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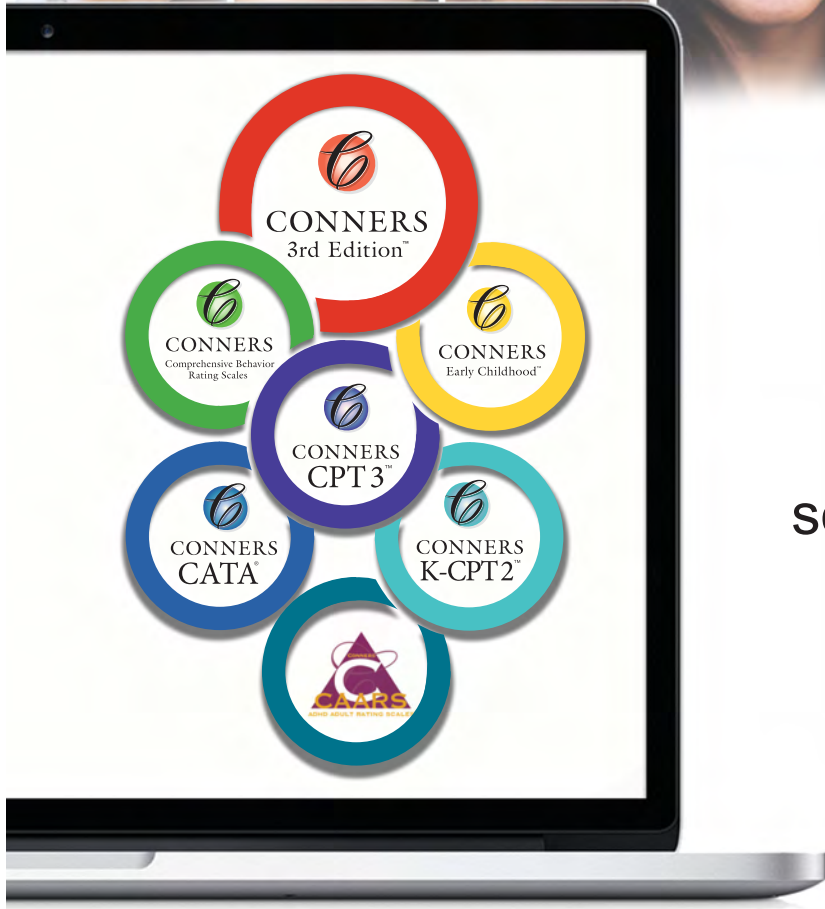
CANADA'S PSYCHOLOGY MAGAZINE

HUMAN RIGHTS AND SOCIAL JUSTICE

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Oppression and Marginalization



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MESSAGE FROM THE GUEST EDITORS

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Of late there has been a growing dialogue about inequities and injustices highlighted by the COVID-19 pandemic.¹ Inequities resulting from economic, educational, age, and gender differences, to name a few, have been ubiquitous during this pandemic,² as well as injustice due to systemic racism and other forms of discrimination.³ As a result, there has been a call for psychology to take stock of its role in contributing to injustice and its responsibility to combat injustices. However, this call to address injustice in society and psychology is not new. Psychologists who have contributed to the historic and growing body of literature addressing social justice and human rights have been at the margins of education, research, and practice across multiple areas of psychology. Their work is currently being centralized in growing discussions.

Social justice is inherently linked to human rights and vice versa. In 1948, the United Nations put forth The Universal Declaration on Human Rights,⁴ indicating in Article 2.1 that all people are entitled to civil political, economic, social, and cultural rights. Civil and political rights outlined in Articles 3-21 include rights to life, freedom from torture, and freedom of information and expression. Economic, social, and cultural rights encompass the right to an adequate standard of living, the right to health, the right to housing, the right to education, and the right to the benefits of science and culture in Articles 22-28. Nonetheless, it is well documented that systemic and institutional discrimination, as well as societal power imbalances, are directly implicated in poor mental health outcomes and barriers to accessing services.^{5,6}

Within this issue, a coalition of Canadian psychology graduate students,

Students for Systemic Transformation and Equity in Psychology (STEPP), calls for practitioners within the health care system to recognize the impact of racism on diagnostic systems, which can result in both over- and under-diagnoses, as well as the assessment tools we use, which are disproportionately normed on white individuals from Canada and the US. In their article “Policing, Psychology, and Systemic Racism”, Gittens and Fusco highlight the sobering statistics that despite Black youth having higher educational aspirations, they are less likely to be employed; they are more likely to be in contact with police officers and processed in stations, but are no more likely to commit a crime; and they are more likely to be victims of a hate crime than other racial groups. Fontaine and colleagues in their contribution to this issue, “Advancing Substantive Equality When Working with Indigenous Families”, underscore the generational impact of removing children from their families and placing them outside of their culture through the establishment of the Indian Residential School system and the “Sixties Scoop” as cultural genocide.

