The University of Washington

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The SMART Center 2021 Speaker Series

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Question and Answer

All questions (1)   **My questions (1)**

You 07:35 AM

This is a test question!

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Northwest (HHS Region 10)
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The University of Washington

School Mental Health Assessment, Research, & Training (SMART) Center *Presents*

The SMART Center 2021 Speaker Series

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Rhonda Nese   Anne Gregory

Ilene Schwartz   Ginger Kwan

Emma Elliott-Groves   Janine Jones

December 2, 2020
8:30 - 9:45am

RSVP here:
http://bit.ly/RhondaNese

Developing an Instructional Alternative to Exclusionary Discipline Practices

Rhonda Nese, PhD Assistant Professor in the Dept. of Special Education and Clinical Sciences at University of Oregon; Principal Investigator within Educational and Community Supports

March 3, 2021
8:30 - 9:45am

RSVP here:
http://bit.ly/AnneGregory

Strengthening Relationships and Repairing Harm: A Paradigm Shift in School Discipline Practice and Research

Anne Gregory, PhD Professor in the Graduate School of Applied and Professional Psychology at Rutgers University

April 7, 2021
8:30 - 9:45am

RSVP here:
https://bit.ly/IleneGinger

Using a Racial Equity Theory of Change (RETOC) to Facilitate Collaboration Between University Researchers and a Community Based Organization

Ginger Kwan Executive Director of Open Doors for Multicultural Families

Ilene Schwartz, PhD, BCBA-D Director of Special Education, Doctoral Program at the University of Washington College of Education

May 5th, 2021
8:30 - 9:45am

RSVP here:
https://bit.ly/EmmaElliottGroves

Indigenous Systems of Relationality: Designing for Transformative Agency in Indigenous Community Psychology

Emma Elliott-Groves, PhD Assistant Professor in the Dept. of Learning Sciences and Human Development at the University of Washington College of Education

June 2nd, 2021
8:30 - 9:45am

RSVP here:
http://bit.ly/JanineJones

Culturally Responsive School Mental Health Interventions

Janine Jones, PhD Professor and Associate Dean for Academic Affairs at the University of Washington College of Education

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A few reminders about today's session...

- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.

- All attendees are muted and videos are turned off.

- Have a question for the presenter? Use the Q&A feature.

- Have a comment or resource for all attendees? Use the Chat feature.

- We will leave a few minutes at the end to make sure you have all the links and resources you need and to allow time for an evaluation.

- Certificates of attendance and Washington in-service forms will be provided after you complete the evaluation.

Please Note:
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Land Acknowledgement

The SMART Center acknowledges that we learn, live, and work on the ancestral lands of the Coast Salish people who walked here before us, and those who still walk here. We are grateful to aim to respectfully live and work on these lands with the Coast Salish and Native people who call this home.

Mission: To promote high-quality, culturally-responsive programming to meet the full range of **social, emotional, and behavioral (SEB) needs** of <u>all</u> students through **research**, **training, technical assistance, and support to policy-making**.

Role of the SMART Center

> **Set the context**
  – **Basic research on SMH**
> **Generate evidence**
  – **Develop and test models that "work"**
> **Mobilize evidence**
  – **Provide research-based training and TA**
  – **Conduct research on implementation and technical assistance strategies**
> **Build political will**
  – **Disseminate information broadly**
  – **"Be at the table" with funders and policy-makers**

