particularly at his part-time research job (e.g., perceiving that his white boss was not granting him the same career-advancement opportunities as his white peers)
- In such moments, Wilson expressed, “Why should I care about anything if they are just going to do this to people like me?” along with feelings of hopelessness, powerlessness, and anger
- Moreover, Wilson recently started experiencing *passive suicidal ideation*, *social withdrawal* (especially from typically supportive social networks), and transient *hallucinations* (e.g., shadows and movement out of the corner of his eye 1-2x weekly) when confronted with race-based stress



Source: Pixabay

# Agenda

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**2. Racial trauma**

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# Racism

- “*Racism* is a system of beliefs (racial prejudices), practices (racial discrimination), and policies based on race that operates to advantage those with historical power, White people in the United States of America (USA) and most other Western nations... Racism can be manifested in multiple forms (e.g., cultural, scientific, social) and is both explicit and implicit” (Haeny et al., 2021)



Source: Pixabay

# Racial trauma

- “*Racial trauma, or Race-Based Traumatic Stress*, refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes. Any individual who has experienced an emotionally painful, sudden, and uncontrollable racist encounter is at risk of suffering from a race-based traumatic stress injury...” (Mental Health America)
- May be cumulative and reflect the severity and symptoms of PTSD (Williams et al., 2022)



Source: Pixabay



# Racial trauma (continued)

- **Prevalence rates:**

- Upwards of **75%** or more of people of color have been exposed to at least some form of racial trauma (e.g., Anglin et al., 2014; Krieger et al., 2005; Lee et al., 2019), most often racial discrimination
  - *Early trauma: **10%** of Black children (age 10-11) report perceived racial discrimination (Nagata et al., 2021) and **55-64%** of high school students of color report perceived racism (Mpofu et al., 2022)*

# Racial trauma & physical health

- Racism is associated with poor physical health (e.g., Paradies et al., 2015), including potential epigenetic changes that can impact future generations (e.g., Mulligan, 2021)
- Further, dysfunctional coping strategies to deal with racism (e.g., *John Henryism*, *ruminantion*, *disengagement*) can cause or exacerbate physical health conditions (Jacob et al., 2022)



Source: Pixabay

# Racial trauma & mental health

- Racial trauma is associated with poor mental health (e.g., Mpofu et al., 2022) and may lead to the development of, or exacerbate, depression, anxiety, and **substance use** (see Gibbons et al., 2014; Skewes & Blume, 2019; Uink et al., 2022; Williams et al., 2022)
- **Racial trauma has also been consistently linked to psychotic disorders & psychosis-spectrum experiences** (e.g., Anglin et al., 2021; & see next section)



Source: Pixabay

# Let's consider again (adapted from DeLapp & Gallo, 2022)

- “Wilson” is a cisgender, bisexual, Black male who is 20 years old and attends college in a northeastern metropolitan city. He initially presented to psychotherapy due to a history of depression and anxiety that was at first attributed to college stress due to his rigorous business degree program.
- **As treatment progressed, Wilson specified that his symptoms of depression and anxiety could be triggered by perceptions of racism within his daily life, particularly at his part-time research job (e.g., perceiving that his white boss was not granting him the same career-advancement opportunities as his white peers)**
- In such moments, Wilson expressed, “Why should I care about anything if they are just going to do this to people like me?” along with feelings of hopelessness, powerlessness, and anger
- **Moreover, Wilson recently started experiencing *passive suicidal ideation*, *social withdrawal* (especially from typically supportive social networks), and transient *hallucinations* (e.g., shadows and movement out of the corner of his eye 1-2x weekly) when confronted with race-based stress**



Source: Pixabay

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# The Apology for Racial Diagnoses of Psychosis

January 18, 2021

## Historical Addendum to APA's Apology to Black, Indigenous and People of Color for Its Support of Structural Racism in Psychiatry

In this document, the APA hopes to elaborate on some past events that have contributed to structural racism's pervading presence today.