These are only a few examples of the sequelae of historical discrimination, which obfuscates the substantive equality to which the Canadian Psychological Association’s Code of Ethics aspires. The CPA code clearly articulates psychologists’ responsibility to respect the dignity of people and persons regardless of social location; that is, “Psychologists do not engage in unjust discrimination based on such factors and promote non-discrimination in all of their activities”.⁷ The code specifically addresses that psychologists have a responsibility toward vulnerable persons and explicitly states “Respect for peoples and person also includes the concepts of distributive and social justice”.⁷ As such, inherent in the CPA Code of Ethics is the requirement for psychologists to attend to social justice and human rights.

However, there is a disconnect between the aspirational nature of integrating social justice and human rights frameworks at the societal, institutional, community, and individual levels and the present reality in Canada and psychology. Huminiuk, in her article on how to train

psychologists to work within a human rights and social justice framework, underscores this issue. Only a handful of programs and educators routinely engage in the education and training of psychologists to understand human rights and social justice within psychology. In Cresswell's column, "What Does History and Theory of Psychology Have to Do With Social Justice, Much Less Empirical Psychology?", the role of those trained specifically in history and theory is further highlighted. He points out that we need their skills to help us to see the "taking for granted assumptions" we might make that can lead to continued marginalization of some, and privilege of others.

It is time for a call to the discipline: every member should engage in assessing social justice at the individual, institutional, community and national levels.⁸ Irrespective of where we work or where we find ourselves in our careers, we have an opportunity to join with those who are engaged in this field. We must commit to participating in systemic and ongoing work addressing advocacy in human rights and social justice. We all have a contribution to make. By actively seeking out alternative points of view that challenge our own values and belief systems, participating in social discourse, and engaging with difficult dialogues with the purpose of expanding our own minds rather than changing the mind of others, we may be able to minimize the silencing of certain voices, which is essential for social justice to occur. Together, and in partnership and collaboration with our community, through our memberships in organizations and associations (for example, humanrightspsychology.org), we can cultivate allyships, and collectively move towards promoting and protecting human rights.

In summary, as a profession, psychology has an ethical and moral responsibility to engage in work that applies social justice and human rights frameworks. If you are interested in getting involved in the human rights and social justice work being done via CPA (cpa.ca/humanrightsandsocialjustice), please consider joining the newly formed Human Rights and Social Justice committee. Please send your expression of interest to: governance@cpa.ca.



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***Ada L. Sinacore** is a professor in and the Graduate Program Director for the Counselling Psychology Program at McGill University. As well, she is an associate member of the Institute for Gender, Sexuality, and Feminist Studies, and the Director of the Social Justice and Diversity Research Lab. Professor Sinacore has over 25 years of experience working in the U.S., Canada, and abroad, and is internationally recognized for her expertise and extensive presentations, publications and activism addressing social justice and human rights concerns at the individual, institutional, societal and policy levels.*



ABOUT THE COVER IMAGE

The racialized folks depicted are placed prominently and centred because many of the issues that are being highlighted in this issue have to do with racialized folks not being brought into the conversation when it comes to their own mental health and how to address this through social justice. The colours and patterns in this piece are supposed to visually represent intersectionality in terms of social determinants of health (i.e. housing, employment, immigration status) and identity (i.e. gender, sexual orientation). The photos are in black and white because the constant neglect of their well-being lies in both historical and structural barriers. The rips represent that unless we can see racialized communities as whole people, their representation will remain fragmented.

Adam Ashby Gibbard



Policing, Psychology, and Systemic Racism

Eleanor Gittens, PhD, Georgian College; Nina Fusco PhD, CPsych, Royal Ottawa Mental Health Centre (on behalf of the Criminal Justice Psychology Section)

The case of violent injustice committed against George Floyd has brought the festering issue of systemic racism to the forefront around the world. The fact that the senseless act was committed by officers sworn to serve their community highlighted just how deep the issue of racism is rooted. It has resulted in global protests seeking racial equality and an end to police brutality. George Floyd was one of the many Black people who has unjustly suffered at the hands of law enforcement over the years. As such, this problem is not a new one, but it has continually been swept under the rug. This issue of systemic racism serves to emphasize a number of concerns: the public or community is a complex concept, policing culture fosters an environment of facilitation, and policing tends to be many steps behind societal and social advances.

The Public

Sir Robert Peel stated that the public are the police and the police are the public, where the police are only members of the public who are paid to give full time and attention to duties that are the responsibility of every citizen, in the interest of community welfare and existence. However, over the years it has become increasingly clear that the public is a complex concept. The Oxford dictionary defines public as “of or concerning people as a whole”. What if you are not seen as part of the whole? What if the colour of your skin sets you up for failure? Where, then, do you fit? What will it take to make you a part of the general community? Black people ask these questions.

