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Culturally Responsive Adaptations in Therapy: General Considerations and Application

Victor Villarreal, PhD, NCSP, LP
TASP 2022 Fall Convention
November 4, 2022

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About Myself

- Associate Professor, Department of Educational Psychology, School Psychology, UTSA
- Licensed Specialist in School Psychology, Licensed Psychologist
- Active in supervision of mental health services and psychological evaluation
- Father of three!

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Previous research…

Contemp School Psychol (2017) 21:181–190
DOI 10.1007/s40688-016-0115-9

Models and Frameworks for Culturally Responsive Adaptations of Interventions

Lisa S. Peterson[1] · Victor Villarreal[1] · Maria J. Castro[1]

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Abstract Research suggests that culturally and linguistically diverse (CLD) youths are underserved by mental health systems, CLD youths are less likely to receive mental health services and more likely to receive services that are inappropriate or inadequate. The lack of well-established treatments for CLD youths has been cited as one contributing factor to this problem. Consequently, it has been suggested that there...

Keywords Mental health · CLD Psychotherapy · Cultural comp...

Many mental health disorders h adolescence, and a sizeable 20% of school-age children...

Contemp School Psychol (2014) 18:159–167
DOI 10.1007/s40688-014-0027-3

Cultural and Linguistic Diversity Representation in School Psychology Intervention Research

Victor Villarreal

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Abstract An understanding of the current intervention research is critical to the adoption of evidence-based practices in the delivery of psychological services; however, the generalizability and utility of intervention research for culturally and linguistically diverse youth may be limited by the types of research samples utilized. This study addresses this topic, as it represents a content analysis of research published in school psychology journals from 2005 to 2012. A search of articles...

61 to 52 %; conversely, Hispanic public sc increased from 16 to 23 %. The percentage of ican students declined slightly, but that of A landers rose from 4 to 5 % and that of multirac to 2 %. Similarly, the percentage of public sc the USA who were identified as English lan (ELLs) was higher in 2010–2011 than it was These trends are expected to continue over...

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Current interest… Supervision & Practice

- Therapy considerations (supervision)
- General recommendation - *initially* - to implement "manualized" intervention protocols
  - ✓ Clear plan
  - ✓ Purposeful sessions
  - ✓ Consistent progress
  - ✓ Access to relevant materials

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Current interest… Supervision & Practice

TRANSDIAGNOSTIC PROGRAMS

Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Adolescents

WORKBOOK

JILL EHRENREICH-MAY
SARAH M. KENNEDY
JAMIE A. SHERMAN
SHANNON M. BENNETT
DAVID H. BARLOW

MERRELL'S
Grades 3–5
STRONG KIDS

A Social & Emotional Learning Curriculum

SECOND EDITION

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Behavioral Activation Recommendation…

Go to the aquarium!

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Agenda

1. Discuss need for culturally responsive adaptations in therapy
   - Bias in experiences
   - Research and outcomes
2. Consider
   - Questions for individualized accommodations
   - Models of culturally responsive adaptations
   - Unique experiences of clients
3. Application in an established treatment protocol

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Trusted Ten

- List the 10 people you trust the most

1.
2.
3.
4.
.
.
.

Trusted Ten

• Categorize each person by

Gender | Race/ethnicity | Age | Sexual orientation | Education level | Disability
1.
2.
3.
4.

Trusted Ten

• What did you learn?
• How do you feel about possible patterns?
• Relevance to the presentation topic (culturally responsive adaptations in therapy)?

