



Building Resilience for Clients from Marginalized Communities: A Roadmap for Clinicians

Jane Flournoy, PhD, LMFT, LPC, LAC

Hannah Haddadi, BS

Leela Romero, BA

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Agenda

- Overview of the topic
- Statistics and Current State
- Mental Health Impact on Marginalized Communities
- Understanding Resilience and Building Resilience
- Behavioral Health Provider Interventions
- How to Empower When Feeling Powerless - Strategies
- Clinician Impact and Managing Burnout

Overview

- Changing trends in globalization (Motti-Stefanidi, 2019).
- Ever-changing and dynamic political landscape has impacted marginalized communities in a number of ways (multiple systems of oppression):
 - Reduced sense of psychological safety
 - Reduced sense of physical safety
 - Loss of benefits
 - Increase in real and perceived stigma, prejudice, and discrimination
- Marginalized populations have remained significantly under-studied (Liu et al., 2023) resulting in increased disparities in mental health access, services, and outcomes.
- Clients seeking behavioral health services have complex issues complicated by the impacts above.
- Clinicians are looking for ways to effectively and responsively support individuals.

Current State

- SAMHSA funding:
 - Budget in 2024: \$7.5B, Budget in 2025: \$8.1B, Budget in 2026: Projected to be \$5.8B. 20k less SAMHSA employees, proposal to relocate SAMSHA into the AHA
- Federal policy changes for marginalized communities:
 - Immigrants: loss of Medicaid eligibility
 - LGBTQIA2-S+: Reduction in resources, recognition, and rights
- Colorado Specific: CBHC members have reported up to a 50% increase in the number of uninsured clients, as hundreds of thousands have lost Medicaid coverage, and it is projected that hundreds of thousands more will lose Medicaid coverage as a result of the BBB.

Mental Health Impact of Being Part of a Marginalized Group

What do we mean by marginalized?

- Multiple systems of oppression historically/currently function to preserve a patriarchal, heteronormative, White supremacist culture
 - > creates hierarchies that marginalize (exclude, stigmatize) those perceived as different from the dominant group
- Impacts on mental health long recognized, but lack of research
- Basic epidemiological data for marginalized populations lacking
- Health disparities have persisted and increased since COVID pandemic

Liu et al., 2023

Mental Health Impact of Being Part of a Marginalized Group

- Intersectional Identities
 - Experiences of oppression are inherently intersectional; cannot separate one identity from another as they act concurrently (i.e. queer Black woman)
 - Intersectional framework recognizes unique experiences of the individual, how identities relate to risk and resilience
 - Not just individual-level categories; structural, systemic, inequitable distributions of power
- LGBTQ+ Black & Latinx adolescents (Jackson et al., 2023):
 - Ethno-racial and sexual orientation predicted bullying
 - Living in a state with elevated anti-LGBTQ+ stigma = depression risk factor; living in a state with protective LGBTQ+ policies = protective factor

Mental Health Impact of Being Part of a Marginalized Group

- Undocumented Immigrants (Garcini et al., 2022):
 - Pre- and postmigration trauma leads to physical and mental health impacts across the lifespan
 - Chronic stress due to uncertainty, fear of family separation, discrimination, racism, stigmatization
 - Chronic stress exacerbates trauma-related symptoms; can present clinically as:
 - Severe depression
 - Debilitating anxiety
 - Substance use
 - Diminished functioning in work/relationships
 - Suicidality
 - Child and teen-specific symptoms

Defining Resilience

"The capacity to adapt to adversity or challenges, is usually inferred from positive patterns of adjustment or development during or following periods of significant risk or adversity that threaten adaptive function, survival, or future development."

(Motti-Stefanidi, 2019)

Building Resiliency

Resilience and adaptability, in general, for immigrants has long-term significance regarding prosperity and social cohesion of receiving societies (Motti-Stefanidi, 2019).

As with the Covid-19 pandemic, psychological flexibility and inflexibility can be conceptualized as sources of resiliency and/or risk (Daks et al., 2022).

Acculturation expectations of receiving societies have an important influence on resiliency and previous experiences are a predictor of how someone will interpret and respond to current challenges (Motti-Stefanidi, 2019) .

Ultimately, building resiliency empowers our clients to develop and utilize coping skills.

