Social Trauma and Adversity: Restoring Connectedness and Resilience

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Supplemental
Materials and Resources

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Social/Cultural Identity

A social or cultural identity is a person's sense of who they are based upon groups they identify with or how they are viewed by others. Social identities can have both positive and negative memories associated with them. Sometimes people are aware of the importance of these identities, sometimes they need to be explored to be better understood.

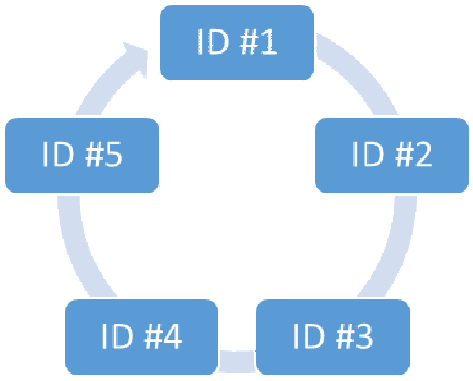
Pick one or more identities you would like to explore.

Ethnicity/Race	Political views
Age	Religion/Faith
Gender	Economic status
Family role (parent, child, sib., spouse)	Intellectual style or ability
Work/Career	Physical abilities/disabilities
Social class (past/present)	Physical appearance
Region (geographic)/Citizenship	Health status
Sexual/affectional orientation	Mental health status
Social interests	Family/ancestral background
Life path	Other _____

Social Identity 1 _____

Social Identity 2 _____

Social Identity 3 _____



1. Identify and list one to three personal social identities.

Social Identity 1_____

Good memory _____

Bad memory _____

Social Identity 2_____

Good memory _____

Bad memory _____

Social Identity 3_____

Good memory _____

Bad memory _____

Good memory

2. Resource development and enhancement- *Close your eyes and get in touch with your positive memory, notice what positive qualities, feeling or beliefs about yourself you associate with that memory? Notice where you feel these positive associations in your body.*

3. Enhance positive feelings- Take 15 seconds to feel and appreciate these positive associations (take deep even breaths or us BLS if using EMDR). (after each "set", notice the positive associations). Repeat several times until fully strengthened.

3. Future rehearsal- *Holding in mind those positive qualities/feelings/beliefs, imagine (make a movie of) carrying those qualities into the future.* (Identify specific upcoming experiences as appropriate.) (take deep even breaths or us BLS if using EMDR). Repeat several times until fully strengthened.

Bad memory

4. Briefly write down bad memory for a social identity (or share with partner).

4. Explore negative memories and identify targets for reprocessing. *As you get in touch with your negative memory notice: How did it feel then? How does it feel now? How disturbing does it feel to you now on a scale 0-10?*

What did you need at that time? What would it have been like if that need was met?

5. Consider targeting negative memories for EMDR reprocessing.

6. Repeat with other identities.6. Repeat with other identities.

7. Return to good memory for closure of the exercise

Dimensions of social identities.

Social identities can have many characteristics. Below is a list of important dimensions of these identities. Discussing these dimensions with the client can be helpful. Sometimes these differences can be more accurately viewed along a spectrum.

1. Visible to others or invisible to others (skin color/affectional orientation)
2. Conscious or unconscious (aware of identities meaning/unaware- meaning latent)
3. Ego syntonic or ego dystonic (aligned with identity/ in conflict with it)
4. Chosen or assigned by others
5. Valued by the person or not valued by the person
6. Valued by one's family or not valued by one's family
7. Valued by others beyond family or not valued by others beyond the family
8. Constant or temporary
9. Contextually variable or relatively stable
10. Accepted actively or passively or rejected actively or passively
11. Minority identity or majority identity
12. Easily assimilated into broader culture or difficult to assimilate
13. In relationship to another person, the identity is in-group or out-group
14. High status or low status
15. Earned or unearned

Exploring Social Identity Questions

Is your social identity more of *or* a mixture of the following?

1. Is your social identity visible to others?
2. How often are you conscious of this social identity?
3. How much is this social identity central to your self-identity or contradictory to your sense of self?
4. Did you choose your SI or was it more assigned by life/others?
5. Do you feel that others give unwanted attention/meaning to this social identity?
6. How much is this SI valued or devalued by your family?
7. How much is this SI valued or devalued by others beyond your family?
8. Is this SI constant or temporary?
9. Contextually variable or relatively stable?
10. Accepted actively or passively or rejected actively or passively?
11. How is it different when this SI means you are in the minority or majority?
12. Is this SI easily assimilated into the broader culture or difficult to assimilate?
13. How is it different when this SI leaves you in an in-group vs. the out-group?
14. How is it different in a social context when this SI is viewed as high status vs. low status?
15. Is this SI earned or unearned?