Shared values, access, expectations, experiences… →
• Bias about motivation, goals, reinforcement
• Bias about resources, access
• Bias about method(s) of communication

Methods for Culturally Responsive Adaptations

1. General questions to inform **INDIVIDUALZIED** service provision
2. Consideration of general **CULTURAL VARIABLES**
3. Consideration of **UNIQUE EXPERIENCES**

General Questions to Inform Service

• Individualized approach to identify appropriate, practical adaptations in service (Dennison et al., 2019)
• Minimizes use of generalizations in regards to culture
• "Client led" process
• How should we consider… in treatment? (major categories):
  • Cultural practices
  • Communication
  • Client-provider relationship
  • Accessibility/environmental
  • Goals/support in therapy

Example Q's – Cultural Practices

- What household rules, customs, or courtesies (e.g., completing chores, respecting elders) are important to your family or affect your family's day-to-day living?
- What other practices are important to your family or affect your family's day-to-day living (e.g., eating practices, religious practices, spiritual practices)?
- What are experiences that are related to your culture that we should consider?

Example Q's - Communication

- What is your preferred method of communication outside of service sessions (e.g., emails, text messages, phone calls)?
- Which days of the week and times of the day do you prefer we communicate with you?
- Some families have expectations or preferences for verbal communication (e.g., tone of voice, rate of speech, words or phrases) and non-verbal communication (e.g., proximity/personal space, body language, eye contact, gestures) – what are yours?

General Questions to Inform Service

- How should we consider…? (major categories):
  - Cultural practices
  - Communication
  - Client-provider relationship
  - Accessibility/environmental
  - Goals/support in therapy

    Pair-and-Share

Example Q's – Client-Provider Relationship

- When working with those who provide services for your child, in what ways did you feel that the service providers did not understand your family's needs or did not provide appropriate services?

- What have you found to be helpful when working with other service providers who have worked with your child?

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Example Q's – Client-Provider Relationship

- How would you describe your ideal service provider (e.g., characteristics, traits, or behaviors)? In other words, what are some important things we should consider when providing services for your child and working with your family?

- When working or communicating with someone from a similar or different background who provide services for your child, what aspects do you find helpful?

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Example Q's – Accessibility/Environmental

- Would any of the following get in the way of accessing services or being involved in services for your child?

  - Work schedule
  - Time of provision of services
  - Transportation
  - Childcare
  - Extracurricular activities
  - Access to internet, cellphone service, electricity
  - Method of service delivery (e.g., face-to-face, remote)

  - Responsibilities in the home (e.g., supervising [taking care of] another child, cleaning the home, preparing dinner)
  - Responsibilities outside the home (e.g., work-related duties)
  - Family routines

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Example Q's – Goals/Support

- When developing goals for your child, what values (e.g., emphasis in independence, respect, academic skills, daily living skills, social skills, emotional functioning) should we consider?
- From your experience, how do you think you would learn best to implement interventions with your child (e.g., instruction, demonstration, practice, repetition, correction in the moment, check-in before or after each session, Q&A)?
- Are there any approaches to service that you would dislike?

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Methods for Culturally Responsive Adaptations

1. General questions to inform **INDIVIDUALZIED** service provision

   - **Major goals:**
     - Build rapport
     - Identify difficulties in past service experiences
     - Identify potential barriers
     - Identify preferences
     - Increase engagement
     - Increase commitment

2. Consideration of general **CULTURAL VARIABLES**

3. Consideration of **UNIQUE EXPERIENCES**

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More General Consideration/Adaptation of Cultural Variables

What makes CULTURE so difficult for people to define?

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Culture

- Culture is embedded in the relationships we form, in our ways of communicating, how we spend our time, and in our daily routines

- Broad Cultural groups
  - Nationality, religion, ethnicity, etc.

- Cultural variations can emerge from intersectionalities
  - Socio-economic status, gender, disability, etc.

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Culture

- Influence comes from immediate contextual environment and unique experiences that interact with cultural variables→ lead to a significant range of behaviors and cultural practices

- **Each person within cultural groups may hold values or engage in behaviors that apply universally to all people, that generally apply to cultural or subcultural subgroups, and that are specific to each individual**