Black people make up 3.5% of the Canadian population and 15.6% of visible minorities.¹ As a people, they are young, diverse, and growing. They have higher educational aspirations than other youth, but lower levels of attainment. Black adults are less likely to be employed than other adults. Black people are more likely than any other racial group to be a victim of hate crime. Black people are more likely to be in contact with a police officer yet no more likely than other races to have committed a crime. They are more likely to be taken to the station for processing and held overnight than other races. Despite living with a number of disadvantages and continually being targeted, Black people report higher levels of resilience. Black people look towards positive outcomes arising out of challenges.

Police Culture

Police culture is the set of rules and values an officer sees as part of his occupation. Because it has interpretive and creative aspects within a legal and political framework,² the culture is influenced both at an occupational level as well as at an organizational one.³ The culture is grounded in white, masculine, conservative norms. It is based on hypermasculinity, loyalty, the perception of a greater sense of morality and justice, solidarity, and the blue wall of silence. Although policing practices have become more evidence-based over the years, police culture on the other hand has been found to be monolithic and static, inhibiting change and progress to values that envelop these practices.

The role of a police officer is said to encompass public order management, law enforcement, assistance to victims of a crime, crime prevention, and emergency response. In day-to-day duties, officers may be seen to perform the additional roles of a social worker, health care professional, and psychologist. While on the surface this seems fair given that a call to the police could result in varied scenarios, it is important to recognize that the officers are not experts in any of these specific fields. They have cursory knowledge that should allow for basic assessment and connection to the correct resources. While as a discipline, policing has started to move away from a focus on law enforcement to one of community safety with a greater focus on transparency, accountability, and legitimacy, there is still progress to be made. As psychologists, we have the ability to be active agents and help police organizations with that progress.

Steps Behind

Finally, it can be expected that social and cultural issues that touch the public also affect the police. These issues can include but are not limited to: the rights of women, Indigenous peoples, Black people, the LGBTQ2SA community, the environment, and even animal rights. As we become more knowledgeable, understanding, open, and empathetic as a society, the lessons learnt are reflected in our legislation and legal system inclusive of policing. The establishment of the Employment Equity Act (EEA) is a good example. As a result of the EEA, police organizations have been actively seeking to diversify their ranks but have been faced with some challenges. When the groups that you are recruiting from have a long and painful history with the field, there are destined to be difficulties. Further, you do not actually need Black police officers to police Black people. Although that would be nice, what is required is an effort to mend the tortured relationship that has been allowed to persist.

It is important to note that racism is, in fact, multifaceted. It is expressed not just as a conscious act of hate or violence. It evolves out of a set of deeply rooted systems that at first glance may be indiscernible. You may not consider yourself a racist nor a part of an organization that perpetrates racial acts. But how sure are you? Do the Black people around you feel the same way? Maybe it is time to have that discussion. It is time to be honest with yourself and those around you. It is time to be open and willing to seek the necessary knowledge to make better decisions. In psychology, we are all too familiar with confirmation bias. In order to be truly open-minded, it is imperative that we go beyond this bias and actively seek out sources of information and perspectives that we would not typically gravitate towards. In other words, we must actively seek out alternative viewpoints to challenge our belief system and adjust accordingly. So, too, should policing organizations. However, they cannot do it alone. They require the support and resources of their community organizations and experts. Research into issues of systemic racism where key stakeholders and representatives are at the table should be the way forward. We have to ask ourselves whether we want to be part of the solution and, if not, accept that we are part of the problem.

This extends further to requiring that we examine how we, in our respective roles, can contribute to positive change. In addition to participating in discussions, conducting research, and being advocates, it is imperative that we examine racism within ourselves and our profession. The American Psychological Association contributed to this conversation on their website, which may serve as a starting point (e.g., Shouhayib, 2015⁴; Abrams, 2020⁵). We must be committed to developing cultural awareness and recognizing the limits to our competence as it pertains to culture. We must open dialogues about how to address underrepresentation in higher education and in-service provision. We must not allow these conversations to fade into the background. We are responsible for continuing the dialogue and taking concrete action. And we must do so in a frank and self-critical fashion.

I, for one, am willing to step up to the plate, are you?



Advancing Substantive Equality When Working with Indigenous Families

Aleah Fontaine, MA, Doctoral Student, Psychology;
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Leslie Roos, PhD, CPsych (C), Assistant Professor, Psychology;
Katherine Starzyk, PhD, Associate Professor, Psychology; University of Manitoba

Within Canada, Indigenous children are over-represented within the child welfare system. Over 50% of children in foster care are Indigenous, despite making up about 8% of the child population in Canada.¹ In our home province of Manitoba, Indigenous children account for 90% of children in care, with nearly one in three First Nations young adults having been in contact with Child and Family Services at some point in their lives.² The reasons for this over-representation are complex, but to understand, one must first acknowledge the ripple effects of discriminatory and harmful systems, policies, and laws.