Commonly Identified Patterns of Internalized Oppression
aligned with
EMDR categories of Negative Beliefs

Responsibility/Self-Worth	Power and Control
• Adequacy and competency doubts • Attribution of superiority of the dominant group including competence; credibility, belief in invincibility, infallibility and/or magic of dominant group; mistrusting our thinking; love/hate paradox, envy/desire paradox • Care-taking/focus on needs and desires of dominant group, placing dominant group's needs & interests above your own • Criticism of self and invalidation • Deference to the dominant group, submissiveness, passivity, docility • Desire to emulate dominant group • Feelings of inferiority (self and group) • Feeling of failure • Feeling ugly, evil, bad • Internalization of negative group identities/oppressors' view of group • Lack of self-knowledge, distortion of self-knowledge • Loss and restriction of identity, history, culture, deculturalization, cultural estrangement • Low self-esteem, self-respect, self-worth and self-confidence, negative self-concept, self-doubt, self-blame, self-deprecation • Physical symptoms of oppression, physical ailments, suicide, substance abuse, destructive sexual behaviors • Restriction of identity, no vision for alternate realities • Self-hatred (individual and group) • Shame • Unconscious application of internalized beliefs • Worthlessness, self-degradation •	• Anger, rage, hostility • Arrogance • Deference to the dominant group, submissiveness, passivity, docility • Failure to rebel, docility, compliance • Fear of own power and self-determination • Fear of action against oppression • Helplessness • Hopelessness, despair • Lack of agency, and personal sense of no power, powerlessness • Learned helplessness • Psychological and emotional dependence, lack of autonomy • Restriction/modification of action • Self-medicating and destructive or addictive behaviors

Safety	Connectedness and Belonging
• Belief in victimization status or sense of victimhood/suffering • Criticism and invalidation • Fear of violence • Fear and terror • Fear of freedom • Feelings of being unsafe • Mental illness and vulnerability to mental illness • Mutual distrust among group • Panic, worry, urgency • Unwillingness to admit weakness or vulnerability • Violence and abuse • Violence and destructiveness—physical, emotional, verbal horizontal hostility, inter-group violence	• Alienation • Attacking group leaders • Attraction to and repulsion to dominant group • Belief in victimization status or sense of victimhood/suffering • Caretaking/focus on needs and desires of dominant group, placing dominant group's needs & interests above your own • Desire to emulate dominant group • Duality individual, cultural, consciousness • Feelings of insecurity • Feeling unloved • Identify with those in power/dominant group • Isolation • Inappropriate sexual behavior • Inter-generational transmission of patterns, historical trauma • Loneliness • Mutual distrust among group • Practice exclusion of other groups or members of own group

Commonly Identified Patterns of Internalized Oppression were gathered from multiple cited resources and published in *Williams*, Teeomm K., "Understanding Internalized Oppression: A Theoretical Conceptualization of Internalized Subordination" (2012). Open Access Dissertations. 627. https://scholarworks.umass.edu/open_access_dissertations/627

Possible **Negative Belief Categorizations** were developed by Mark Nickerson

Target Identification

Overall, use standard methods of target identification, informed by culturally attuned content such as what covered in this workshop. Other methods are listed below.

Identify memories associated with Negative Belief's in the realm of belonging and connectedness:

Do you sometimes feel and believe that you don't belong or aren't connected? (e.g. I'm alone, I don't belong, I can't connect with others, I'm an oddball, I'm an outsider).

Can you identify memories that link to negative beliefs of this type?

Further explore and reprocess with EMDR therapy.

Internalized Social Identity Based Negative Beliefs

As a _____ *(e.g. woman, person raised poor), I am* _____ *(NC). (*not good enough, insignificant, powerless, unsafe)

Or, as a maladaptive, entitled "positive" belief – *As a* _____ *(e.g. man, white person, etc.), I am* _____ (in charge, better than, smarter than).

When you think of yourself as a (specific social identity) in relationship to (a person of another social identity, group, or the larger society), what memories come to mind?