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Cultural influences	Dominant group	Nondominant/minority
Age and generational influences	Young or middle-aged adults	Children, older adults
Developmental or other Disability*	Nondisabled people	People with cognitive, intellectual, sensory, physical, and/or psychiatric disabilities
Religion and spirituality	Christian and secular	Muslims, Jews, Hindus, Buddhists, and other religions
Ethnic and racial identity	European Americans	Asian, South Asian, Latinx, Pacific Islander, African, Arab, African American, Middle Eastern, and multiracial people
Socioeconomic status	Upper and middle class	People of lower status by occupation, education, income, or inner city/rural habitat
Sexual orientation	Heterosexuals	People who identify as gay, lesbian, or bisexual
Indigenous heritage	European Americans	American Indians, Inuit, Alaska Natives, Métis, Native Hawaiians, New Zealand Maori, Aboriginal Australians
National origin	U.S.-born American citizens	Immigrants, refugees, and international students
Gender	Men	Women and transgender people

Note. Adapted from *Addressing Cultural Complexities in Practice: Assessment, Diagnosis, and Therapy*

Consideration of OWN Culture

- ADDRESSING activity (Hays, 2016)

- Describe yourself/your experiences/your influences related to each ADDRESSING category
  - Think about your identity, as well as societal, cultural, and historical influences within each category
- When finished, put a start next to each category in which you hold a dominant cultural identity → **constellation of privilege**

Cultural influences	Dominant group	Nondominant/minority
Age and generational influences	Young or middle-aged adults	Children, older adults
Developmental or other Disability*	Nondisabled people	People with cognitive, intellectual, sensory, physical, and/or psychiatric disabilities
Religion and spirituality	Christian and secular	Muslims, Jews, Hindus, Buddhists, and other religions
Ethnic and racial identity	European Americans	Asian, Latinx, Pacific Islander, Arab, African American, Middle Eastern, and multiracial people
Socioeconomic status	Upper	People of lower status by occupation, education, income, or inner city/rural habitat
Sexual orientation	Heterosexuals	People who identify as gay, lesbian, or bisexual
Indigenous heritage	European Americans	American Indians, Inuit, Alaska Natives, Métis, Native Hawaiians, New Zealand Maori, Aboriginal Australians
National origin	U.S.-born American citizens	Immigrants, refugees, and international students
Gender	Men	Women and transgender people

Note. Adapted from *Addressing Cultural Complexities in Practice: Assessment, Diagnosis, and Therapy* (3rd ed.) by P. A. Hays, 2016, Washington, DC, American Psychological Association. Copyright 2016

Culture and Bias in Research/Practice

- Psychological research – in general – includes a systematic inequality in regard to topics of culture and race, as well as researchers in the field (Roberts et al., 2020)

- Mental health practice has been biased towards culture as defined by dominant groups (Clay, 2015; Winerman, 2016), e.g.:
  - Socioeconomic status
  - Race/ethnicity
  - National origin

Importance of Cultural Consideration

- Meta-analyses (Griner & Smith, 2006; Benish et al., 2011; Smith et al., 2011) found that **culturally adapted mental health interventions were more effective than nonadapted interventions for culturally and linguistically diverse (CLD) participants**
  - Incorporating cultural values and concepts
  - Matching service provider to the client on ethnicity or language
  - Collaboration and consultation with individuals who are familiar with the client's culture
  - Providing supports to remove barriers for attendance
  - Implementing cultural sensitivity training for staff

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Importance of Cultural Consideration –
Youth Mental Health, Specifically

- Cultural Adaptation to Youth Mental Health Intervention: A Systematic Review (Arora et al., 2021) – most common adaptations:

  1. Incorporating culturally relevant risk factors
     - Discrimination, acculturation, intergenerational family conflict, immigration
  2. Translating the spoken language of interventions
  3. Incorporating cultural values and traditions
  4. Having therapist-client match
  5. Incorporating culturally relevant examples, scenarios, stories

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Importance of Cultural Consideration

- Participation in culturally adapted evidence-based interventions have shown to increase not only the primary outcome measures, but also (Bernal et al., 2009; Castro et al., 2004; Castro-Olivo & Merrell, 2012; Griner & Smith, 2006; Smith et al., 2011):
  - Increased comprehension of interventions
  - Relevance in content of interventions
  - Acceptability of interventions
  - Participation rates
  - Motivation and commitment to the intervention
  - Levels of engagement