 **AMERICAN PSYCHOLOGICAL ASSOCIATION**

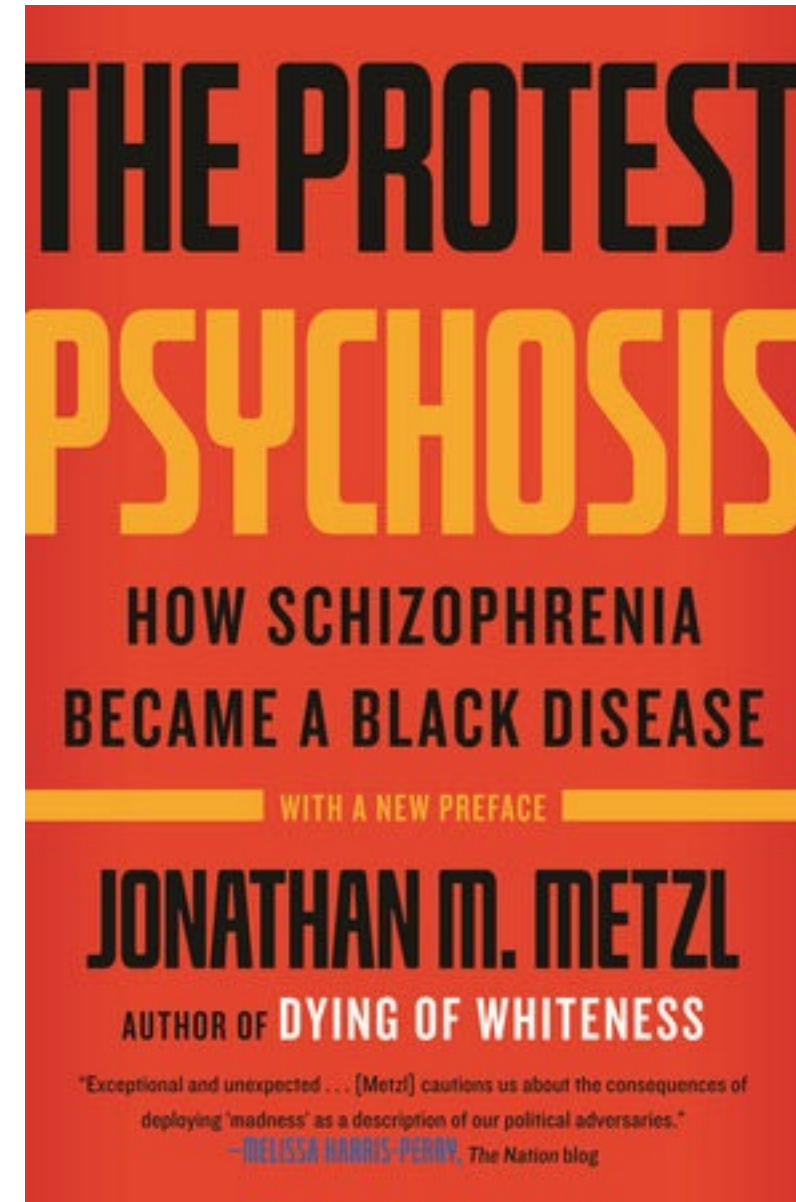
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## Apology to People of Color for APA's Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.

Resolution adopted by the APA Council of Representatives on October 29, 2021



[Source](#)

# Psychosis *and* racial trauma

- racism & discrimination  psychotic experiences (e.g., Anglin et al., 2021; Karlsen et al., 2005; Pearce et al., 2019)

American Journal of Orthopsychiatry  
2016, Vol. 86, No. 3, 277–285

© 2016 American Orthopsychiatric Association  
<http://dx.doi.org/10.1037/ort0000158>

## Major Discriminatory Events and Risk for Psychotic Experiences Among Black Americans

**Hans Oh and Courtney D. Cogburn**  
Columbia University

**Ellen Lukens**  
Columbia University

**Deidre Anglin**  
The City College of New York

**Jordan DeVlyder**  
University of Maryland, Baltimore



## Occurrence of hallucinatory experiences in a community sample and ethnic variations

Published online by Cambridge University Press: 02 January 2018



[Louise C. Johns](#), [James Y. Nazroo](#), [Paul Bebbington](#) and [Elizabeth Kuipers](#)