(If negative), ask: *What picture goes with that memory that represents the worst part? What words go with that picture that best describe your negative belief about yourself now?*

Float back to identify other memories. Target identified memories for reprocessing.

Internalized Cultural Messages

When you think of your current problem, what judgments or messages do you feel society making? or,

What do you hear society saying? When in your life did you first hear that message?

Internalized Stereotypes

Is there a stereotype about some aspect of your social identity?

_____

When you think about that stereotype, what comes to mind (thoughts, feelings, memories)? How disturbing does it feel to you now (SUDs, 0-10)?

When in your life did you first hear that stereotype?

EMDR Protocol for Targeting Externalized Negative and Maladaptively Positive Beliefs: (often associated with hostility, anger, prejudice or maladaptive glorification)

Mark Nickerson © 2011 (updated 2018)

This protocol is designed to identify, target and transform problematic anger, hostile beliefs and attitudes including negative social prejudice.

Externalization and Externalized Negative Cognitions:

Many clients present with interpersonal difficulties. A common but often unidentified component of these problems are the distorted negative beliefs that they hold about others. These beliefs may take the form of negative attitudes toward others or inaccurate judgements about others. These beliefs contribute to difficulties such as problems getting along with others, mistreatment of others, and avoidance of social interactions.

EMDR clinicians are skilled at helping clients identify negative self-referencing beliefs, often called negative cognitions (NCs). The core components of these beliefs are that they are negative, inaccurate, overgeneralized, emotionally resonant and about the self. Through the Adaptive Information Processing Model, EMDR clinicians view these beliefs as symptoms of maladaptive learning and misstored information unintegrated with more accurate and adaptive information that resides within the client's memory network or is yet to be learned.

While EMDR therapy typically seeks to help a client identify and access the client's negative beliefs about themselves, many client's negative beliefs about themselves are obscured or denied because of a dominating external focus. A person in an angry or hostile state often externalizes the responsibility for a problem by projecting the blame and negativity about that issue onto outside forces such as other people. While this process may appear to serve the person by creating some sort of psychological relief from responsibility, it can deny them the opportunity to sort out their part of the problem. An additional problem is the impact the client's beliefs and related actions may have on others. When externalizing, not only is the locus of control of the problem over attributed to external factors, but along with it, the client's locus of control about possible solutions to the problem is externalized as well. This sets the client up to be uninformed by self-reflection and unaware of possible actions of self-control. Rather, it leaves the client with a propensity to manipulate external factors to fix the problem. In the case of irrational anger, hostility and prejudice, manipulating others is often inappropriate and compounds the problem.

I have found it useful to help clients identify what I call **Externalized Negative Cognitions (ENCs)**. ENCs are similar to NCs in that they are negative, inaccurate, overgeneralized, and emotionally resonant. Where they differ is that ENCs are held *about others* rather than about the self.

ENCs frequently underlie and justify persistent emotional anger, hostility and resentments toward others. ENCs may align with socially based negative stereotypes about others related to their social identity, and may manifest as discriminating, stigmatizing beliefs and behaviors toward a group of people or member of a group (e.g., racism, sexism, ageism). Examples of ENCs are "that person" is or "that group of people" are stupid, lazy, incompetent, worthless, ugly, useless, different (in a negative way), dangerous, etc. Sexist beliefs have long been considered an enabling component of domestic violence.

As with NCs, ENCs are often developed through a combination of adverse life experiences, lack of accurate information and misinformation. These beliefs are often taught, modeled or reinforced by others as well as societally held or tolerated beliefs. Hence, we can expect that they can be treated effectively in EMDR therapy.

However, the EMDR clinician must identify the externalization process to help clients become aware of it and gradually turn their focus inward. As part of this process, ENCs often need to be explicitly identified because these beliefs often have operated beneath conscious awareness and unlinked to internal experiences. Sometimes ENCs are known but have been minimized.

ENCs are inaccurate and limiting beliefs about others, but they are also self-limiting for the person who carries them. Sometimes ENCs are *explicitly* stated and evident to the trained observer such as "justified" emotional anger and resentment ("she deserves to be yelled at for being so stupid"), biased judgments ("men need to make the major decisions in a family"), and prejudices that go unchallenged by those around them ("immigrants deserve second class treatment"). Sometimes ENCs are more *implicit*, latent, ego dystonic biases that a client does not want to have and may feel shame about. In either case, the clinician often must play an active role in helping the client identify ENCs and their impact.