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Cultural Adaptation Frameworks
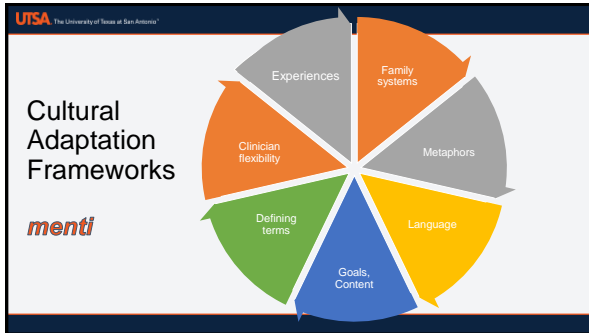
Ecological Validity Model (Bernal et al., 1995)

- Model focused on the content (the "what") of adaptations
- Interventions can be adapted across multiple dimensions to better fit the needs of the target population
  - Language, persons, and metaphors in therapy (i.e., **'surface adaptations'**)
  - Content of therapy, including goals
  - Methods of therapy
  - Generla context of client's environment, experiences, and situations

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Cultural Adaptation Frameworks

Model of Essential Elements (Podorefsky et al., 2001)

- Considerations to **'deep' structure adaptations**, including consideration of cultural, social, historical, and environmental factors
- Additional elements to consider
  - Expanding definitions of key psychological/therapeutic terms to consider cultural context
  - Increased clinician flexibility
  - Ecological approach to build partnerships with community and family systems
  - Awareness of cultural issues and experiences

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Cultural Adaptation Frameworks

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Experiences | Family systems | Metaphors | Language | Goals, Content | Defining terms | Clinician flexibility

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Some specific examples from school-based service

Bradshaw et al. (2018)

- Aimed to minimize disproportionality in ODRs between Black and White students
- Implementation of Tier 1 School-Wide Positive Behavioral Interventions and Supports (SW-PBIS) with the addition of culturally responsive practices
- **Focusing on strengths of students' cultural backgrounds, promoting positive interactions, limiting judgment, and understanding that students' cultures may not align with set behavioral expectations**

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Some specific examples from school-based service

Castro-Olivo (2014)

- Aimed to increase social-emotional resiliency of Latino English language learners (ELLs) → to assist with coping with discrimination and acculturative stress
- **Lessons and examples on applying social emotional learning skills (Strong Teens program) were made relevant to Latino immigrant youth**
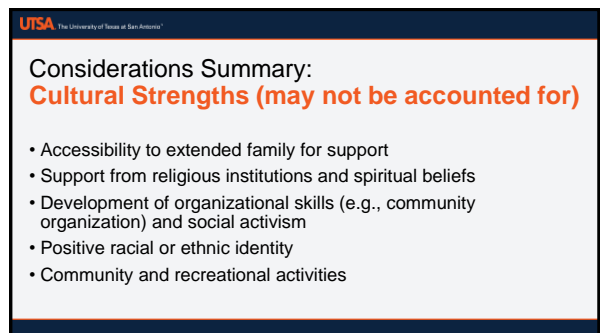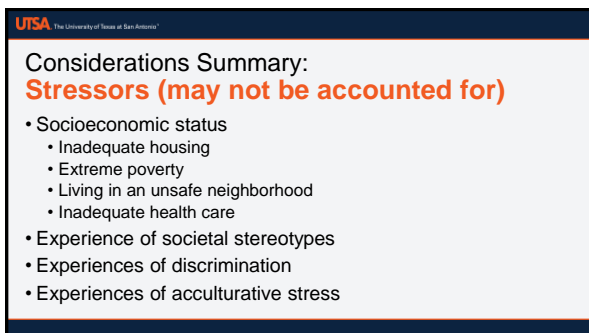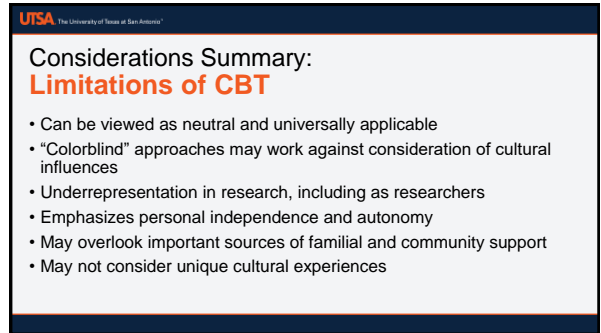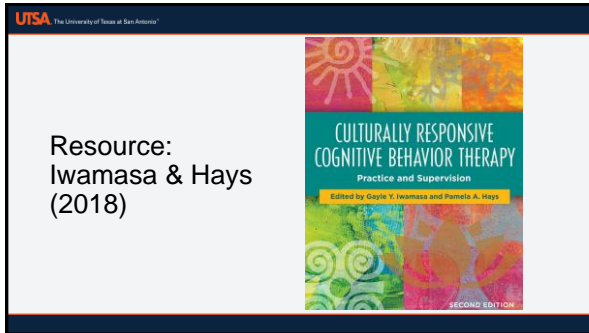- **Program was delivered by bilingual and bicultural teachers**