[Show author details](#) ▾

***“Being denied a promotion, being a victim of police abuse, and being discouraged from pursuing education were associated with lifetime visual hallucinations...”***

***“4% of the White sample endorsed a hallucination question. Hallucinations were 2.5-fold higher in the Caribbean sample...”***

## Psychotic experiences among Black college students in the United States: The role of socioeconomic factors and discrimination

Hans Oh <sup>a</sup>  , Ezra Susser <sup>b</sup>, Vanessa V. Volpe <sup>c</sup>, Florence Lui <sup>d</sup>, Megan Besecker <sup>a</sup>, Sasha Zhou <sup>e</sup>, Deidre M. Anglin <sup>f, g</sup>

***“Black college students were more likely to report lifetime psychotic experiences than their White counterparts. Moreover, socioeconomic factors and discrimination made significant contributions to this racial difference.”***



Soc Psychiatry Psychiatr Epidemiol (2014) 49:1545–1555  
DOI 10.1007/s00127-014-0870-8

ORIGINAL PAPER

**Racial discrimination is associated with distressing subthreshold positive psychotic symptoms among US urban ethnic minority young adults**

Deidre M. Anglin · Quenesha Lighty ·  
Michelle Greenspoon · Lauren M. Ellman





## Racism and psychosis: an umbrella review and qualitative analysis of the mental health consequences of racism

Felicia Boma Lazaridou<sup>1,2,3</sup> · Saskia J. Schubert<sup>4</sup> · Tobias Ringeisen<sup>4</sup> · Jakob Kaminski<sup>1</sup> · Andreas Heinz<sup>1,3,5</sup> · Ulrike Kluge<sup>1,3</sup>

### 1. Sense of differentness

- *“I'm always constantly reminded that I'm not a full hundred percent part of the society or not seen as a full part of the society because I'm Black and I have features that don't fall into the racist or stereotypical concept of a German. I'm not white”*

### 2. Negative self-awareness

- *“I feel like I have to be a lot more palatable, and not come across as too threatening”*

### 3. Paranoid ideation

- *“I constantly felt like I was being watched”*

### 4. Self-questioning and self-esteem instability

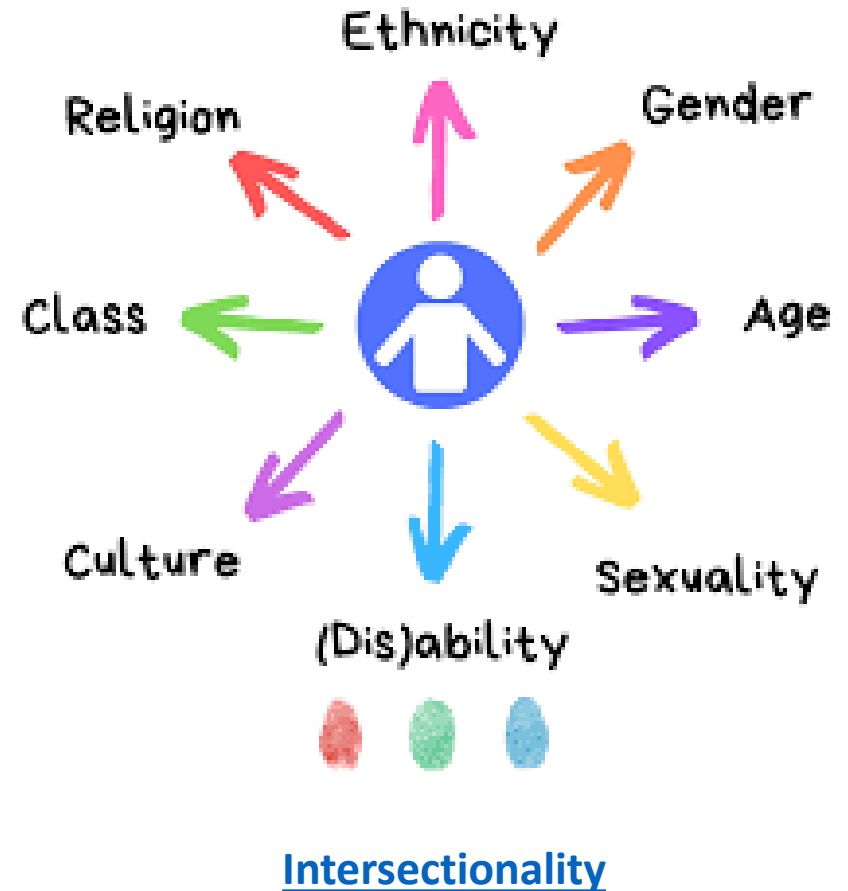
- *“I was constantly trying to fit in, and pretend, and hide my African ways”*

