Keynote Presentation:
Racially conscious trauma-informed care: A healing approach for BIPOC Communities

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Ground Rules

- What we share in this space is confidential
- Listen actively-respect others when they are talking
- Speak from your own experience instead of generalizing
- The goal is not to agree but to gain a deeper understanding
- Be present
- Communicate professionally with others
  - Wait for others to finish speaking before you speak
  - Each time you speak, state your name so that others begin to recognize your voice.
  - Build on others’ ideas and thoughts
  - Disagreeing is OK – but be respective and courteous
- Participate actively
  - Share experiences and best practices
  - Bring up challenges
  - Discuss successes

Please list any other ground rules in the space below that the group has requested:

A Reminder About The “Micros”:
- Microaggressions have become widely acknowledged as a form of racial trauma/race-based stress. As a reminder, there are three forms (Sue, 2009):
  - Microassaults- Blatant racial discrimination
  - Microinsults- Racial insensitivity related to ethnic background or heritage
  - Microinvalidations- Denial of racialized experiences faces by ethnic minorities
Worksheet 1
Next steps in the journey toward racially conscious trauma-informed care

For providers:
In the space below, write two things I learned today that are new learnings around racially conscious trauma-informed care and healing approaches for BIPOC.
1. 
2. 

Identify two goals I will commit to working toward in the next six months in order to become more racially conscious trauma-informed in my practice/work as a psychologist. Use the table below to map out goals, corresponding steps and desired impact. Choose something doable that will have impact. For example, a goal can be to read three articles from the reference list related to decolonizing psychology, with the desired impact of increasing your understanding around the impact of racial trauma on clients of color.

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For organization leadership:
In the space below, write two things that I learned today that are new learnings around how organizations can work to navigate and address the complexities of racial trauma in a manner that is healing for BIPOC.
1. 
2. 

Identify one goal I can commit to addressing within my organization in the next year in order to restructure in the direction of decolonization and becoming a racially conscious trauma-informed system. Try to think about a goal with impact (rather than being aspirational).

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Glossary of Selected Key Terms

**Care**- provision of services that promote psychological, mental, and emotional wellbeing, as well as healing from racial trauma and trauma caused by other forms of oppression (APA Division 45 Warrior’s Path Presidential Task Force, 2020).

**Colonial**- refers to the pervasive societal and political policies that seek to retain authority over marginalized communities and exploit the Earth for its natural resources, by way of oppressively imposing dominant cultural practices (APA Division 45 Warrior’s Path Presidential Task Force, 2020; Goodman, 2014).

**Decolonize**- refers to a series of actions that question and disrupt systems that promote inequity and oppression (Hernández-Wolfe, 2011; Singh et al., 2019)

**Harm**- refers to psychological, mental, emotional, or physical distress caused by colonial, oppressive, and/or hegemonic practices (APA Division 45 Warrior’s Path Presidential Task Force, 2020).

**Healing**- the process of recovering from racial wounds, or wounds from other forms of oppression. Healing does not reflect a final mark of wellness, but rather the process by which wellness is continuously sought over time (APA Division 45 Warrior’s Path Presidential Task Force, 2020).

**Historical Trauma**- Historical trauma refers to experiences such as (but not limited to) genocide, slavery, forced relocation, and destruction of cultural practices that are shared by communities and result in cumulative emotional and psychological wounds that are carried across generations.

**Implicit Bias**- refers to automatic attitudes and associations made about groups (Gawronski & Bodenhausen, 2006).

**Intersectionality**- pertains to the overlap of social group categorizations that include (but are not limited to) race, gender, and social class as it relates to systems of oppression (Crenshaw, 1993). This is also a critical lens through which to examine interlocking forms of power and oppression while acknowledging the ways in which oppressive structures (e.g., racism, patriarchy) work together to sustain one another (Crenshaw, 1990-1991).
**System**- An interlocking set of parts. It is an established way of doing something, so that things are done that way regularly and the "normalness" of this way of doing things is not questioned. A system runs by itself without planning or initiative by a person or group (dismantlingracism.org).