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BUT most guidance/research comes from - **CBT**

- CBT is effective for a wide-range of disorders (e.g., anxiety, depression, PTSD)
- Research indicates the need for adapting CBT to the local cultural context

- The majority of research regarding cultural adaptation has involved Cognitive-Behavioral Therapy (Arora et al., 2021)

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Resource:
Iwamasa & Hays
(2018)

CULTURALLY RESPONSIVE
COGNITIVE BEHAVIOR THERAPY
Practice and Supervision
Edited by Gayle Y. Iwamasa and Pamela A. Hays
SECOND EDITION

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Considerations Summary:
Limitations of CBT

• Can be viewed as neutral and universally applicable
• "Colorblind" approaches may work against consideration of cultural influences
• Underrepresentation in research, including as researchers
• Emphasizes personal independence and autonomy
• May overlook important sources of familial and community support
• May not consider unique cultural experiences

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Considerations Summary:
Stressors (may not be accounted for)

• Socioeconomic status
  • Inadequate housing
  • Extreme poverty
  • Living in an unsafe neighborhood
  • Inadequate health care
• Experience of societal stereotypes
• Experiences of discrimination
• Experiences of acculturative stress

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Considerations Summary:
Cultural Strengths (may not be accounted for)

• Accessibility to extended family for support
• Support from religious institutions and spiritual beliefs
• Development of organizational skills (e.g., community organization) and social activism
• Positive racial or ethnic identity
• Community and recreational activities

Example Adaptations

Cultural adaptation of cognitive–behavioural therapy
Farooq Naeem, Peter Phiri, Shanaya Rathod & Muhammad Ayub

Cultural Adaptations of Cognitive Behavioral Therapy

Devon E. Hinton, MD, PhD, Anushka Patel, MA

Example Adaptations

- **Structural Factors**
  - Be explicit about the number of sessions, structure of therapy, focus of therapy, time commitment, etc.
  - When appropriate, involve family and other support members
  - Don't wait to adapt the structure of therapy

- **Language and Materials**
  - Therapy materials should be provided/translated into client's preferred language
  - Create "cheat sheets" of major concepts for client review, in own language
  - Imagery should be consistent with the experience of the client

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Example Adaptations

- **Therapy Style**
  - More directive counseling style may be helpful (as opposed to "Socratic dialogue")
  - More specific guidance may be preferred than is typically provided
  - Provide homework that is less homework (i.e., writing assignments)

- **Cognitive Model**
  - Be more explicit in describing cognitive concepts/terminology
    - Include more teaching activities to ensure facility with key concepts
  - Ask for "cultural translations" (examples from client's own experience) as a way to ensure and enhance understanding of concepts
  - Work on cognitive/emotional flexibility *towards* CBT methods/technique