ENCs may be identified as treatment targets to be addressed during Phases 1 and 2 or may appear as blocks to identifying a negative belief (NC) about the self during the Phase 3 Assessment. They may also emerge during Phase 4 Reprocessing.

When targeting (for reprocessing) a disturbing memory image associated with problematic anger, hostility or prejudice, many clients have trouble with the question, "*What words go with*

that picture (image of the object of the anger) that best describe your negative belief about yourself now?". What resonates more is this question, "*What words go with that picture that best describe your negative belief about the subject of that picture now?".* This question elicits the ENC. Once the client and therapist better understand the ENC, the client can more readily identify a NC with this question, *What words go with that picture and that belief (repeat ENC) about the subject of the ENC that best describe your negative belief about yourself now?*

As part of this protocol, it is important to also identify an externalized positive cognition (EPC) for reasons similar to identifying a PC in the standard protocol. Sometimes, the difficulty a client has maintaining a positive belief about another person is an indicator of the strong ENC. So, it is important that therapeutic work bring about a more adaptive EPC. This script offers the option of asking the client for a more adaptive EPC during the Assessment Phase in a manner parallel to how the standard PC about the self is identified. However, if this adaptive EPC is not easily accessible to the client, do not force it. Whether or not this step is taken during the Assessment Phase, an adaptive EPC should always be identified and installed during the Installation Phase, to increase the generalization effects.

Maladaptive Positive Externalized Cognitions- Clients may also present with maladaptively positive beliefs about another person, group or entity of some sort. Though appearing "positive", the realistic view of the object of the belief is exaggerated or distorted in a way that is maladaptive for the client. The client may idealize someone or something in a way that causes them pain, grief, or misleads them from a more adaptive relationship to that person. For example, a client may idealize a past lover, follow a problematic ideology without reflection, or glorify an addictive behavior. One form of internalized oppression is identifying with or overvaluing the values of a dominant or oppressive group or group member can be maladaptive by reinforcing negative self-worth. As with ENCs, identifying the Maladaptive Positive Cognition (MPC) and integrating that into the Phase 3 Assessment, can be useful in clarifying the externalized belief and accessing the relevant memories to be reprocessed. As part of the Phase 5 Installation process, a more adaptive externalized cognition (AEC) should be identified and installed.

EMDR Protocol for Targeting Externalized Negative Beliefs: often Associated with Problematic Anger, Hostility, and Prejudice

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Phase 2: Preparation (if needed)

- Normal preparation as needed.
- Consider reprocessing prior memories of being the target of discrimination. This builds adaptive empathy and realizations that can assist the reprocessing of the prejudice.
- *What is a personal quality of yours that will help you address this prejudice (e.g. open-mindedness, sense of fairness, curiosity)? Can you think of a time in your life where you had this quality?* Access memory and enhance with bilateral stimulation (BLS).

Target selection: Identify prejudice.

What is the prejudice (bias, stereotype, hostile belief) you would like to reprocess today?

_____

_____

Phase 3: Assessment

Picture/ image: *What memory/thought related to the subject of the prejudice evokes the strongest reaction? What specific picture comes to mind?*

_____

_____

Externalized Negative Cognition (ENC): Negative Cognition: *What words go with that picture that best describe your negative belief about the subject of the prejudice <u>now</u>?*

_____

Negative cognition (about self): *What words go with that picture and that belief (repeat ENC) about the subject of the ENC that best describe your negative belief about yourself now?*

_____

Positive Cognition: *When you bring up that picture, what would you prefer to believe about yourself instead?*

_____

VoC: *When you think of at that picture/image/incident, how true do those words (Repeat PC about the other from above) feel to you now on a scale from 1 to 7 where I feels totally false and 7 feels totally true?*

1 2 3 4 5 6 7

Emotions: *When you bring up that picture and those words (Repeat the NC), what emotion(s) do you feel now?*

_____

SUDs: *On a scale of 0-1 0, where 0 is no disturbance or neutral, and 10 is the highest disturbance you can imagine, how disturbing does the incident feel to you now?*

1 2 3 4 5 6 7 8 9 10

Body: *Where do you feel it in your body?*

_____

Phase 4: Desensitization and Reprocessing

Proceed to reprocess with normal procedures. If a recent memory, consider a float back to earlier memories.