UW SMART Center Post-Doctoral Fellows

Stephanie Brewer
PhD

Catherine M Corbin
PhD

Maria Hugh
PhD, BCBA

Courtney Zulauf-McCurdy
PhD

Learn more about our SMART Center team here: bit.ly/SMARTCenterTeam

https://**depts.washington.edu/uwsmart/**
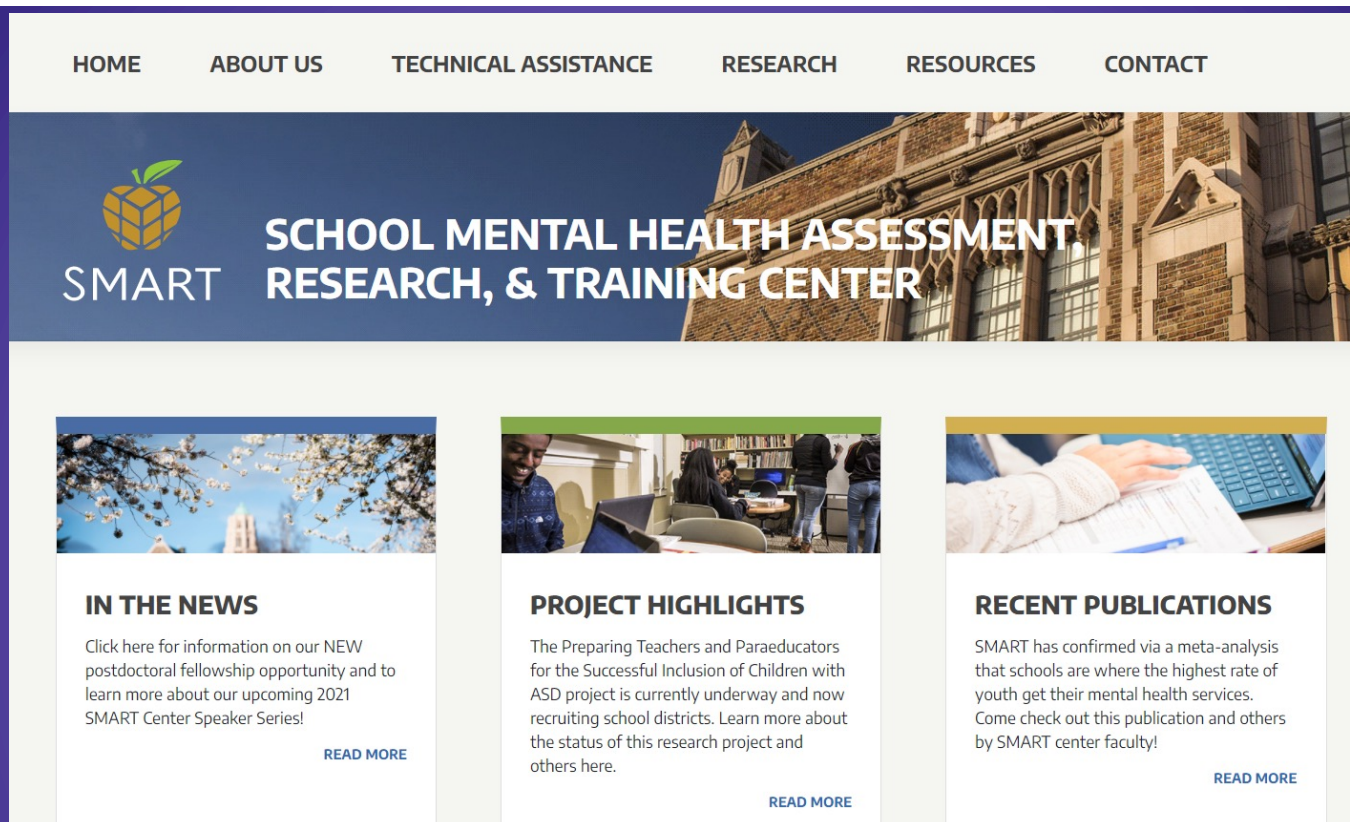
Aaron R. Lyon, Ph.D.

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Get in touch!

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Northwest MHTTC School Mental Health Team

Kelcey Schmitz, MSEd   Megan Lucy, BA   Nathaly Florez, BA   Eric Bruns, PhD
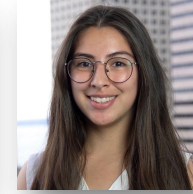
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Our goals:

- Provide direct training and TA on the implementation of mental health services in schools
- Build infrastructure and create learning communities
- Support educational leaders to promote mental health for ALL

REGION 10
Northwest MHTTC
University of Washington

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Culturally Responsive School Mental Health Interventions

Janine Jones, PhD Professor and Associate Dean for Academic Affairs at the University of Washington College of Education
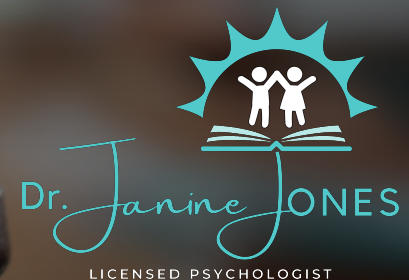
Terminology

Culturally Responsive Practices

Culturally and Linguistically Diverse (CLD)
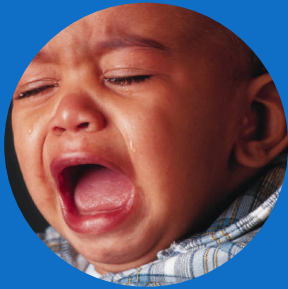
Black, Indigenous, and People of Color (BIPOC)

Racialized/Minoritized

Bias

Evidence-based Interventions

Cultural Factors are the foundation for treatment interventions

Emotions

Thoughts

Behaviors

Interventions

Cultural Context

Cultural Adaptations for Evidence-based Interventions

Why do cultural adaptations?

1

What models exist for doing so?

2

How do we do it?

3

Why do Cultural adaptations?

Historical perspectives on mental health treatment and stigma

History of Mental Health Treatment

Paternalistic	"I am the expert and will fix the problem"	High SES
Individualistic	Overly reliant on the clinician expertise and skill level to be successful	"savior complex"

Therapy and Stigma

- Old clinical research that harmed communities of color

- Deficit model- rather than strengths based

- Experiences with Bias in all environments

- Hierarchy in therapy simulates the same oppression experienced in life

- Implies that you don't have enough faith

- Bias of clinicians who have no awareness of cultural factors for populations other than their own.

- Culture is difficult to operationalize, so how does bias affect therapy?
  - Attrition
  - Lack of trust
  - Disconnect
  - Explaining is exhausting

What cultural adaptations do

Benefits to treatment

- Improves cultural compatibility
- Has ecological validity
- Allows the clinician more opportunities for addressing unique needs of the client

Benefits to the client

- Includes the client's subjective experience
  - Values orientation
  - Coping mechanisms
  - Experience with discrimination
- Increases treatment acceptability
- Increases generalizability beyond the session

Benefits to the clinician:

Helps show cultural competence and enhances rapport

Bernal et al, 2009; Castro-Olivo & Merrell, 2012; Jones et al, 2017; Zigarelli et al, 2016
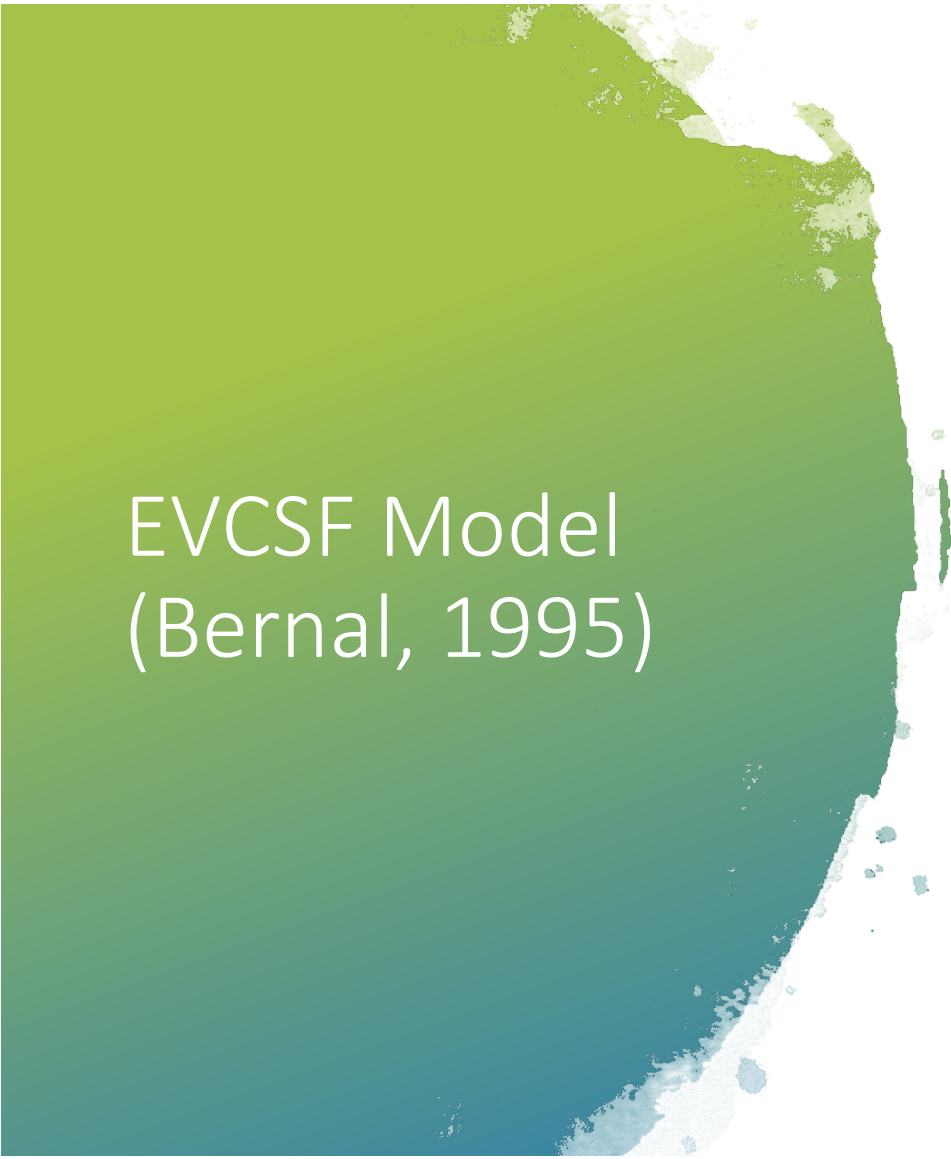
What should we be doing?

- Design interventions within the cultural context
- Employ intervention procedures appropriate for the target group
- Address within-group variation
- Attend to acculturation before making interpretations

2

Models of Cultural Adaptation

What goes into making treatment adaptations?

Models of Cultural Adaptation

- Model for Effective Deployment and Translation of Science into Practice (MEDTSP) (National Advisory Mental Health council, 2001)

- Stage Model of Behavioral Therapies (SMBT) (Onken, Blaine, Battjes, 1997; Rounsaville, Carroll, and Onken, 2001)

- Formative Method for Adapting Psychotherapy (FMAP) (Hwang, 2009)

- Ecological Validity and Cultural Sensitivity Framework(EVCSF) (Bernal, Bonilla, and Bellido, 1995)

EVCSF Model (Bernal, 1995)

- **Language**– is the language appropriate and culturally syntonic

- **Person**– role of ethnic similarities and differences between client and clinician in shaping treatment

- **Content**– cultural knowledge of the clinician

- **Concepts**- treatment concepts consistent with the culture and the context

- **Goals**– support of positive and adaptive cultural values– not imposing new values

- **Methods**– cultural enhancement of treatment methods

- **Context**- consider the sociocultural, and economic context of the client

EVCSF Model (Bernal et al., 1995)

Person: recognize cross cultural differences

Communication Style Differences

	Culture A	Culture B	Culture C	Culture D	Culture E
Speaking style	Softly/slower	Softly	Softly	Loud/fast to control more	Animated with affect/emotion
Eye Contact	Indirect gaze with listening or speaking	Avoidance of eye contact while listening or speaking to high status persons	Avoidance of eye contact while listening or speaking to high status persons	Greater eye contact when listening	Direct eye contact (prolonged) when speaking, but less when listening
Pattern	Interject less: limited encouraging communication	Interject less; limited encouraging communication	Interject less	Head nods; nonverbal markers	Interrupt (turn taking) when can
Response speed	Delayed auditory (silence)	Mild delay	Mild delay	Quick responding	Quicker responding
Intensity	Low-keyed, indirect	Low-keyed, indirect	Low-keyed, indirect	Objective, task oriented	Affective, emotional, and interpersonal