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Example Adaptations

- **Therapy Techniques**
  - Behavioral methods can be particularly helpful to address a variety of needs (i.e., don't rely on typical talk therapy)
  - Problem-solving can be helpful when client has stressors and insecurity (e.g., social, financial)
  - Consider feasible behavioral activation and exposure activities

- **Supplemental Techniques**
  - Include complementary techniques from person's own culture (e.g., meditation, religious practices)
  - Promote positive self-esteem and self-efficacy, particularly for marginalized
  - Promote positive cultural identity

Methods for Culturally Responsive Adaptations

1. General questions to inform **INDIVIDUALZIED** service provision

2. Consideration of general **CULTURAL VARIABLES**

- **Major goals:**
  - Increase relevance of therapy
  - Increase comprehension of therapy
  - Increase engagement
  - Improve success rate
  - Integrate strengths
  - Improve specific problem-solving

3. Consideration of **UNIQUE EXPERIENCES**

So you're at a conference (Gilliam et al., 2016)…

- "Now you are ready to view a series of video clips lasting 6 minutes. We are interested in learning about how teachers detect challenging behaviors in the classroom. Sometimes this involves seeing behavior before it becomes problematic. The **video segments** you are about to view are of **preschoolers engaging in various activities**. Some clips **may or may not contain challenging behaviors**. Your job is to press the enter key on the external keypad every time you **see a behavior that could become a potential challenge**. Please press the keypad as often as needed."

Sample (n=135) of teacher, student teachers, staff in preschool classrooms

What happened (results)?

So you're at a conference and YOU'VE BEEN DECEIVED!

- None of the videos contained challenging behaviors
- Number of 'clicks' was irrelevant
- Visual tracking was primary interest

Racism

- System of structuring opportunity and assigning value based on physical properties (e.g., skin color, hair texture) (APA, n.d.)

- System unfairly disadvantages some individual and groups and damages their health and mental health
  - Includes an ideology of racial superiority which in turn justifies discriminatory and prejudicial practices
  - At present (and historically), Whiteness has assumed the superior status
- Occurs at the individual, institutional, and cultural level and has been enshrined in social policy, law, and culture
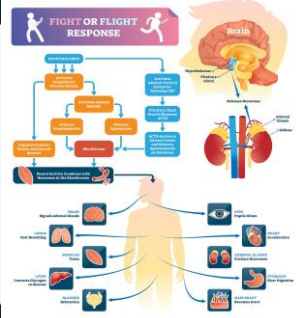
Racism

- Racial discrimination (both subtle and overt) has deleterious effects on mental and physical health
  - Elevated blood pressure, lower birth weight infants, cognitive impairment, sleep impairment, psychological distress, traumatic stress, PTSD, depression…
- Effects of racism begin early, during childhood (Williams, 2018), and before that during fetal development
- Includes trauma response

Racism & Trauma Reaction (Saleem et al., 2020)

- PTSD framework
- Persistent emotional and physiological activation (fight-or-flight)
- Behavioral effects

Racism & Trauma Reaction

- **Behavioral/mental health responses may include** (APA, 2021):
  - Hypervigilance and feeling triggered by reminders
  - Avoidance of perceived threat
  - Anger/being demoralized
  - Depression and lower self-esteem
  - Difficulty controlling emotional responses
  - Values and beliefs about the world (many of which are accurate) that can contribute to depression

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Racism & **Vicarious Trauma**

- In addition to direct discrimination experiences, vicarious exposure (e.g., media, social networks) is traumatic (Heard-Garris et al., 2018)
  - Increase in anxiety, depression, sleep difficulties, irritability, anger, nightmares, hypervigilance…
  - Effects have been identified in children and adolescents
  - Increased need for individuals to monitor becoming overloaded with stimulation and information
  - Increased need for affirming individuals' humanity

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Developing in Racialized Spaces

- Children often develop in systems that rely on "color-blind"/meritocracy ideology to address racial strife
- Observe and experience discomfort dealing with hints of or blatant discrimination
- Expected to "rise above" to challenge of being taunted, harassed, and discriminated against
- Observe and may experience criminalization of youth

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Pair-and-Share

How have you responded to racism?
What can you say to children/adolescents?
What can you say to parents?