Reports on both the Indian Residential School system³ and the “Sixties Scoop”⁴ have concluded that the practice of removing Indigenous children from their families and placing them in primarily non-Indigenous environments was cultural genocide. The Truth and Reconciliation Commission of Canada’s 94 Calls to Action prioritizes a commitment to reduce the number of Indigenous children in the child welfare system, emphasizing the importance of providing culturally appropriate and adequate resources to keep families together when safe to do so.⁵ In 2016, however, the Canadian Human Rights Tribunal ruled that the Canadian Government was racially discriminating against First Nations children by providing less funding for on-reserve child welfare services than for other children in Canada. Tragically, inadequate child welfare prevention services have contributed to unnecessary family separations.⁶ Further inequities in the school system, justice system, access to housing, and food security, as well as inadequate support for youth who “age out” of care compound harm for First Nations families.⁶ To heal from the past and advance reconciliation, there is a need to develop culturally appropriate mental health, substance use, and family support programming, as aligned with principles of self-determination and Ownership, Control, Access, and Possession⁷ to prevent further harms while underlining benefit to the community.

The Canadian Human Rights Tribunal aims to ensure substantive equality and safeguard the best interests of the child through providing necessary and culturally appropriate services. The principle of substantive equality recognizes people do not all start off from the same position in life due to the legacy of historical discrimination and human rights abuses. For children to achieve true equality in outcomes, with the ultimate goal of preventing further child apprehensions, adequate support should be available to comprehensively address the needs of children and their families.⁸ In response to legal orders, Jordan’s Principle was established, a child-first principle aimed at ensuring that all First Nations children can access the services and supports they need without delay.⁹ It is named in honour of Jordan River Anderson, a young boy with complex medical needs from Norway House Cree Nation, who passed away in a hospital while the federal and provincial government argued over who would pay for Jordan’s in-home medical care. In our experience, many mental health and social service providers are unaware of the available support and navigation of Jordan’s Principle for First Nations families. The following information on Jordan’s Principle, and other services, are available on the Government of Canada website for Indigenous Health.¹⁰

What services are covered? Since each child’s situation is unique, supports are far-reaching and broad. Urgent requests must be processed within 12 hours; all other requests within 48. These services and products include, but are certainly not limited to:

- Health: Mental health and addiction services for both children and their parents; mental health, cognitive, and speech assessments; screening speech therapy; mobility aids; medical supplies and equipment.
- Social and Cultural: Respite care, personal support workers, extra-curricular recreational activities, transportation support, Elder services, specialized cultural programs, land-based activities.
- Education: School supplies, tutoring services, assistive technology and electronics, psycho-educational assessments.

Who is covered? Jordan’s Principle applies to:

- All First Nations children who are registered, or eligible to be registered, under the Indian Act who live on or off reserve.
- Indigenous children (including non-status First Nations, Métis) who live on reserve.
- First Nations children that are ineligible to receive status who live off reserve, but are recognized as members of their Nation, who have urgent or life-threatening needs.
- Inuit children are eligible for support under the Inuit Child First Initiative.

How can I advocate for my client to access services? Families may also be unaware of the range of products, services, and supports they can access and the avenues for doing so.

- Families may self-refer by contacting regional focal points or the national 24/7 call centre at 1-855-JP-CHILD.
- With a parent or guardian’s written or verbal consent, an authorized representative may also send in a request to Jordan’s Principle.

Despite the barriers Indigenous families have faced, we have seen incredible resilience and strength. Many First Nations communities are exercising self-determination by advocating for and creating cultural programs and systems such as the recent 2019 Act Respecting First Nations, Inuit and Métis Children, Youth and Families.¹¹ As allies in promoting Indigenous health and keeping families together, we can ensure that we continue to learn, teach, and consult with our trainees and our colleagues to ensure our organizations have the necessary understanding of systemic discrimination within Canada and avenues for redress to serve First Nations families. Most importantly, we must recognize and honour the strength of First Nations communities and stand in solidarity with “all our relations.”