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# Importance

- Talking about race, ethnicity, and other cultural issues in session can demonstrate your cultural humility and enhance your therapeutic relationship **with patients** (Anders et al., 2021; Neville et al., 2006; Meyer & Zane, 2013; Owen et al., 2021)
- Related, adopting an intersectional framework (Crenshaw, 1989) and developmental lens (DeLuca et al., 2021) can help you meet patients' needs



# Assessment



AMERICAN  
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The Community for  
**Psychologists**  
in Independent Practice

Practice Innovations

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ISSN: 2377-8903

2022, Vol. 7, No. 3, 223–240  
<https://doi.org/10.1037/pri0000178>

## A Clinical Scale for the Assessment of Racial Trauma

Monnica T. Williams<sup>1</sup>, Muna Osman<sup>1</sup>, Jade Gallo<sup>2</sup>, Destiny Printz Pereira<sup>2</sup>,  
Sophia Gran-Ruaz<sup>1</sup>, Dana Strauss<sup>1</sup>, Lebert Lester<sup>2</sup>, Jamilah R. George<sup>2</sup>,  
Josef Edelman<sup>3</sup>, and Leib Litman<sup>3, 4</sup>

## Appendix

### The Racial Trauma Scale

Instructions: “Think about all the times when you have heard about, seen, or experienced racial discrimination. As a result of this, how bothered have you been by the following.” Scoring is 1 = *not at all*, 2 = *slightly*, 3 = *very much*, 4 = *extremely*.

#### Racial Trauma Scale – Clinical Version

1. Thinking the world is unsafe.
2. Feeling disconnected from myself.

3. Using alcohol to help me cope.
4. Feeling unsafe in public.
5. Having difficulties connecting with other people.
6. Using drugs to deal with my feelings.
7. Worrying about my loved one's safety.
8. Feeling nervous in social situations.
9. Using prescription medication to help with feelings.
10. Feeling society is unfair to people like me.



11. Fear that I will embarrass myself or others.
12. Causing myself physical pain (like cutting, burning, or hitting myself).
13. Thinking that others are purposefully working against me.
14. Feeling tired or as if I have less energy.
15. Sleeping too much.
16. Feeling watched by others.
17. Feeling worthless.
18. Weight changes without me trying.
19. Noticing people are less friendly to me.
20. Feeling like a failure.
21. Inability to stop moving.
22. Feeling on edge around people who might be racists.
23. Thinking I cannot reach my goals.
24. Reacting angrily.
25. Avoiding certain situations or speaking to certain people.
26. Feeling like I am not as good as others.
27. Thinking about ways to make other people suffer.
28. Watching my surroundings for danger.
29. Feeling like I cannot succeed.
30. Having nightmares about discrimination.

# Treatment: general principles

- **Assess and strengthen coping strategies** (Jacob et al., 2022; Williams et al., 2022),

e.g.,:

- Social support, spirituality/religion, problem-solving, self-care, self-compassion, mindfulness, etc.



- **Putting it in practice** (Williams et al., 2022):

- *“If you’re okay with it, I’d like to talk about how you respond when someone acts racist towards you or when you really feel the impact of being a Person of Color in society. What do you do after unpleasant things like this happen to you?”*



**Fig. 2.** Coping-strategies model. Types of racism are depicted as a linked circle. Categories of strategies used by Black individuals are wielded preferentially in a specific way to cope with each of the three types of racism.

Jacob et al., 2022

# Treatment: general principles (continued)

- **Validation and support (Williams et al., 2022), e.g.,**
  - “I am so sorry you had to experience that” or “Nobody should ever have to put up with those behaviors.”
- **Psychoeducation (Williams et al., 2022), e.g.,**
  - “Share with me the ways in which racism has impacted your life.”



Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

**ScienceDirect**

Cognitive and Behavioral Practice xxx (2022) xxx-xxx

Cognitive and  
Behavioral  
Practice

[www.elsevier.com/locate/cabp](http://www.elsevier.com/locate/cabp)

## **An Evidence-Based Approach for Treating Stress and Trauma due to Racism**

Monnica T. Williams, *University of Ottawa*  
Samantha Holmes, *City University of New York, College of Staten Island*  
Manzar Zare, *University of Ottawa*  
Angela Haeny, *Yale School of Medicine*  
Sonya Faber, *Bioville GmbH*





# Treatment: general principles (continued)

- **Therapist qualities (Williams et al., 2022), e.g.,**
  - Good understanding of microaggressions and racism
  - Good understanding of models of racial identity development
  - Ability to identify and diagnose racial trauma
  - Have done personal anti-racism work, along with a commitment to lifelong learning and curiosity in this area
  - Willingness to discuss racism and cultural issues, even if uncomfortable
  - Stance of cultural humility
  - Etc.



Source: Pixabay



# Treatment: specific strategies (Williams et al., 2022)

## Part 2: Healing

- |  |  |   |
|--|--|---|
| 4. Dismantling Internalized Racism   | Reduce shame, increase feelings of belongingness   | Cognitive defusion and restructuring, cultural exploration/appreciation                               |
| 5. Understanding Race & Whiteness  | Increase feelings of control by better predicting racism in environment                    | Psychoeducation about race, including the invisibility of Whiteness                                   |
| 6. Exposure & Processing of Experiences of Racism<br><i>(repeat as needed)</i> | Habituation through exposure, new thinking about event, reducing distress, shame and guilt | Conversations about distressing events, expressive writing, Socratic questioning, artistic expression |
| 7. Learning Strategies to Combat Racism  | Skill building to respond to racism in various situations, increase confidence to act      | Journaling racist events to discuss in session, review of possible responses, role play               |