If SUDS moves to zero or one, proceed to installation.

Installation:

Positive Cognition: *When you bring up the original subject of the prejudice, do the words "repeat the original PC" still fit, or is there another positive statement you feel would be more suitable?*

_____

Assess VoC (1-7), *Hold the PC and the subject together*. Sets of BLS to strengthen.

1 2 3 4 5 6 7

Administer BLS to strengthen PC to most adaptive resolution

Do not complete Body Scan yet.

Evaluate Externalized Negative Cognition: *From 0 (completely false) to 5 (completely true), how true do the negative words about the subject of the disturbance (repeat original ENC) feel now?*

0 1 2 3 4 5

If 1 or 2, apply BLS to see if negativity comes to zero or ecologically correct. The clinician should look for generalized or exaggerated nature of the negativity to dissipate. Sometimes there is some truth to a belief. Proceed to installation of a positive cognition related to the original subject.

If over 2, look for another memory target that is linked to the continued externalized negative belief.

Externalized Positive Cognition (EPC): *When you bring up the original subject of the prejudice, what positive or neutral words describe a revised belief that you now hold about the subject of the original prejudice?*

_____

VoC: *Think about the subject, and those words (Repeat PC from above). From 1 (completely false) to 7 (completely true), how true do they feel?*

1 2 3 4 5 6 7

Hold them together. Administer BLS. Continue to strengthen to most adaptive resolution.

Perform Body Scan

Closure: If session is incomplete, get SUDS of original and current target.

1 2 3 4 5 6 7 8 9 10

Whether desensitization was complete or not, consider returning to the original target and identify a temporary fitting self- related PC and externally- related PC. Install. The purpose of this is to assure an improved belief toward the targeted issue as the session ends in the event that the client will be interacting with the target of the negative belief.

Create closure and containment.

Treatment Planning-

1. Identify three of your clients who have likely faced significant stigma or oppression in their life.
2. Imagine being these clients and think about their life history and current challenges. How might EMDR therapy address these needs?
3. Imagine how you might address these needs in future sessions?
4. Identify any uncertainties or other concerns you have about addressing this issue.

Write down some of your thoughts.

Cultural competence goals for clinicians:

1. Understand the general importance of culture and the value of viewing individual client issues within a cultural context.
2. Understand the important dimensions of culture specific to each client (including norms, values, beliefs, needs, etc.).
3. Maintain an attitude of curiosity and humility about other cultures while being aware of and seeking to overcome one's own cultural biases.
4. Adapt EMDR therapy methods to a client's cultural context and needs.
5. Provide psycho***social*** education to clients as appropriate.
6. Empower clients in the face of culturally oppressive or stigmatizing conditions, including discrimination.
7. Implement interventions that effectively treat the internalized effects of culturally based trauma.
8. Implement interventions that effectively treat clients with culturally related prejudice and discriminatory behaviors, thus reducing the legacy of culturally based trauma.
9. Support and ally with humanitarian efforts for social change including victim/survivor empowerment, social justice and policy reform.
10. Sustain therapist organizations which support the cultural competence of practitioners and which are culturally competent organizations.
11. Seek ongoing education and training as needed to continue to develop cultural competence.

Social/Cultural Oriented Assessment:
Exploring social identity, culturally-based trauma, and prejudice.

The following are possible questions to consider as part of exploring social and culturally related issues as they emerge in the therapy. It is important to explore these questions in language and at a pace that is attuned to your client. Often, being mindful and curious about these questions will help you find the right moment to pursue these issues. Offering psycho-social education to your clients is often needed to clarify these questions.

- Can I ask you some questions about your social and cultural experiences? If yes,

Social Identity:

- What social or cultural groups are most important to you?
- What are positive and negative qualities you associate with these groups?
- Are there any cultural or social groups that others identify you with and how has that been for you?
- Are there ways you can better understand yourself or the issues that brought you to therapy in a social/cultural context?
- What else would help me understand more about groups or cultures that are important to you?

Extended exploration:

- What are sources of pride and shame for your social groups?
- Have you ever had to hide your social identity?
- (Consider introducing the Cultural Genogram.)
- (Consider introducing the Identity Circle.)