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Issues that May Emerge in Therapy

- Consider issues related to racism, health disparities outcomes, education disparities outcomes, criminalization disparities, socialization differences, experiences of discrimination…
  - Intersection of racism and social class
  - Intersection of racism and gender issues
  - Puberty, dating, sexuality
  - Worldview perspectives
  - Developmental transition
  - …

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Problem-Solving in Therapy

- Need to consider appropriateness (often necessity) of **Problem-Solving** (identification and specific guidance)

- More prescriptive in nature
  - Not a "typical" part of traditional, non-directive, process-oriented psychotherapy
- Possible assistance with advocacy and legal support for navigating discriminatory systems

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Consider Racial **Socialization**
(Huguley et al., 2019)

- Pride and Heritage Socialization
  - Proactively promoting cultural pride and knowledge about customs, history, heritage, and belonging
  - Positively associated with outcomes across domains
- Bias Socialization
  - Teaching children to anticipate, process, and/or cope with discrimination events
  - Outcomes are mixed, with key indicators of outcomes include extent to which coping skills are used

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Methods for Culturally Responsive Adaptations
1. General questions to inform **INDIVIDUALZIED** service provision
2. Consideration of general **CULTURAL VARIABLES**
3. Consideration of **UNIQUE EXPERIENCES**
   - **Major goals:**
     - Consider need for further adaptations
     - Consider need for more specific problem-solving
     - Avoid reinforcing problems in therapy
     - Integrate cultural strengths

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In groups

- **Discuss how you have made adaptations in therapy/services to meet the individual/cultural needs of your clients/students?**

- **Discuss major cultural factors that you have considered (or may need to consider) to meet the needs of the population(s) with which you work?**

- **What are challenged you've faced when meeting the diverse needs of your clients/students?**

Crash course in treatment protocol and considerations for adaptations

- **Unified Protocol for Transdiagnostic Treatment of Emotional Disorders**

Module 1: Building and Keeping Motivation

- Purpose
  - Describe the purpose of treatment, identify problems to address in treatment and create goals, and discuss motivation for change
- Activities
  - Psychoeducation about the treatment protocol
  - Discussion of SMART goals
  - Defining main problems
  - Discussing motivation for change

Module 1: Considerations for Adaptations

- Knowledge about psychotherapy
- Addressing stigma
- Consideration of parent involvement
- Consideration of cultural strengths
- Describing treatment plan (e.g., structure, number of sessions)
- Consideration of culture-relevant goals
- Consideration of cultural stressors in association with identified problems

Module 2: Getting to Know Your Emotions and Behaviors

- Purpose:
  - Psychoeducation regarding nature of key emotions, mapping of emotional experiences, A-B-C for emotions, and role of avoidance
- Activities
  - Psychoeducation about emotions and place in "triangle" (thoughts, physical sensations, and behavior)
  - Describe emotion twister as an example of difficulty during emotional situations
  - Discuss reinforcement and maintenance of learned behavior
  - Create A-B-C type log (antecedent; thoughts, feelings, and behaviors during situation; short and long term consequences)

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Module 2: Considerations for Adaptations

- Consider need to describe "typical" (culture dominant) terms
- Consider culturally relevant emotional terms and opportunity for client to "translate" with culturally relevant examples
- Consider need for context and explicit examples
- Consider need to discuss expectations for behavior and support regarding heightened emotional states

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Module 3: Intro to Emotion-Focused Behavioral Experiments

- Purpose
  - Demonstrate relationships between activities (and activity levels) and emotional experiences, with a goal to incorporate enjoyable activities into everyday life
- Activities
  - Discuss "opposite actions"
  - Identify enjoyable activities (for behavioral activation)
    - Service, fun, social, mastery, and physical
  - Track frequency of activities with emotions (data-based; can use table, graphs)
  - Schedule regular behavioral activation (using planner)