Advocacy Training as Part of the Pre-Doctoral Internship in Professional Psychology



Kirby Huminuik, PhD, RPsych, Director of Pre-doctoral Internship in Psychology, Simon Fraser University Health and Counselling Service

Social justice advocacy refers to actions that are taken to bring down barriers to opportunity and well-being, challenge systems that perpetuate injustice, and contribute to the implementation of fair and equitable social policy.^{1,2} Many graduate programs in counselling psychology include social justice perspectives in their courses and advocacy has been identified as an important part of the role of a psychologist.³ However, developing the skills and competencies to advocate effectively for systems level change has not traditionally been a part of the training of psychologists.^{4,5} For students to develop social justice advocacy skills, they need to learn to identify systemic barriers, act strategically to catalyse systemic change, and work collaboratively to help clients and community members

mobilize their own strengths and resources to gain access to the resources needed to improve well-being.^{6,7}

In the Pre-doctoral Internship in Professional Psychology at the Health and Counselling Service at Simon Fraser University, our intention is to integrate advocacy training throughout the year-long training sequence so that interns can develop a nuanced understanding of systemic issues facing our student population, the network of relationships they are embedded in, the institutional barriers and opportunities that exist, and to begin to articulate strategies for change. HCS interns are encouraged to identify a specific problem and review the literature in order to help them understand what is known about the problem, what kinds of interventions have been tried, and what kinds of evidence exist for various kinds of interventions. They are also invited to consult with potential informants or stakeholders who could provide different perspectives on the problem and information about relevant

institutional history. Next, they are expected to develop a set of recommendations to address the problem and discuss these with their supervisor. Finally, they are invited to make a presentation to staff and other key stakeholders describing the problem, highlighting key aspects of their research, proposing recommendations, and responding to questions. As supervisors, we are careful not to impose a sense of pressure or an obligation to enact any advocacy process – our goal is to help interns develop their capacity to observe, think critically, and plan strategically.

In the 2019-20 internship program, we introduced the idea of the advocacy project during the orientation training and provided a didactic session on the topic early in the training year, in which we reviewed key journal articles and outlined the expectations for the project in detail. Interns were invited to be attentive to issues of power, inequality, and oppression in the lives of their clients and to consider the impact of context and the environment on healing from, or perpetuating, suffering. Interns were encouraged to identify an issue of focus soon after the winter break and to begin reviewing literature and consulting colleagues and other interested parties, while engaging in reflexivity and consulting with supervisors, before beginning to formulate ideas about potential strategies for systems-level change. By early spring, they were expected to discuss their proposal for change with their supervisor and prepare to present their findings and recommendations near the end of their internship year.

The interns reported that they had never encountered these concepts or skills in their prior graduate training. Yet

they approached the advocacy project with openness, curiosity, and respect and their final reports were significant contributions to our centre. One intern highlighted the unmet mental health-related needs of students with disabilities and proposed the creation of a specialized counselling position to liaise with SFU's Centre for Accessible Learning. Another intern made recommendations to enhance the counselling centre's program evaluation practices and our ability to communicate the impact of our work to key decision makers.

By inviting interns to consider advocacy as part of their scope of practice, and providing a framework through early didactic sessions, they were able to focus their attention on issues of access and potential barriers to care. Over the course of the year they observed and discussed these issues in group supervision and considered themselves in relationship to their clients in terms of power, oppression, and privilege. Given the magnitude and urgency of the social issues that confronted them over the year, from the global pandemic, calls for racial justice, and threats to democratic processes, interns sometimes voiced doubt about the role of psychologists in society and their own personal ability to enact systems-level change. Together, we considered that to make a career-long commitment to human rights and social justice, it means learning how to think about and engage with problems strategically, building relationships, and 'chipping away' on incremental progress, while being alert for moments when social conditions have the momentum to bring transformational change.

For a complete list of references, please go to www.cpa.ca/psynopsis

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When Systemic Discrimination, Violations of Human Rights, and COVID-19 Collide

Partnering with Indigenous Peoples so No One is Left Behind

*Roseanne L. Flores, PhD, Associate Professor at Hunter College,
The City University of New York; and Neal S. Rubin, PhD, ABPP,
Visiting Professor at Adler University*



A global pandemic teaches us many lessons. Foremost among them is the interdependence of humanity. Chances of survival for each of us is dependent upon the chances of survival for all. The safety and security of even the most vulnerable among us have potential impacts for families, communities, and the community of nations. As psychologists who have consulted for several years in the United Nations (UN) community, these themes resonate with our vision to uphold human rights.

Human rights are inalienable and indivisible and, as with all of humanity living during a pandemic, both are interdependent. The compromise of any individual human right compromises all other human rights. We are entitled to these rights simply by virtue of having been born human. As articulated in the Universal Declaration of Human Rights (UDHR), these rights belong to all persons and all peoples.¹

However, history has taught us that there are groups of people who have traditionally been the recipients of systematic and other forms of discrimination, whose rights have consistently been violated, and who need additional protections. These groups include, for example, victims of racial discrimination (International Convention on the Elimination of All Forms of Racial Discrimination, ICERD),² children (Convention on the Rights of the Child, CRC),³ women (Convention on the Elimination of All Forms of Discrimination Against Women, CEDAW),⁴ persons with disabilities (Convention on the Rights of Persons with Disabilities, CRPD),⁵ and Indigenous peoples (United Nations Declaration on the Rights of Indigenous Peoples, UNDRIP).⁶ Since the inception of the UDHR, these additional declarations (aspirational statements) and conventions (international law) have been adopted by the majority of nations with the intent of creating a more just world—the world we want.