Social Trauma (discrimination, stigma/oppression)

- Have you ever felt seriously misunderstood or misjudged related to your social identity/culture?
- Are there ways in which you have been affected by discrimination, social stigma or oppression during your life?
- Do you have early memories of being avoided, shunned, ostracized, or devalued related to social dynamics?

- Do you have any early memories of being included or excluded from a group based upon your race/ethnicity, social class, gender, physical ability/appearance, etc.?
- Do you currently experience social microaggressions? (slurs, denigrating remarks, etc.)
- Have you had difficulties related to assimilating into another culture?

Social Trauma (discrimination, stigma/oppression)

If issues open up at this point, continue with:

- How have these experiences impacted you?
- What beliefs did you form about yourself as you were growing up that might be linked to your social experiences and/or culturally-based trauma?
- When did you first become aware of differences between types of people (wealthy people and poor people, different races)?
- Did these differences take on positive, or negative meaning, or both?
- How did members of your family handle apparent differences between people?
- What were your earliest experiences related to observing social stigma, prejudice or stereotyping? What was it like experiencing these dynamics?
- Do you avoid of certain types of people? ...get upset by types of people? .... feel powerless/ unsafe or inferior/superior related to types of people? .... have strong emotional or physiological reactions to types of people

Strong Beliefs about Society

- Do you have any strong beliefs about culture or society that you think are extreme, inflexible or problematic?

Prejudice

- Do you have any strong prejudices toward other people or types of people?
- How did you develop these beliefs?
- Do you see problems associated with having these prejudices?
- Do you want to better understand or change them?

Extended exploration:

- Explore questions above slanted toward illuminating exposure to prejudice.
- When have you objected to prejudice or stereotyping?

Cultural Genogram Questions

A culturally-focused genogram can be a valuable tool in exploring cultural identity. Diagramming your ancestral map can generate valuable insight into forces that may have shaped who you are today. These questions are designed to help you explore the perceptions, beliefs and behaviors of members of your cultural groups.

1. What were the migration patterns of your group?
2. What were/are the group's experiences with social stigma and oppression? What were/are the markers of stigma/oppression?
3. What issues divide members within the same group? What are the sources of intra-group conflict?
4. Describe the relationship between the group's identity and your national ancestry (if the group is defined in terms of nationality, please skip this question).
5. What significance does race, skin color, and hair play within the group?
6. What is/are the dominant religion(s) or beliefs of the group? What role does religion and spirituality play in the everyday lives of members of the group?
7. How are gender roles defined within the group? How is sexual orientation regarded?
8. What prejudices or stereotypes does this group have about itself?
9. What prejudices and stereotypes do other groups have about this group?
10. What prejudices or stereotypes does this group have about other groups?
11. What occupational roles are valued and devalued by the group?
12. What is the relationship between age and the values of the group?
13. How is family defined in the group?
14. How does this group view outsiders in general and mental health professionals specifically?
15. How have the organizing principles of this group shaped your family and its members? What effect have they had on you?
16. What are the ways in which pride/shame issues of each group are manifested in your family system?
17. What impact will these pride/shame issues have on your work with clients from both similar and dissimilar cultural backgrounds?
18. If more than one group comprises your culture of origin, how were the differences negotiated in your family? What were the intergenerational consequences? How has this impacted you personally and as a therapist?

Modified questions for a cultural genogram (adapted from Hardy and Laszloffy, 1995)

Resourcing to Reduce Social Divisions and Bias

Social psychology research has shown that focusing mindful attention on the following types of attitudes and experiences can reduce bias.

- Motivation to respond without bias
- Awareness that a stereotype has seen activated
- Access to nonbiased information
- Enhancing egalitarian values
- Understanding and endorsing multiculturalism over a color-blind philosophy
- Overtly rejecting stereotypic beliefs
- Activating the human care-giving system and related physiological responses
- Adopting the other's perspective
- Noticing the other's personal attributes
- Creating positive body/motor reinforcement (simple smiles toward the other groups)
- Noticing counter-stereotypic role models
- Engaging in open discussion of intergroup prejudice vs. color-blind approaches
- Noticing variability amongst people of a targeted group
- Increasing intergroup knowledge
- Memories of positive intergroup contact
- Finding overarching shared identities
- Identifying with other groups with shared identities

Treatment Planning-

1. Identify three of your clients who have may have faced social/ cultural stigma/discrimination in their life.
2. Imagine being one or more of those clients and consider their possible needs and barriers regarding discussing these issues in therapy.
3. Imagine how you might address these needs?
4. Identify any uncertainties or other concerns you might have about addressing this issue.