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Module 3: Considerations for Adaptations

- Explore purpose of actions and root of reactions, including diversity considerations
- Explore appropriateness of "opposite reactions" that may serve a defensive / protective purpose
- Identify culturally relevant enjoyable activities
- Identify practical enjoyable activities given differences in access
- Encourage acknowledgement of emotions and data tracking in response to external stressors (not just internal mood states)

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Module 4: Awareness of Physical Sensations

- Purpose
  - Encourage greater awareness of own body's reactions to intense and/or distressing emotional states and introduce principles of interoceptive exposure as a mean to cope with sensations
- Activities
  - Psychoeducation about fight-or-flight responses, including emphasis on physical/physiological reactions
  - Use body drawing to help with body scanning practice and body awareness
  - Practice sensational exposure to demonstrate that physical cues themselves cannot hurt us
    - e.g., running in place for 1 minute, shaking head side-to-side for 30 seconds, holding breath for 30 seconds, breathe through a thin straw for 2 minutes

Module 4: Consideration for Adaptations

- Considers prior trauma experiences when practicing interoceptive exposure
- Consider need to debrief regarding related history
- Focus more on fight / flight physiological responses and normalize experiences within own cultural experiences
- Consider interoceptive exposure specifically with racial discrimination scenarios

Modules 1 to 4

Module 5: Being Flexible in Your Thinking

- Purpose
  - Help client be more flexible in interpreting ambiguous signals / situations to combat "automatic" negative or threatening thoughts
- Activities
  - Psychoeducation about automatic and alternative thoughts
  - Psychoeducation about thinking traps
    - e.g., jumping to conclusions, thinking the worst, ignoring the positive, mind reading
  - Psychoeducation about Detective Thinking to combat thinking traps (looking for confirming / disconfirming evidence)
  - Psychoeducation about problem solving model (e.g., problem identification, solutions [pros, cons], decision, evaluation)

Module 5: Considerations for Adaptations

- Emphasize that some "thinking traps" may be adaptive and useful in certain contexts
- Consider thinking traps that may reflect devaluing of one's culture and self (e.g., ignoring the positive)
- Emphasize cultural strengths in ability to cope with various stressors / situations
- In regards to problem solving, acknowledge experiences of discrimination and provide opportunity for concrete problem solving

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Module 6: Awareness of Emotional Experiences

- Purpose
  - Increase awareness of experiences more broadly and put strategies into place in emotionally evocative situations
- Activities
  - Psychoeducation about increasing awareness of emotional experiences
    - "autopilot" vs. present-moment awareness
  - Discussion of nonjudgmental awareness
    - Having self-compassion, kindness, and acceptance about what is going on inside of us
  - Practice emotional exposure/awareness with relevant situations

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Module 6: Considerations for Adaptations

- Consider deficit perspectives and experiences, and need to emphasize nonjudgmental awareness
- Consider relevance of stimulus in generalized emotion exposure
- Consider parent perspectives and breech socialization topic, as needed
- Include cultural strengths / experiences as part of generalized emotion exposure too

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Module 7: Situational Emotion Exposure

- Purpose
  - Review previously discussed skills, identify continuing difficulties, and work towards more adaptive behaviors (application)
- Activities
  - Review of previous modules
  - Create hierarchical "behavioral form"
    - Identifying top problems / emotional behaviors, plan for practicing skills, and progress monitoring
  - Practice situational exposure and review habituation (need for repeated practice to reduce "emotion curve")

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Module 7: Consideration for Adaptations

- During applied, situational exposure, carefully consider true risk (don't assume safety and low risk)
- Remember to consider importance or specific problem-solving
- Practice 'detective' skills for situations with risk for discrimination and re-traumatization
- Consider risk of 'habituation' to traumatizing experiences

Modules 5 to 7 — Techniques in Protocol: Fight or flight, Interoceptive exposure, Thinking traps, Mindfulness, Nonjudgmental awareness, Situational exposure

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Discussion / Questions

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THANKS!

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