What the COVID-19 pandemic has done, however, has demonstrated that we are still lacking in the development of a just world where the most vulnerable groups no longer bear a disproportionate burden of disease. One of the groups who have suffered most during the pandemic, and whose human rights have historically been violated, are the world's Indigenous peoples.

According to the World Health Organization (WHO), there are close to 5 million Indigenous people worldwide, residing in remote rural settings and urban communities across 90 countries.⁷ Indigenous peoples are not a homogenous group; they have many unique languages and cultures, and relationships to the land.⁷ Because of the global history of Indigenous peoples' oppression through invasion, exploitation, and over-development of the land, many Indigenous peoples, like most marginalized groups in 2020, face challenges in their ability to thrive and survive in their environments.^{7,8} Many lack access to adequate food, housing, healthcare, education, and decent work.⁷ They also bear a disproportionate burden of disease due to a lack of access to high-quality healthcare and exposure to multiple environmental risk factors. For example, there has been an increase in the interaction between Indigenous and non-Indigenous peoples, placing Indigenous communities at risk for exposure to infectious disease.⁹ Moreover, Indigenous peoples' civil and political rights are often

exploited, thereby excluding them from influencing the policies and decisions that directly impact their lives.⁷ Taken together, these factors provide the perfect volatile cocktail that has been ignited by the COVID-19 virus, setting many Indigenous communities on fire.

As of the last available WHO report, dated July 6, 2020, there were 70,000 COVID-19 cases reported in the Americas with close to 2,000 deaths, including 6 deaths reported among the Nahua people living in the Peruvian Amazon.⁷ Based on that report, the Pan American Health Organization/World Health Organization (PAN/WHO) began urging Member States of the UN to work with Indigenous communities to develop strategies to provide adequate healthcare services and prevention measures in culturally responsive ways to stem the spread of COVID-19.⁹

Psychology, Human Rights, and Indigenous Peoples

On September 13, 2007, the UNDRIP was adopted by the United Nations with the intent of securing Indigenous persons' rights against such heinous violations of their rights as violence (against women), forced assimilations, systemic racism, and criminalization of protest. During the COVID-19 era, it is even more critical that we draw attention to UNDRIP because of the long history of disregarding Indigenous peoples' rights and the systemic forms of discrimination that have resulted in the health inequities now increasing their vulnerability to the novel coronavirus. As healthcare providers, psychologists have participated in colonial harms that have failed to respect Indigenous resilience and cultural strengths. Notable efforts at reconciliation have emerged, including last year's issue of *Psynopsis* and the apology by the Australian Psychological Society (APS).¹⁰ Beyond recognizing past injustices, today psychologists are slowly being educated to engender genuine cultural humility and to exhibit socially responsible practices.^{11,12}

The Way Forward: Resilience of Indigenous Peoples

On August 10, 2020, the world observed the International Day of the World's Indigenous Peoples. The United Nations hosted a virtual event, "COVID-19 and Indigenous people's resilience".¹³ While the PAN/WHO has been working with Indigenous communities to develop culturally appropriate intervention and prevention techniques, Indigenous peoples have been seeking to use their own traditional healing practices and to seal off their territories, where possible, to isolate some of their communities from COVID-19.¹⁴ With increased recognition of our shared humanity, with an appreciation for Indigenous world views and the resilience of Indigenous communities, psychologists must learn to be more available to embrace our inter-dependence and become partners in upholding the human rights of the Indigenous in this pandemic era and beyond.



Time to SSTEP Forward

Recommendations to Promote Anti-Racist Clinical Practice

*By Students for Systemic Transformation and Equity in Psychology (SSTEP)**

**SSTEP is comprised of psychology graduate students across Canada who formed a coalition to work towards sustainable, systemic change. Our overarching goal is to transform the field of psychology by making it more equitable at the individual, institutional, and national level. SSTEP is comprised of the following students, listed in alphabetical order: Rita Abdel-Baki, Joanna Collaton, Erin Leigh Courtice, Brianne L. Gayfer, Soeun Lee, Nicolas Narvaez Linares, Joana Mukunzi, Lydia Muyingo, Tatiana Sanchez, Noor Sharif, and Karen T. Y. Tang.*

Racism is prejudice and discrimination targeted at a person or people based on their membership to a racial group that is reinforced by societal structures of power. Unfortunately, the existence and nature of systemic racism has not changed significantly in the past decade,^{1,2} and it continues to be present in all facets of society, including psychological practice.³ Indeed, racism continues to impact the mental health of Black, Indigenous, and People of Colour (BIPOC), via disparities in mental health status and diagnosis; barriers to accessing mental health care; and the lack of cultural competence/sensitivity in therapy.^{4,7} In this article, we provide a brief summary of these inequities and provide recommendations, applicable for individuals (e.g., psychologists, supervisors) and organizations/institutions (e.g., Canadian

Psychological Association, universities). While some of the recommendations may already have been implemented or addressed by researchers, clinicians, programs, departments and institutions across the country, we hope that this article will contribute to further self-reflection and change for the discipline and profession.