Write down some of your thoughts.

Glossary of Culturally Related Terminology

Acculturalization is the process of adapting to the social norms of another culture. Berry (1984) depicted four types of intergroup relational possibilities related to acculturation: (1) Integration: metaphor of a salad bowl or tapestry; (2) Assimilation: metaphor of a melting pot; (3.) Segregation/separation: metaphor of a dividing wall; and (4) Marginalization: metaphor of invisibility. Acculturation can be external and internal. Acculturation related issues can persist for generations.

Bias is an inclination for or against something that is not based in objective thinking. Social psychologists use the terms prejudice, stereotype, and discrimination to describe the components of social bias which are learned responses to a person or group of people that reflect a misperception. Bias fuels misunderstanding, mistreatment and other maladaptive responses to the person or group. **Confirmation bias** is the tendency to search for, interpret, favor, and recall information in a way that confirms one's preexisting beliefs or hypotheses.

Culture is the composition of the multiple unique dimensions of a social group typically including systems of belief, values, morality, interests, behavior and customs.

Entitativity (Campbell, 1958) represents the degree to which members of a group are bonded together in a coherent social unit. Relevant factors that generally determine entitativity are: group size; degree of spatial proximity; amount of interaction; importance of social identity; perceived common goals; outcomes of group; interdependence; interpersonal bonds; organization; behavior among group members.

In-group and Out-group distinctions depict the natural human tendency to evaluate whether someone is a member of one's own group or not based on a range of determinants associated with social groupings. The term in-group in social psychology language generally refers to one's own group although the term is also commonly used to refer to the favored group, whether one belongs to it or not. This quick and often unconscious assessment of whether someone is "like me or not" can be highly influential.

Internalization is the process whereby a person, as part of a coping response to mistreatment, adopts the negative messages conveyed to them. In the case of culturally based mistreatment such as discrimination, a person absorbs the messages of the adverse or traumatic experience including the perpetrator's social judgment, value, belief, control, or prescription for conduct as their own and experiences it as a part of them. Clinical terms such as internalized oppression, internalized stigma, and cultural trauma introject can be used to depict a memory related psychic structure that retains the characteristics of the cultural message. These introjects may have a constant chronic and defining impact on the person's life that become part of a personality trait or may be more contextually activated as an intermittent state. As with any trauma memory, culturally internalized introjects influence perception of both the self and others and can drive prejudices toward others.

Internalized Oppression, internalized stigma, and cultural trauma introject can be used as terms to depict a memory related psychic structure that retains the characteristics of the cultural message.

These introjects may operate more constantly and have a chronic defining impact on the person's life (like a personality trait) or may be more contextually activated creating a more intermittent state-based impact.

Isms- Types of Social-Identity Based Oppression/Stigma include sexism, racism, nationalism, ethnic discrimination, anti-Semitism/anti-Muslimism, classism, elitism, heterosexism, ageism, and discrimination based upon physical appearance, intellectual/ physical ability, mental health status, etc.

Microaggression is a term used to refer to an "unintended" act of discrimination often associated with implicit prejudice. The target of the microaggression may or may not be consciously aware of the act even though they may feel it. (term introduced by Chester Pierce (1970) Sue, Bucceri, Lin, Nadal, & Torino, (2007) distinguished: **Microassaults**- e.g. racial slurs; **Microinsults**- e.g. convey rudeness and insensitivity to a person's heritage or identity; and **Microinvalidations**- e.g. excluding, negating a person's thoughts, feelings, or experiential cultural reality

Multiculturalism is a term used to frame the social challenges and possibilities in a culturally diverse world. It has historically referred to ethnic diversity, but it extends easily to include diversity of other cultures. The spirit of multiculturalism promotes respect for the distinctiveness of multiple cultures while holding an expectation that harmonious coexistence is possible and mutually beneficial. Culturally based social identity is a profound dimension of how people know themselves and find meaning in the world. Successful multiculturalism experiences include the adaptive integration of multiple social identities within the self and in relationship to others.

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Prejudice: Explicit and Implicit- Prejudices, stereotypes and discrimination can be **explicit** (conscious, ego syntonic) or more **implicit** (unconscious, ego dystonic). **Implicit** prejudice is sometimes referred to as aversive prejudice because it is unwanted and disturbing to the bearer. **Explicit prejudice** is more

direct, close and emotionally hot as compared to implicit prejudice which has more subtle indications that are indirect, distant and cool.