# Treatment: specific strategies (Williams et al., 2022)

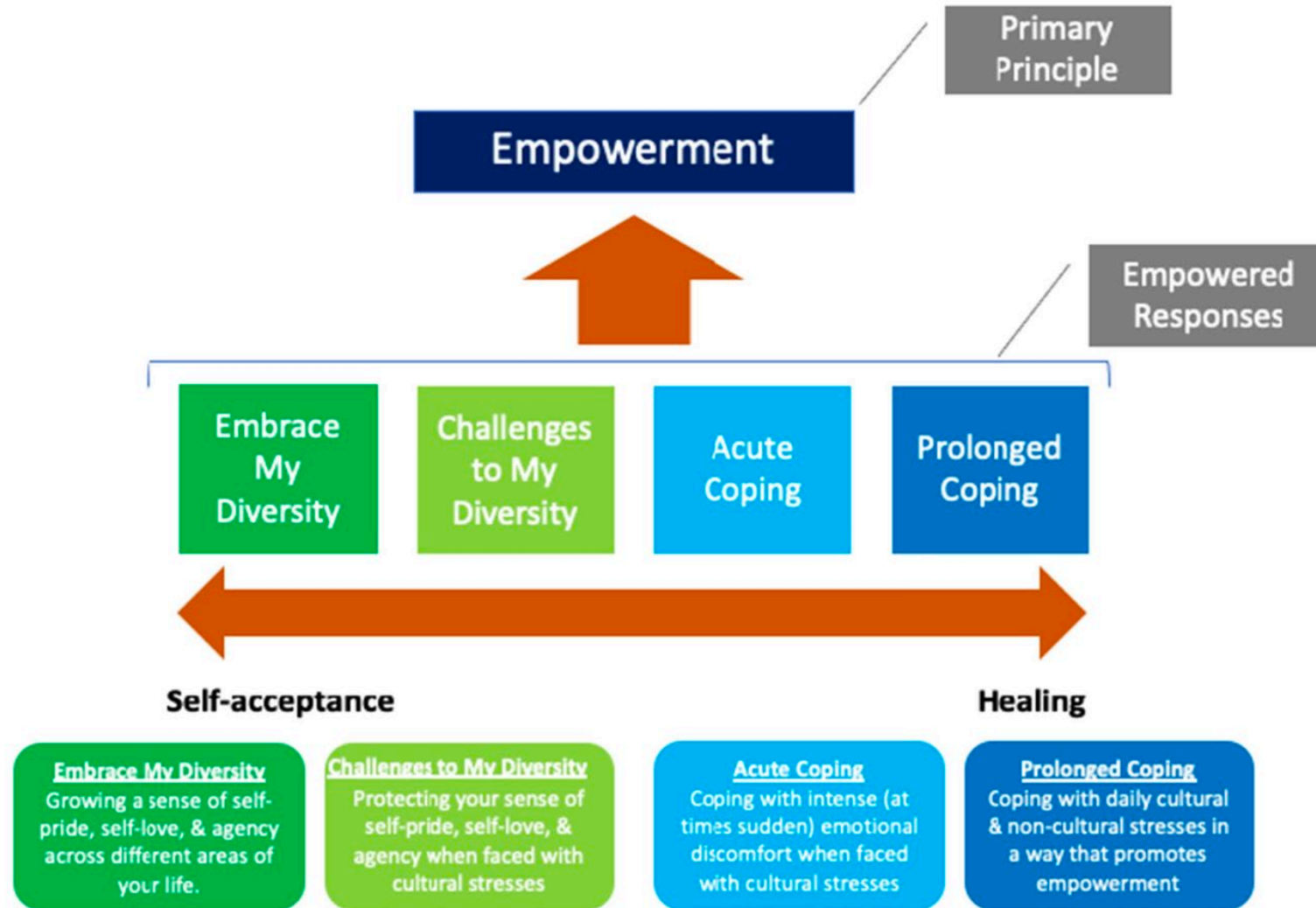
## Part 3: Empowerment

8. Practicing Combatting Racism in Everyday Life <i>(repeat as needed)</i>	Increase feelings of agency toward racism, reduce feelings of helplessness and victimization	Responding to racism in daily life, graduated exposure, make predictions and processing outcomes, skill building
9. Posttraumatic Growth and Meaning Making	Recognize and reinforce success	Consolidating events into a cohesive and meaningful narrative
10. Social Action, Activism, and Healing Outside Therapy	Ongoing meaning-making of prior trauma, promote change in one's environment, feel agentic	Evaluation of values, exposure to challenging situations, attempting racial justice goals
11. Good-Byes – Moving On	Relapse prevention	Synthesize course of treatment and mastery of techniques

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# Other considerations



**Step 2:  
Barriers to  
Empowerment**

**Step 3:  
Empowered Responses**

**Identity Distress**

"I am not confident in myself; I don't like myself; I struggle with loving and accepting myself"

**Embrace My Diversity**  
Growing a sense of self-pride, self-love, & agency across different areas of your life.

**Goal Examples:** "I want to better understand my strengths and positive attributes; I want to more confidently express myself to others; I want to know how to affirm and show love towards myself"

**Emotional Distress**

"I often don't even know what to feel; I just get so angry and don't know what to do"

**Challenges to My Diversity**  
Protecting your sense of self-pride, self-love, & agency when faced with cultural stresses

**Goal Examples:** "I want to know how racism has affected how I think about myself; I don't want to judge myself so much; I want to protect my self-love from the negative messages that others say about me"

**Systemic Stress**

"I don't have access to the things I need; I am not given the same chances as others"

**Acute Coping**  
Coping with intense (at times sudden) emotional discomfort when faced with cultural stresses

**Goal Examples:** "I want to notice my emotions; I want my emotional responses to align with my values; I want to feel proud of how I respond to cultural stress; I want to know how to cope with [insert racist event] when it happens again."

**Interpersonal Stress**

"I often get negatively judged for who I am; They don't accept my values; I am unfairly treated"

**Prolonged Coping**  
Coping with daily cultural & non-cultural stresses in a way that promotes empowerment

**Goal Examples:** "I want to know where I can feel safe to be myself; I want to know how to both respect my family and stay true to myself; I want to know who I can trust to support me; I want to find ways to change my community to be better."