Four Factor Model to Predict Resilience

- Ungar (2010)
 1. The ability to critique existing social conditions
 2. Active social engagement where an individual maintains agency
 3. Flexibility that promotes adaptation
 4. Communalism and a sense of collective well-being/finding community

Four Step CBT Model to Build Resilience

(Padesky & Mooney, 2012)

PMR= Personal Model for Resilience

Step 1

SEARCH for Strengths

- Within positive, sustained activities
- Introduce obstacles
- Many different types of strengths

Step 2

CONSTRUCT PMR

- Turn strengths into general strategies
- Use client's words
- Include images and metaphors

Step 3

APPLY PMR

- Identify problem areas in need of resilience
- Plan which PMR strategies to use
- Focus on resilience, not outcome

Step 4

PRACTICE

- Design behavioral experiments
- Resilience predictions
- Many different types of strengths

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Resilience Model- 6 Strategies

(Garcini,
et al.,
2022)

Thinking differently (Cognitive Reframing)

Adapting to New Challenges (Behavioral Adaptability)

Acceptance

Sociability

Courage

Ancestral/Cultural Pride

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Psychological Flexibility as a Source of Resilience

- Psychological Flexibility: a set of skills used to respond to challenging/uncomfortable thoughts, feelings, experiences
- Psychological Inflexibility: rigid and maladaptive responses that increase distress
- Not inversely proportional; can be flexible and inflexible across different contexts and domains and change over time
- Acceptance and Commitment Therapy interventions
- Integration with Family Systems (Daks et al., 2022):
 - Parental inflexibility predicts family functioning, distress – key risk factor
 - Parental flexibility key to family functioning, form of resilience

What Else Can Behavioral Health Providers Do?

Clinical approaches:

- Name the elephant in the room (i.e. cultural differences and concerns about lack of understanding)
- Therapist Reflexivity and Humility
- Culturally-grounded approaches: Promote culturally specific aspects of positive development under stress (resilience)
- Be responsive to the unique challenges posed by a family's social ecology (Ungar, 2010)
- Apply an intersectional framework (Liu et al., 2023)
- Empowerment-Focused Practices

Logistics:

- Offering virtual sessions
- Gathering pertinent information only re: legal status

Impact on Clinicians- Empowering When Feeling Powerless

What else helps you feel empowered to support individuals you are working with?

How do you experience an impact on your own mental health while trying to effectively serve individuals from a marginalized community?

Managing Burnout/Compassion Fatigue

- **Enthusiasm about the job is the first sign of burnout**
- CF is considered multifaceted construct that consists of both burnout and secondary traumatic stress. A primary protective factor is self-care, that which involves behaviors and activities that may prevent physical illness and that promote physical, emotional, mental and spiritual health and personal well-being through building resilience (Palva-Salisbury & Schwanz, 2022).

Warning Signs: Desensitization, emotional numbness, disconnection from others, mental distance from job, irritability or anger, hopelessness, headaches, muscle aches, digestive issues, mental and/or physical exhaustion, forgetfulness, lack of motivation, anxiety, depression

- **Tending to the self: self-care vs. recovery and the need for consistency**

Managing Burnout/Compassion Fatigue



Self-Care: Focused on para-sympathetic engagement - rest, doom scrolling, binge watching, what allows you to take a step back and take a pause.



Recovery: Focused on rebuilding (physical, mental, emotional, & spiritual recovery) – deep quality sleep, gentle movement (walking, stretching, yoga), mediation, sauna, time in nature, mental breaks, quiet, releasing emotions, meaningful conversations therapy & journaling (ex. recovery in emotional processing), active in community and groups, finding meaning and purpose, spiritual practices that ground.



Many people lean solely on passive rest alone – scrolling, binge watching, sleeping in, etc. Prioritize your recovery and restore your energy, not only heal exhaustion.

Research Participation

- We would like to further explore the impact of supporting individuals in marginalized communities on the behavioral health workforce.
- Any attendees interested in participating, please share your contact information with us at the end of the session.

Summary

- You Are Making a Difference, Even When it Feels Small
- Your Presence is a Form of Advocacy
- Healing Happens in Therapeutic Relationships
- You Are Not Alone in This Work
- Small Shifts Can Lead to Bigger Change
- It is Okay (and Necessary) to Rest and Recharge
- Hope is a Therapeutic Tool



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Questions



A large, dark, moss-covered rock sits in a lush forest. The words "Thank You" are carved into the rock in a golden, serif font. Sunlight filters through the dense canopy of ferns and other foliage, creating a magical, dappled light effect. The scene is vibrant with various shades of green and brown.

Thank
You

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Contact:

Jane Flournoy: jaflournoy@msudenver.edu

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