Adapted from: Sue, D.W, and Sue D. (2008). *Counseling the Culturally Diverse: Theory and Practice* (5th Edition). New Jersey: Wiley

Context and Value Differences

Context A High Context

- The status of parties is an important consideration (respect takes priority)

- One must know the person well to be understood

- Knowing the history of a person is important

- Interdependence is core to relationships

Context B Low Context

- One must be direct to be understood (being heard takes priority)

- Communication rules must be applied in a similar way in all settings

- One should look to the future to find solutions

- Independence leads to success

Method: Alter your approach to start with a good sociocultural history

Jones Intentional Multicultural Interview Schedule (JIMIS)

Table 1. ADDRESSING Framework and the Jones Intentional Multicultural Interview Schedule (JIMIS)

ADDRESSING framework Cultural Influences	Application to Minority Groups	Sample questions from Jones Intentional Multicultural Interview Schedule (JIMIS)
Age/ generational	Children, adolescents, elders	How do you define family? Who is in your family? Who lives in your home? What do your family members call you? Where were you born? Where does most of your family live now? Who makes the decisions about your daily care (e.g. transportation, food, discipline)?
Developmental disabilities **D**isabilities acquired	Developmental disabilities or acquired disabilities	What are some challenges that you or your family members have to deal with? Tell me what you think about school. What emotions come to mind when you think about your schoolwork?
Religion & Spirituality	Religious minority cultures	How does your family deal with feelings? What are some coping strategies that they use? How do religion and spirituality impact your family? Who do you turn to when you are sad, scared, or worried about something?
Ethnic and Racial Identity	Ethnic and racial minority cultures	What does your family think about counseling? What do you think about it? What are some things about your family that few people know? How do you describe yourself in terms of your race? How does your race affect your relationships with other people? What issues to you have with hair and/or skin color? What experiences do you have with racial conflict? Who supports you the most at school? At home?

6/1/21

Jones Intentional Multicultural Interview Schedule

(cont.)

|		
Sexual orientation	Gay, lesbian, bisexual people	What are some characteristics about you that make you similar or different from people in your peer group? Is there a label that your peers use to describe groups of kids at your school? Which label best identifies your group?
Indigenous heritage	Indigenous/Aboriginal/Native people	What are some rituals /routines that your family does daily? Which are used to cope with stress? What situations are most stressful for you?
National origin	Refugees, immigrants, international	How and when did your family arrive in the United States? What were the circumstances of their arrival?
Gender	Women, transgender people	When there is conflict with peers at school, what is the usual cause? What are some characteristics about you that make you different from people in your peer group? What do you believe are the responsibilities of women or men?

Notes:
[1] For a comprehensive review of the ADDRESSING framework, see Hays, P. A. (2016). *Addressing cultural complexities in practice: A framework for clinicians and counselors* (3rd ed.). Washington, DC: American Psychological Association

[2] For the original JIMIS, see Jones, J.M. (2009). Counseling with multicultural intentionality: The process of counseling and integrating client cultural variables. In J.M. Jones (Ed.), *The psychology of multiculturalism in schools: A primer for practice, training, and research* (pp 191-213). Bethesda, MD: National Association of School Psychologists.
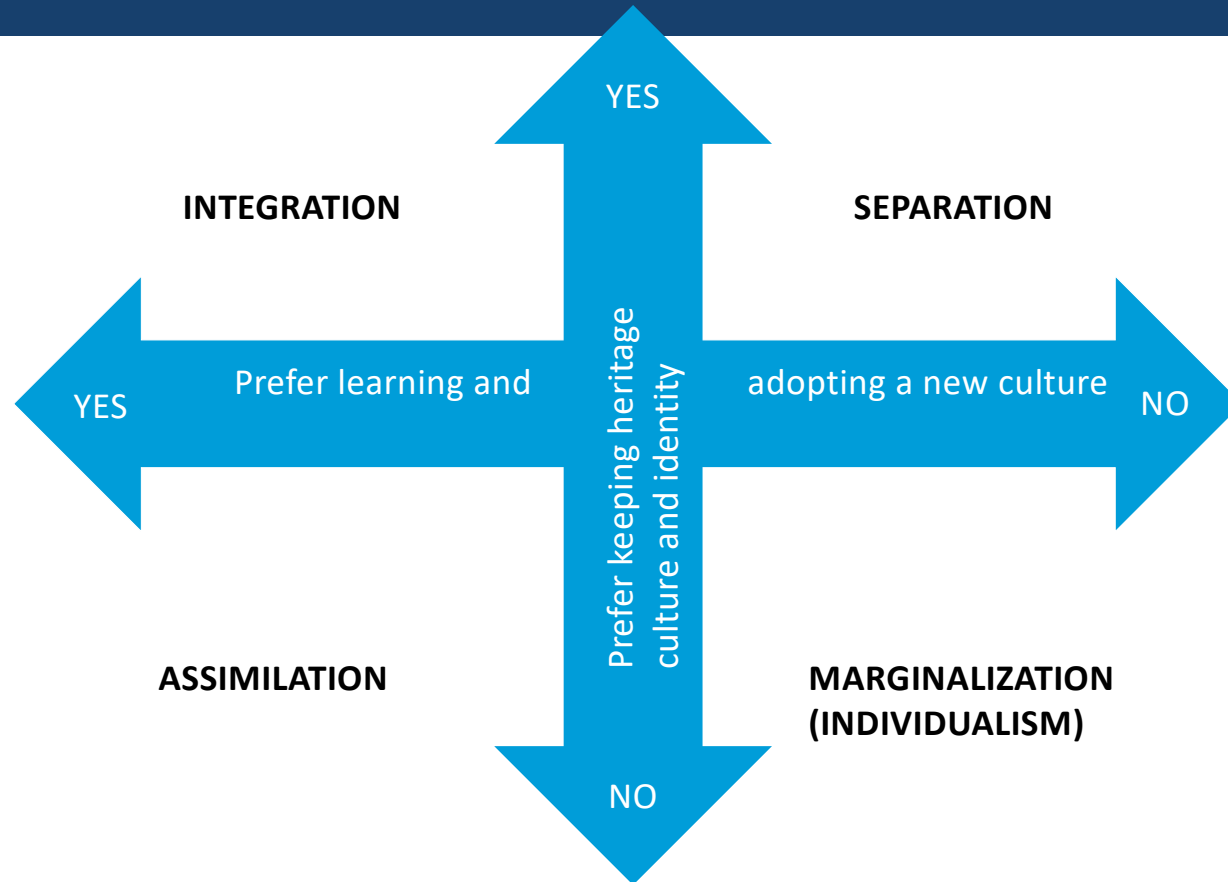
[3] For a study of the application of the questions in this table, see Zigarelli, J., Jones, J.M., Palomino, C. and Kawamura, R (2016). Culturally-Responsive Cognitive Behavioral Therapy: Making the case for integrating cultural factors in evidence-based treatment. *Clinical Case Studies, 15*(6), 427-442. doi: 10.1177/1534650116664984.