# Let's consider again (adapted from DeLapp & Gallo, 2022)

- “Wilson” is a cisgender, bisexual, Black male who is 20 years old and attends college in a northeastern metropolitan city. He initially presented to psychotherapy due to a history of depression and anxiety that was at first attributed to college stress.
- As treatment progressed, Wilson specified that his symptoms of depression and anxiety could be triggered by perceptions of racism within his daily life, particularly at his part-time research job (e.g., perceiving that his white boss was not granting him the same career-advancement opportunities as his white peers)
- In such moments, Wilson expressed, “Why should I care about anything if they are just going to do this to people like me?” along with feelings of hopelessness, powerlessness, and anger
- Moreover, Wilson recently started experiencing *passive suicidal ideation*, *social withdrawal* (especially from typically supportive social networks), and transient *hallucinations* (e.g., voices) when he was confronted with race-based stress



# Other considerations

- **Remember:**
  - At its root, racial trauma is a *social problem* and the product of a “dysfunctional society” (Williams et al., 2022)
- **As such, broader efforts will be needed, e.g.,**
  - Upstream targeting of social determinants of health and social inequities that contribute to mental health problems (Oh et al., 2022)
  - Anti-racism campaigns in various settings (communities, schools, workplaces)
  - Reporting and focusing on race and ethnicity in psychosis research and clinical work (Nagendra et al., 2022)



# Agenda

1. Psychosis
2. Racial trauma
3. Psychosis *and* racial trauma
4. Assessment & treatment strategies
- 5. Summary & Q&A**

# Let's consider one last time (adapted from DeLapp & Gallo, 2022)

- “Wilson” is a cisgender, bisexual, Black male who is 20 years old and attends college in a northeastern metropolitan city. He initially presented to psychotherapy due to a history of depression and anxiety that was at first attributed to college stress.
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Source: Pixabay

# Summary

- Race-based stress/racial trauma experiences are common, especially among individuals from minoritized groups
- Psychosis and culture are deeply intertwined, and there is a long history of racism in the mental health field. Further, we know that racism and psychosis are strongly associated
- Assessment tools and treatment strategies focused on racial trauma are emerging and should be used in research and clinical work with individuals who have psychosis-spectrum experiences
- Cultural factors and broader identity factors must be considered in this work
  - Developmental and intersectional lenses

***I strongly encourage you to consider one thing you can do this week to better practice cultural humility and/or implement a racial trauma resource you learned about today***

