# Slide 1 Weitzman\*\* institute respect to the following presentation, there have been no relevant (direct or indirect) financial relationship between the presenters/activity planners and any ineligible company in the past 24 months which would be considered a relevant financial relationship. • The views expersed in this presentation are those of the presenters and may not reflect official policy of Moses/Weltzman Health System, inc. or its Weitzman Institute. • We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (nor EDA approved) and any limitations on the information that are presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.

DECOLONIZING MENTAL HEALTH CARE:
THE JOURNEY OF PRISONAL REFLECTION FOR INCLUSIVE CARE
Henrietta Coulland, MSV, LICSW Cecilia Hardeslere, MA
City of Minosepolis Public Hought pepartners\* (Anneapolis, Inalth pepartners\* (Anneapolis, Inalth )

# Slide 3





#### Henrietta Oluchi Couillard, MSW, LICSW

- Licensed Independent Clinical Social Worker
- Masters of Social Work (2019) from the University of Minnesota
- Health Department; School Based Therapist
   Previous Experience: Outpatient & school-based
- Previous Experience: Outpatient & school-based therapist at The Family Partnership and Arubah Emotional Health Services. Case management and medical social work at LTC & TCU

#### Slide 5



#### Cecilia Hardacker, MA

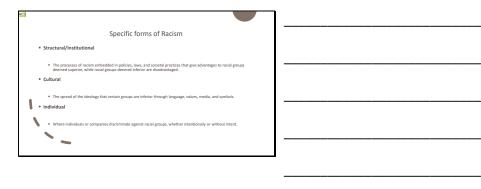
- Doctorial candidate (Psy.D) at Saint Mary's University of Minnesota; anticipated 2028
- Masters in Counseling and Psychological Services (2020) from Saint Mary's University of Minnesota
- Current employment City of Minneapolis Public Health Department; School Based Clinic Mental health Therapist
- Previous experience: ARHMS, Community Support Specialist, SIMH therapist at Relate Courseling Center, and Fraser (Day Treatment), Domestic Abuse Prolect



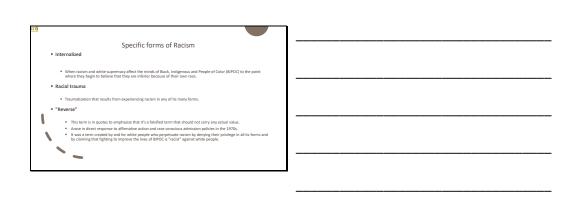
- Participants will gain a better understanding of:
  - Important definitions
- What a trauma informed mindset is and how it relates to decolonizing mental health
- How to identify current or past practices that perpetuate racism, impact clinical work, and have excluded BIPOC communities
- Learn about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

# Slide 7 Land Acknowledgement Slide 8 Definitions Slide 9 Racism The belief that humans may be divided into separate and exclusive biological entities called "races"; that there is a causal link between inherited physical traits and traits of personality, intellect, morality, and other cultural and behavioral features; and that some races are innately superior to others (Britannica, 2023). ■ Economic Education

Civil Rights



#### Slide 11



#### Slide 12

# Microaggressions The everyday slights, insults, putdowns, invalidations, and offersive behaviors that people experience in daily interactions with generally well-intentioned includiculars who may be unaware that they have engaged in dementing ways (adapted from Sue et al., 2007) Examples: include phrases such as: "What are you?" "Where are you octually from?" "you don't talk/act like a \_\_\_\_\_\_ person Stereotypes

Discrimination

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

#### Slide 14

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

1) white people should have dominance over people of other backgrounds, especially where they may co-exist;

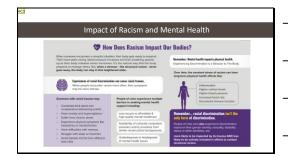
2) white people should live by themselves in a whites-only society;

3) white people have their own "culture" that is superior to other cultures;

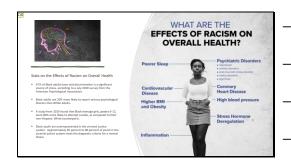
4) white people are genetically superior to other people.



# Slide 16 Intergenerational & Historical Trauma Intergenerational Trauma Historical Trauma "Historical trauma is closely related, as it is intergenerational trauma experienced by a specific cultural, racial, or ethnic group of people." "Trauma that is passed from a trauma survivor to their descendants. It can also be referred to as transgenerational or multigenerational trauma." Slide 17 Reflection Time Slide 18 **Reflection Questions**



#### Slide 20



#### Slide 21

Symptoms of Inter- Shame and guilt Intrusive thoughts Increased anxiety Difficulty with relationships and attachment to others Heightened sense of vulnerability and helpl generational Difficulty in regulating aggression Low self-esteem trauma Extreme reactivity to stress. Depression Dissociation Suicidality Hypervigilance Substance abuse Mistrust

#### Decolonizing Mental Health

#### We have a global mental health crisis.

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



#### Slide 23

What does decolonizing mental health mean?