Content: know the culture
(or at least basics about the culture)
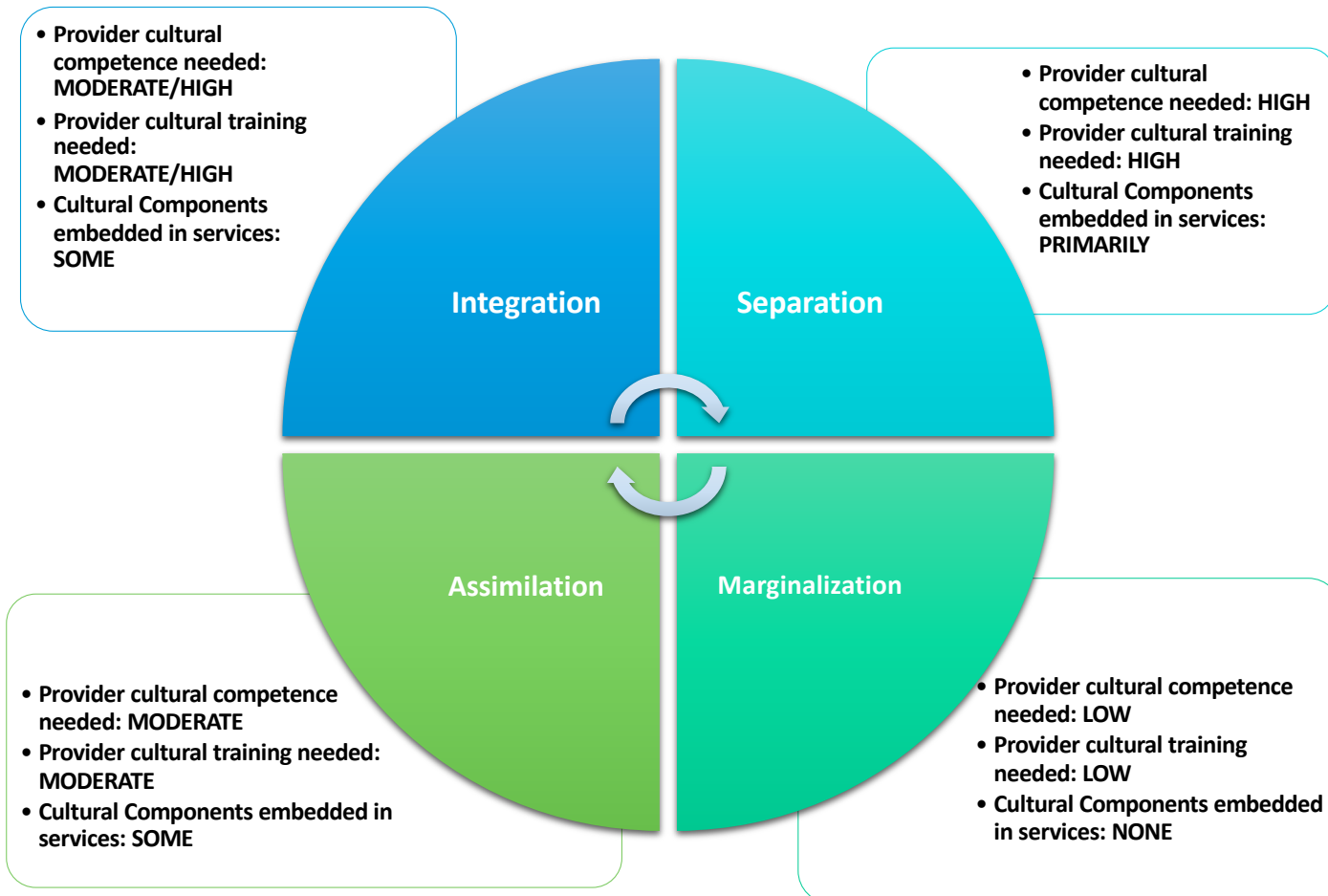
Cultural Data Collection: General Domains of knowledge
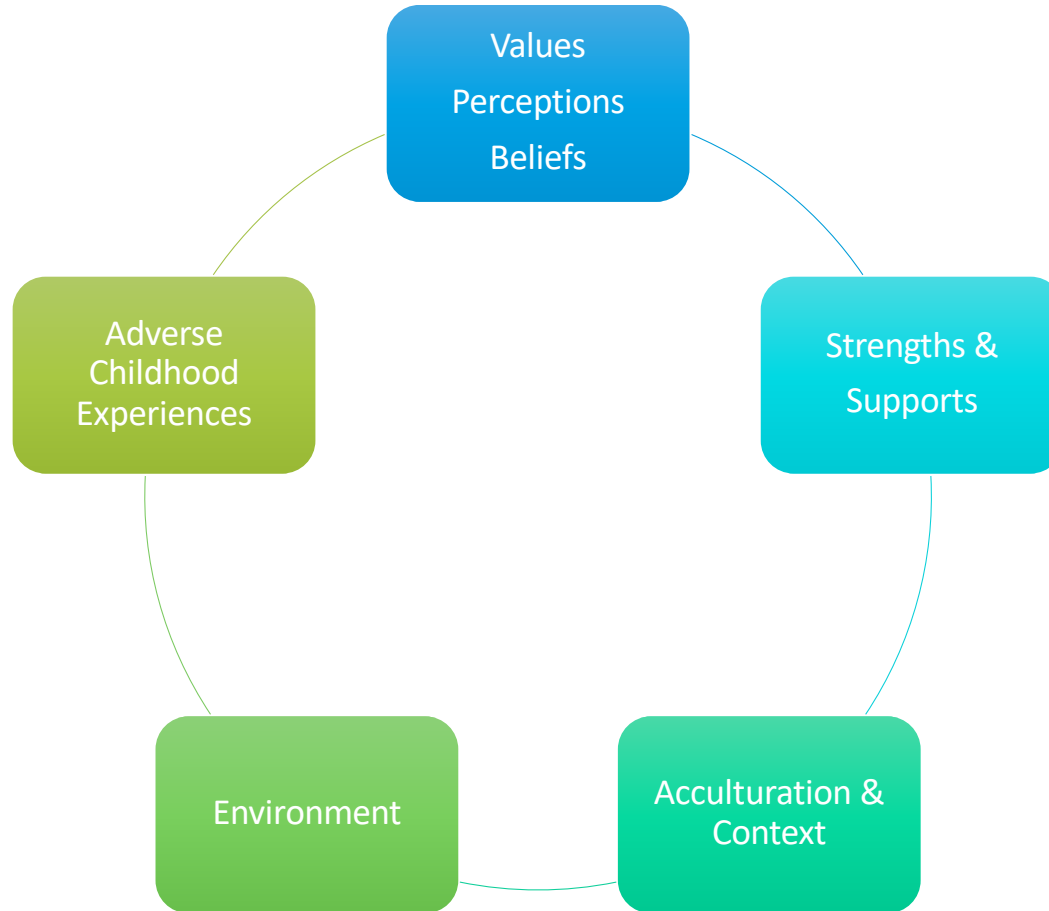
Acculturation