# Selected references

- Akerele, O., McCall, M., & Aragam, G. (2021). Healing ethno-racial trauma in black communities: Cultural humility as a driver of innovation. *JAMA psychiatry*, 78(7), 703-704.
- Anglin, D. M., Ereshefsky, S., Klaunig, M. J., Bridgwater, M. A., Niendam, T. A., Ellman, L. M., ... & van der Ven, E. (2021). From womb to neighborhood: a racial analysis of social determinants of psychosis in the United States. *American Journal of Psychiatry*, 178(7), 599-610.
- Anglin, D. M., Lighty, Q., Greenspoon, M., & Ellman, L. M. (2014). Racial discrimination is associated with distressing subthreshold positive psychotic symptoms among US urban ethnic minority young adults. *Social psychiatry and psychiatric epidemiology*, 49(10), 1545-1555.
- Barnett, J. E., Bivings, N. D. (2002). Culturally sensitive treatment and ethical practice. *The Maryland Psychologist*, 48(2)
- Crenshaw, K. W. (2017). *On intersectionality: Essential writings*. The New Press.
- DeLapp, R. C., & Gallo, L. (2022). A Flexible Treatment Planning Model for Racism-Related Stress in Adolescents and Young Adults. *Journal of Health Service Psychology*, 1-13.
- DeLuca, J. S., Novacek, D. M., Adery, L. H., Herrera, S. N., Landa, Y., Corcoran, C. M., & Walker, E. F. (2022). Equity in mental health services for youth at clinical high risk for psychosis: Considering marginalized identities and stressors. *Evidence-Based Practice in Child and Adolescent Mental Health*, 7(2), 176-197.
- DeLuca, J. S., Yang, L. H., Lucksted, A. A., Yanos, P. T., DeVlyder, J., Anglin, D. M., ... & Corcoran, C. M. (2021). Reducing Stigma Among Youth at Risk for Psychosis: A Call to Action. *Schizophrenia bulletin*, 47(6), 1512-1514.
- Haeny, A. M., Holmes, S. C., & Williams, M. T. (2021). The need for shared nomenclature on racism and related terminology in psychology. *Perspectives on Psychological Science*, 16(5), 886-892.
- Jones, N., Kamens, S., Oluwoye, O., Mascayano, F., Perry, C., Manseau, M., & Compton, M. T. (2021). Structural Disadvantage and Culture, Race, and Ethnicity in Early Psychosis Services: International Provider Survey. *Psychiatric Services*, appi-ps.
- Lazaridou, F. B., Schubert, S. J., Ringeisen, T., Kaminski, J., Heinz, A., & Kluge, U. (2022). Racism and psychosis: an umbrella review and qualitative analysis of the mental health consequences of racism. *European archives of psychiatry and clinical neuroscience*, 1-14.
- Lee, R. T., Perez, A. D., Boykin, C. M., & Mendoza-Denton, R. (2019). On the prevalence of racial discrimination in the United States. *PloS one*, 14(1), e0210698.
- Metzl, J. M. (2010). *The protest psychosis: How schizophrenia became a black disease*. Beacon Press.
- Oh, H., Cogburn, C. D., Anglin, D., Lukens, E., & DeVlyder, J. (2016). Major discriminatory events and risk for psychotic experiences among Black Americans. *American journal of orthopsychiatry*, 86(3), 277.
- Nagendra, A., Orleans-Pobee, M., Spahnn, R., Monette, M., Sosoo, E. E., Pinkham, A. E., & Penn, D. L. (2022). How often do US-based schizophrenia papers published in high-impact psychiatric journals report on race and ethnicity?: A 20-year update of Lewine and Caudle (1999). *Journal of Mental Health*, 31(5), 649-656.
- Oluwoye, O., Stiles, B., Monroe-DeVita, M., Chwastiak, L., McClellan, J. M., Dyck, D., ... & McDonnell, M. G. (2018). Racial-ethnic disparities in first-episode psychosis treatment outcomes from the RAISE-ETP study. *Psychiatric Services*, 69(11), 1138-1145.
- Uink, B., Bennett, R., Bullen, J., Lin, A., Martin, G., Woods, J., & Paradies, Y. (2022). Racism and indigenous adolescent development: A scoping review. *Journal of Research on Adolescence*.
- Williams, M. T., Holmes, S., Zare, M., Haeny, A., & Faber, S. (2022). An evidence-based approach for treating stress and trauma due to racism. *Cognitive and Behavioral Practice*.
- Williams, M. T., Osman, M., Gallo, J., Pereira, D. P., Gran-Ruaz, S., Strauss, D., ... & Litman, L. (2022). A clinical scale for the assessment of racial trauma. *Practice Innovations*.

# Questions



# Evaluation Information

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- The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.
- At the end of today's training please take a moment to complete a **brief** survey about today's training.

[Evaluation Link](#)

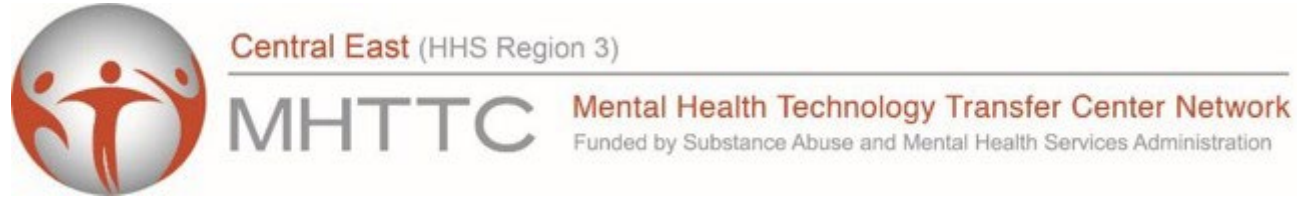




# Appreciation



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