Racism as a determinant of BIPOC mental health. Racism is an important determinant of health inequities and is associated with poorer mental health in BIPOC individuals.⁷⁻⁹ For example, the descendants of Indigenous children who were forced to attend Indian Residential Schools in Canada report greater depressive symptoms and suicide behaviour as adults, providing evidence of transgenerational vulnerability of mental health issues from the impact of colonization.¹⁰⁻¹³ Further, BIPOC individuals are often underdiagnosed or receive delayed diagnoses; Black adults are less likely to be diagnosed with major depression compared to white adults.¹⁴ and Black children are diagnosed with autism spectrum disorder (ASD) much later in comparison to their white peers.¹⁵ Given that BIPOC individuals report more severe symptoms and impairment when diagnosed compared to white individuals,⁵ it is critically important to recognize the impact of racism on our diagnostic systems. On the other hand, BIPOC individuals are also over-represented in stigmatizing diagnoses. For instance, Black children are more likely to be diagnosed with oppositional defiant disorder (ODD) than white children¹⁶ even though the prevalence of ODD is similar across races/ethnicities.¹⁷ Similarly, Black individuals are more likely to be diagnosed with schizophrenia compared to white individuals.²¹ Further, there is an overemphasis on substance abuse and suicidality in research involving Indigenous Canadians,²² and these stigmatizing discourses are used to justify interventions and policies that inflict further harm on Indigenous peoples.²³ Additionally, the assessment tools used to assess mental health in BIPOC individuals are often disproportionately normed on white individuals, and include questions/items that are racist or insensitive.²¹ Therefore, it is crucial that psychologists recognize the impact of racism on the assessment and diagnosis of mental health in BIPOC individuals.

Recommendations :

- Provide ongoing, embedded, meaningful education for psychologists and trainees regarding anti-oppressive practice²² consistently across all programs and sites. This should include training regarding cultural variations in psychological disorders and symptoms.
- Critically evaluate the validity of assessment/diagnostic tools for BIPOC clients. Interpret results with caution and place within an informed, culturally sensitive context. For those who have already implemented this into their clinical practice, we recommend the following next steps:
 - Advocate for re-norming of assessment tools that are drawn from a majority white, middle class population
 - Explicitly note in assessment reports, other clinical documentation, and client feedback, when assessment tools are not drawn from representative populations

- Place greater consideration on lived experiences in the diagnostic and treatment process, including respect for differing worldviews, collectivistic approaches, family hierarchies, spirituality/religion, and the impact of social oppression.

Barriers to Accessing Psychological Services.

Psychological care provided for BIPOC individuals can also be compromised by racism (either overtly or via unconscious biases and prejudices). Racialized groups report greater unmet mental health care needs compared to white people²³ and have noted several barriers to accessing mental health care, including financial barriers, language barriers, discrimination, distrust of healthcare systems/ professionals, and preference for non-Western approaches to medicine/therapy.^{6,8,22-24} Additionally, BIPOC clients report a preference for a clinician of their own race/ethnicity,²⁵ though there is a significant underrepresentation of BIPOC clinicians in psychological practice.²⁶ Racism also often intersects with gender, class, and other identities, which can further compound these barriers. For example, the high cost of accessing psychological services, which are rarely covered by government funding in Canada (e.g., provincial insurance coverage), may disproportionately impact BIPOC individuals who are significantly more likely than white individuals to be of low socio-economic status.²⁷ Reducing barriers to accessing psychological services is an important step towards providing equitable care.

Recommendations:

- Psychologists and private psychological practices should dedicate a proportion of their caseload to sliding scale or pro bono services for underserved individuals.
- Advocate for the continued use and implementation of telepsychology across psychological practices, beyond the COVID-19 pandemic. Because the technologies required to implement telepsychology services can be costly, we also recommend that overseeing bodies (such as the Canadian Psychological Association) provide funding opportunities for psychologists whose clients rely on telepsychology services.
- Actively reach out to and engage with underserved communities to extend the reach of psychological services, rather than waiting for individuals to seek us out.
- Engage in active mentorship of BIPOC clinicians-in-training, for example through practicums and paid supervised practice or internships.
- Provide funding for clinicians to practice within organizations and settings that serve historically underserved communities (i.e., BIPOC communities).