Adaptation of Berry's acculturation model (Berry, 2005)

Acculturation and Interventions

- Provider cultural competence needed: MODERATE/HIGH
- Provider cultural training needed: MODERATE/HIGH
- Cultural Components embedded in services: SOME

Integration

Separation

- Provider cultural competence needed: HIGH
- Provider cultural training needed: HIGH
- Cultural Components embedded in services: PRIMARILY

Assimilation

Marginalization

- Provider cultural competence needed: MODERATE
- Provider cultural training needed: MODERATE
- Cultural Components embedded in services: SOME

- Provider cultural competence needed: LOW
- Provider cultural training needed: LOW
- Cultural Components embedded in services: NONE

Janine M Jones, PhD, NCSP

AHIMSA
(Attitudes, Habits, and Interests Multicultural Scale for Adolescents)

1. I am most comfortable being with people from . . .

2. My best friends are from . . .

3. The people I fit in with best are from . . .

4. My favorite music is from . . .

5. My favorite TV shows are from . . .

6. The holidays I celebrate are from . . .

7. The food I eat at home is from . . .

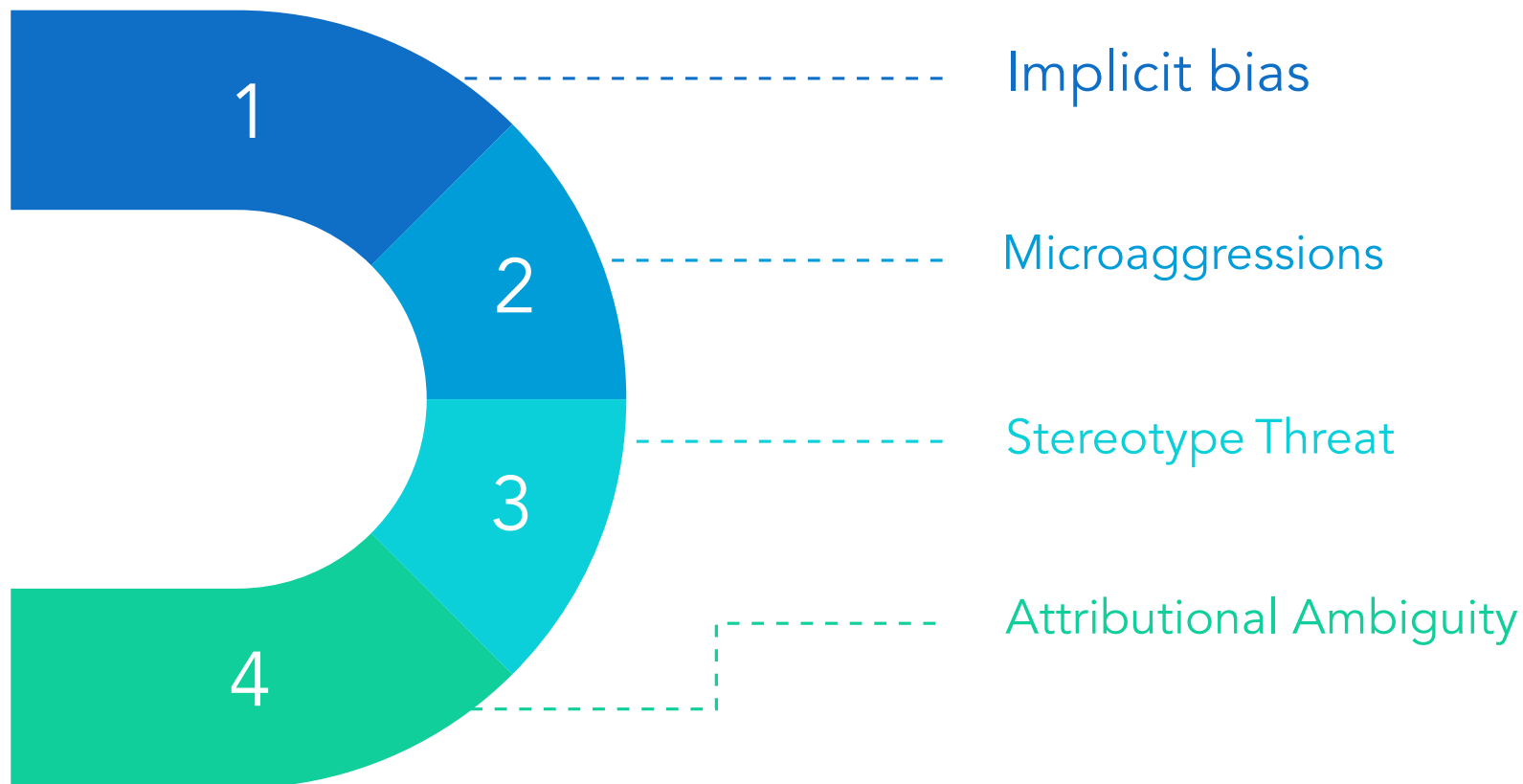8. The way I do things and the way I think about things are from . . .

Unger, J.B., Gallagher,P., Shakib, S. Ritt-Olson, A, Palmer, P.H., & Johnson, C.A. (2002).

EVCSF Model (Bernal et al., 1995)

Context: Pay attention to the social and ecological context that they live in

Understanding People Who Experience Racial Oppression

Key concepts that you should know and ask about

1 ----------- Implicit bias

2 ----------- Microaggressions

3 ----------- Stereotype Threat

4 ----------- Attributional Ambiguity

Racial Microaggressions (video)

Stereotype threat and Microaggressions in the Classroom

Illustration: Vanessa Solis   Adapted text: Janine Jones

Attributional ambiguity

Behaviors associated with trauma and long-term stress

School Avoidance	Irritability	Hypervigilence (always "on guard")
Anxiety	Pessimism	Withdrawn
Clinginess	Numbing to pain (apathy)	Aggression