**Systemic Racism**- refers to the ways in which the structures, systems, policies, and procedures of institutions in the U.S. are founded upon and then promote, reproduce, and perpetuate advantages for white people and the oppression of BIPOC. The ways in which institutions legislate and structure reality to advantage white people and oppress BIPOC. The ways in which institutions (e.g., Housing, Government, Education, Media, Business, Health Care, Criminal Justice, Employment, Labor, Politics, Church), perpetuate racism (dismantlingracism.org).

**Racially conscious Trauma-informed**- applying the same approach of trauma-informed care, however, providers have a working knowledge of the impact of racial trauma on their clients. Furthermore, providers and clients can engage in open discussion regarding differences in racial/cultural identities and lived experiences to develop genuine rapport and clients can be invited to share equity related feedback with providers. At the organizational level, this type of culturally-specific care means working to ensure that behavioral and healthcare providers share cultural/racial identities with those they serve, so as to protect from potential interpersonal harm in the therapeutic setting (National Alliance to end Homelessness, 2021).

**Racial Trauma**- Racial Trauma, or race-based stress, refers to events of danger related to real or perceived experiences of racial discrimination. These include threats of harm/injury, humiliating and shaming events, and witnessing harm to other ethnic and racial minorities due to real or perceived racism (Carter, 2007). This type of trauma stems from a legacy of oppressive laws, policies, and practices (Chavez-Duenas, Adames, Perez-Chavez, & Salas, 2019). Another way to define racial trauma is complex trauma resulting from the ongoing experience of oppression and subordination; it is mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes (National Alliance to end Homelessness, 2021).
Radical Healing- occurs when an individual is able to directly address the pain of their identity-based trauma by actively resisting the oppression they face and cultivating a sense of hope that justice can occur (French et al., 2020).

Radical Listening- A practice that can be employed in anti-racism work to amplify and learn from often-unheard voices around issues of race and injustice by very purposefully focusing on both the intent of the speaker and what’s being said. The approach emphasizes listening without judgment, keeping silent and giving your full attention so that the speaker will continue sharing. Radical listening means quieting your brain and resisting the instinct to respond with your own thoughts. After listening in this manner, it is important to confirm what you heard about the injustice in order to respond in a way that is aligned with the speaker’s desire (https://magazine.washington.edu/feature/radical-listening/)

Resilience- typically referred to as an individual's ability to cope with and overcome hardships. Resilience is a complex and multi-layered process, and for BIPOC this “bounce back” from a challenge may look a little (or a lot) different as a result of generations of trauma, systemic racism and cultural barriers (Molinar, 2020). From a radical healing perspective, resilience moves beyond individual coping and is thought about as BIPoC’s “commitment to living joy-filled lives despite a critical awareness of racial trauma and oppression” (French et al., 2020, p. 27).

Trauma-informed Care- “…a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.” (Hopper, Bassuk, & Olivet, 2010)
References

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Mwine, S. *Equity is the Answer all Along: Addressing Racial Trauma and Homelessness*. National Alliance to End Homelessness. Retrieved from: https://endhomelessness.org/equity-is-the-answer-all-along-addressing-racial-trauma-and-homelessness/#_ftn1


Suggested Videos

Search by title on YouTube or Google

1. *What is Historical Trauma?* By Jessica Gourneau, Ph.D. Link:
   
   [https://www.youtube.com/watch?v=AWmK314NVrs](https://www.youtube.com/watch?v=AWmK314NVrs)

2. *How Do People Experience Historical Trauma?* By Bravada Garrett-Akinsanya, Ph.D.
   
   Link: [https://www.youtube.com/watch?v=sjJUQlodh0g](https://www.youtube.com/watch?v=sjJUQlodh0g)

3. *What is Cultural Healing?* By Karina Walters, Ph.D. Link:
   
   [https://www.youtube.com/watch?v=l1o7Is7JnxA](https://www.youtube.com/watch?v=l1o7Is7JnxA)

   
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