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Social Oppression is the mistreatment of a person or a group of people in a way that reflects systemic inequalities. Oppressive injustices are typically embedded in social structures and reflected in laws, intolerant attitudes of a dominant culture, and lack of access to important social and economic opportunities and resources. Oppression is maintained through powerful social messages and by people in "positions" of social power who collude with cultural oppression through discrimination, the perpetuation of stereotypes, and other mistreatment.

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Content developed and provided by Mark Nickerson, LICSW

Cultural competence goals for clinicians:

1. Understand the general importance of culture and the value of viewing individual client issues within a cultural context.
2. Understand the important dimensions of culture specific to each client (including norms, values, beliefs, needs, etc.).
3. Maintain an attitude of curiosity and humility about other cultures while being aware of and seeking to overcome one's own cultural biases.
4. Adapt EMDR therapy methods to a client's cultural context and needs.
5. Provide psycho***social*** education to clients as appropriate.
6. Empower clients in the face of culturally oppressive or stigmatizing conditions, including discrimination.
7. Implement interventions that effectively treat the internalized effects of culturally based trauma.
8. Implement interventions that effectively treat clients with culturally related prejudice and discriminatory behaviors, thus reducing the legacy of culturally based trauma.
9. Support and ally with humanitarian efforts for social change including victim/survivor empowerment, social justice and policy reform.
10. Sustain therapist organizations which support the cultural competence of practitioners and which are culturally competent organizations.
11. Seek ongoing education and training as needed to develop cultural competence.

Glossary of Culturally Related Terminology

Acculturalization is the process of adapting to the social norms of another culture. Berry (1984) depicted four types of intergroup relational possibilities related to acculturation: (1) Integration: metaphor of a salad bowl or tapestry; (2) Assimilation: metaphor of a melting pot; (3.) Segregation/separation: metaphor of a dividing wall; and (4) Marginalization: metaphor of invisibility. Acculturation can be external and internal. Acculturation related issues can persist for generations.

Bias is an inclination for or against something that is not based in objective thinking. Social psychologists use the terms prejudice, stereotype, and discrimination to describe the components of social bias which are learned responses to a person or group of people that reflect a misperception. Bias fuels misunderstanding, mistreatment and other maladaptive responses to the person or group. **Confirmation bias** is the tendency to search for, interpret, favor, and recall information in a way that confirms one's preexisting beliefs or hypotheses.

Culture is the composition of the multiple unique dimensions of a social group typically including systems of belief, values, morality, interests, behavior and customs.

Entitativity (Campbell, 1958) represents the degree to which members of a group are bonded together in a coherent social unit. Relevant factors that generally determine entitativity are: group size; degree of spatial proximity; amount of interaction; importance of social identity; perceived common goals; outcomes of group; interdependence; interpersonal bonds; organization; behavior among group members.

In-group and Out-group distinctions depict the natural human tendency to evaluate whether someone is a member of one's own group or not based on a range of determinants associated with social groupings. The term in-group in social psychology language generally refers to one's own group although the term is also commonly used to refer to the favored group, whether one belongs to it or not. This quick and often unconscious assessment of whether someone is "like me or not" can be highly influential.

Internalization is the process whereby a person, as part of a coping response to mistreatment, adopts the negative messages conveyed to them. In the case of culturally based mistreatment such as discrimination, a person absorbs the messages of the adverse or traumatic experience including the perpetrator's social judgment, value, belief, control, or prescription for conduct as their own and experiences it as a part of them. Clinical terms such as internalized oppression, internalized stigma, and cultural trauma introject can be used to depict a memory related psychic structure that retains the characteristics of the cultural message. These introjects may have a constant chronic and defining impact on the person's life that become part of a personality trait or may be more contextually activated as an intermittent state. As with any trauma memory, culturally internalized introjects influence perception of both the self and others and can drive prejudices toward others.

Internalized Oppression, internalized stigma, and cultural trauma introject can be used as terms to depict a memory related psychic structure that retains the characteristics of the cultural message. These introjects may operate more constantly and have a chronic defining impact on the person's life (like a personality trait) or may be more contextually activated creating a more intermittent state-based impact.

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