Goals: make them positive, value oriented, and strengths based

Integrate Culturally Related Personal Strengths

- pride in one's culture
- Ability to "code switch" (selectively apply group norms based on context)
- religious faith or spirituality
- artistic and musical abilities
- bilingual and multilingual skills
- group-specific social skills
- sense of humor
- wisdom from experiences
- Deep connections to land and the elements

- culturally-related knowledge & practical skills (fishing, hunting, farming, medicinal plants)
- culture-specific beliefs that help one cope with prejudice & discrimination
- respectful attitude towards the natural environment
- commitment to helping one's own heritage group (giving back)
- Ability to balance group loyalty and personal autonomy
- Ability to resist internalized oppression

Hays, 2009; Sue & Sue, 2018

Positive racial Identity leads to:

Higher academic engagement	Greater self esteem	buffering from oppression
stronger emotion regulation	increased graduation rates	reduced rates of teen pregnancy

Interpersonal Cultural Supports

extended families including non-blood-related	cultural or group-specific networks	religious communities	traditional celebrations and rituals
recreational, playful activities	story-telling activities that make meaning and pass on history of the group	involvement in political/social action group	Access to elders for guidance and insight

Remember that therapy is not about the tools most of the time, it is about the *safe and trusting relationship* that allows people to become unstuck from old patterns

Integrating culturally responsive approaches in treatment

Key Elements of Culturally Responsive Interventions

We must *intentionally* complete the puzzle

Building Emotion Regulation Skills

Skill building in context of relationships with others

Strengths Based

Identify and apply individual strengths as the foundation for all interventions

Psychoeducation

Partner with BIPOC youth and families in understanding symptoms in context while externalizing symptoms from their identity