We seek to find healing and meaning in cultural affirming

We decenter health care and mental health care away from the dominate white, heteronormative, patriarchal, gender binary narrative.



#### Slide 24

WORLD Channel



How are we decolonizing mental health?

- Etta

  Referring to culturally affirming agencies in our communities when necessary
- Collectivistic approach to healing
- Decreasing barriers to accessing services
- Creating and building holistic health Group for female identifying students at Patrick Henry High School
   Streentholegic partnership within school
   Streentholegic partnership within school
   Streentholegic partnership within school
   Streentholegic partnership within school

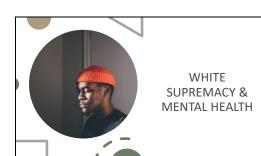
- Cecilia

   Low cost/free services at the SBC

   Challenge psychiatric expertise (underdiagnosis or misdiagnosis)

   History of the DSM
- Creating a group therapy model for high school girls

#### Slide 26



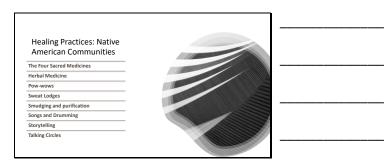
#### Slide 27

Eurocentric Values and World View

# Slide 28 Common Western Therapeutic Practices CBT – Cognitive Behavioral Therapy DBT – Dialectical Behavioral Therapy EMDR – Eye Movement Desensitization and Reprocessing Narrative/Talk Therapy Slide 29 TRADITIONAL, SUPPLEMENTAL HEALING **PRACTICES** Slide 30 Traditional, Supplemental Healing Practices Traditional Healing: "The practices and knowledge that existed before the advent of modern conventional medicine that were used to promote, maintain, and restore health and well-being to individuals and communities." (Harley, 2006). What is the purpose of exploring Traditional Healing methods? Healing may or may not include traditional talk therapy Mistrust of Western medicine within BIPOC communities Cost Effectiveness Individual connection to ancestral roots Accessibility



#### Slide 32





## Increasing Access to Supplemental Healing Practices

Community agencies are offering:

- Scholarships
- Affordable memberships
- Free or donation-based classes

#### Slide 35






Slide 37		
	Multicultural Relational Perspective (MRP) – Ken Hardy	
	Multicultural relational perspective is a philosophical stance and approach	
	to clinical practice and training.	
	3 core principles include:  • Reality is a subjective experience	
	The "self" is a major organizing principle in relationships The "self" is comprised of multiple dimensions	
	According to the MRP, this is one of the first critical steps to becoming more accountable, socially just, and a culturally attuned practitioner.	
Slide 38		
	Person of  - Main point of POTT is to use self that emanates or comes from the personal depths of the individual who is conducting therain.	
	The who is conducting therapy  A strategy about how therapists use themselves	
	Therapist • This is about us as clinicians – developing a	
	(POTT) — our humanity within our professional role in therapeutic relationships	
	Harry J  Aponte  Idea that we as therapists view the therapeutic process at its core a person-to-person human encounter	
	Apolite   encounter	
Slide 39		
	Aponte's Critical Questions	
	Applica of Made Questions	
	Aponte asks two critical questions:	
	How does the therapeutic relationship make therapy work?	
	• How do we train therapists to use the therapeutic relationship to achieve their goal? How can this be expanded to other helping professionals?	

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

- We need to be able to do this at any given time in the therapeutic process
  - We also need to be able to see ourselves in the client's issue at the appropriate moment
  - Get in touch with the aspect of the clients struggle and resonate with our own human weakness and vulnerability
- Identification & Differentiation

#### Slide 41



#### Slide 42

#### Differentiation as POTT

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

- Clinicians need to be able to:

  Have knowledge of self
  Have ability to assess their Self
  Have practice managing them selves

### Slide 43 0 Important to know/remember: What does Effective use of self is a common factor in virtually all forms of therapies use of self ACTUALLY 1. Common factors are: look like? The Relationship The Assessment The Intervention Slide 44 The Relationship Identification Differentiation Discover within ourselves issues and their underlying dynamics that in some way resonate with those of our clients in any particular circumstance. \* Identify where we end, and our clients begin in their interactions with the treatment of the properties of Find as needed similarities and/or parallels in our own lives to the SSs, ethnicities, cultural fabrics, and personal values. The medium of the me Slide 45 The Intervention Identification Infuse our interventions at will with our personal, emotional, and cognitive dispositions that synch with what the clients themselves are then disposed to take in. Egablish amount. themsewes are unen unposses or the second of the second of

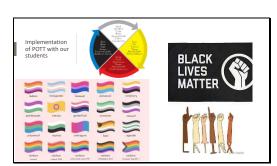
#### The Assessment

- Open ourselves to ourselves to perceive and identify our own reactions and associations to what we are experiencing in the moment within the relationship with the client.

   Monitoring continuously the degree of synchropy between the data we are gathering directly and our clinical hypothesis and therapeutic strategies.

- Identification
   Open our selves mentally and emotionally, resonant to the clinical instance, to observe the flow and manifestation of our clients thinking, feeling, and pain.

#### Slide 47





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