Maximize Relationships

Culturally Responsive practices are interpersonal, collectivistic, and foster engagement with others
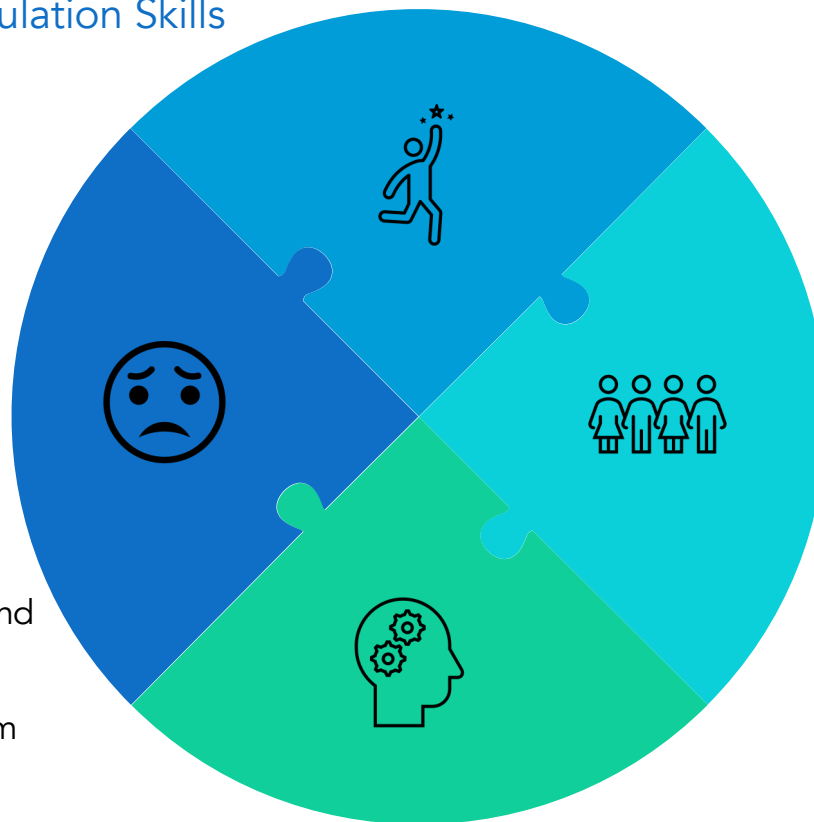
THRIVE

Resources

Graves, S & Blake, J. (2016). Psychoeducational Assessment and Intervention for Ethnic Minority Children: Evidence based approaches. Washington: APA.

Jones, J.M. (2009). the Psychology of Multiculturalism in the Schools: a Primer for Practice, Training, and Research. Bethesda: NASP.

Paniagua, F (2014). Assessing and Treating Culturally Diverse Clients: A practical guide, 4th Edition. Thousand Oaks: Sage.

Sue, D.W., & Sue, D. (2015) Counseling the Culturally Diverse: Theory and Practice, 7th Edition: New York: Wiley.
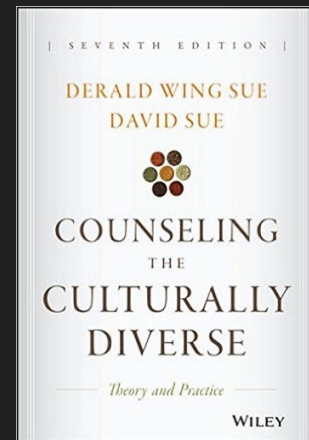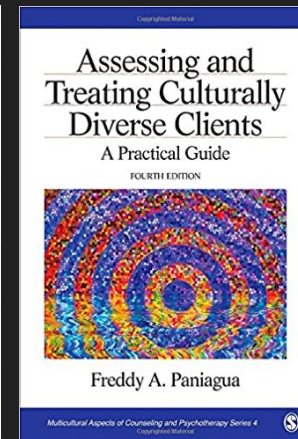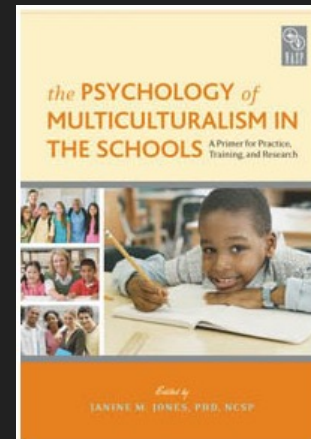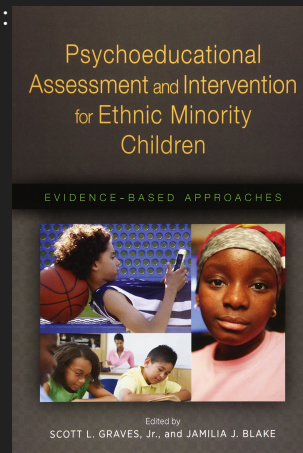
Web: www.drjaninejones.com   Twitter: @drjaninejones

Dr. Janine JONES

Questions

Session Evaluation

- Required by our funder (SAMHSA)
- Used to inform, refine, & enhance future events/activities
- Helps communicate the need for this type of support
- Voluntary and anonymous
- Very important! *We will end a few minutes early and ask that you please take a few moments to complete.*