The Role of Culture in Therapy. Once able to access therapy, BIPOC individuals have shown higher rates of dropping out of treatment,²⁸ which may be attributable to many factors. The therapeutic alliance is a robust predictor of treatment outcomes.²⁹

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CPA MEMBER SPOTLIGHT

MONNICA WILLIAMS

Eric Bollman, Communications Specialist, Canadian Psychological Association



In Los Angeles, a few years after the video, the trial, and the subsequent acquittal of the four police officers who beat Rodney King, Monnica Williams was at UCLA studying Obsessive Compulsive Disorder (OCD). Her grad school advisor told her about a study he had recently done. They were looking for students with OCD for a research project, so they recruited undergrads by having them fill out a packet of widely-used OCD self-reporting measures. Every undergrad who got high scores on that measurement were asked to come in to the lab for the experiment.

Every single one of them was Black. Not one of them had OCD.

This seemed like a pretty important thing to study, and that's how Monnica Williams began her career in ethnic minority mental health. She figured out why Black students were being flagged as having OCD when they didn't, and what was wrong with the measures being used to determine who may or may not have it.

There were many problems with the measures and the questionnaire. The main one being that it had never been validated with people of colour, it had been validated with those immediately around the people who came up with it—all of whom were white. Monnica could go into detail about all the issues; it was, after all, her dissertation. Suffice it to say that today, she is an expert both in OCD and in racial disparities in the mental health arena.

When I first reached out to Monnica Williams about appearing on the CPA's new podcast, it was in the wake of the murder of George Floyd at the hands (and knees) of police officers in Minneapolis. This came on the heels of Breonna Taylor being shot eight times while she slept by Louisville police who burst into her apartment (the wrong apartment) with a no-knock warrant. This death hit particularly close to home for Dr. Williams, who lived in Louisville for five years and still has family in the area. Protests were springing up all over the country, and Dr. Williams was the expert with whom I wanted to speak most—about police brutality, the inequalities in North American societies, and the role of psychology in addressing these issues.

Dr. Williams is the Canada Research Chair in Mental Health Disparities, which means she gets funding to do research at the University of Ottawa to address mental health disparities in Canada. She educates the public and focuses research and resources to address those disparities. The research she does in this capacity is not much different than the research she was doing already but this position means the work is done in a more formal and, more importantly, more visible way.

By the time we connected, details were emerging in the shooting death of Ahmaud Arbery. The district attorney in that district had failed, for several months, to press charges against the three white men in a pickup truck who had confronted and killed Mr. Arbery while he was out jogging. A video had been made public, one which added to the overwhelming number of videos we could all see of Black men being killed.

Dr. Williams is emphatic about the sharing of these videos. It may be necessary to have them out there so the public knows what is happening in real time in, and to, the Black community. But she believes there comes a point where the videos themselves become ‘outrage porn’. The public consumption of the brutalization of Black bodies then begins to verge on entertainment.

“I think it needs to be reported, and I think the media should tell the story, but I don’t think you have to watch an eight and a half minute video of a person dying to get an account of what happened. You don’t see a white person dying on camera because that’s considered inappropriate. But you do see videos of Black people, especially Black men, being killed all the time. This sends us a message, in a different way, that our lives are without value. I don’t think that having to show an explicit killing video should be necessary for people to believe and understand what’s happening. When there were ISIS beheading videos, common sense prevailed and the footage wasn’t shared on news networks. Why is George Floyd different? It’s because he’s Black. These videos are traumatizing, and our brains are better off without having watched them.”

As this podcast was being uploaded to Soundcloud, video was emerging online of the beating of Allan Adam, Chief of the Athabasca Chipewyan First Nation in northern Alberta, who had been pulled over for an expired license plate. Photos of Mr. Adam’s face quickly made the rounds on social media, and the Prime Minister weighed in on the situation, calling it ‘unacceptable’.

What underlies incidents such as this one is structural disparities between Indigenous people and white Canadians. Those inequalities extend to virtually every facet of modern life—health care, incarceration, missing and murdered Indigenous women, homelessness, mental health and addiction, and intergenerational trauma.

In her role as the Director of the Laboratory for Culture and Mental Health Disparities, this is the sort of thing Dr. Williams tackles regularly. She works with her graduate students to do research with the goal of addressing inequalities across Canada. For example, they recently discovered that there has been no research done at all into racism experienced by people of colour in Francophone communities in Canada; so, they are doing that research. It is this kind of research which can inform public policy and redress systemic racism where it exists.

On the day I reached out to Monnica a second time, in order to do this *Psynopsis* profile, the Special Investigations Unit of the Toronto Police Department announced that it had cleared all officers of wrongdoing in the death of Regis Korchinski-Paquet.

Organizations and institutions examining their own policies and internal biases does not often work. Dr. Williams maintains a blog in *Psychology Today* called ‘Culturally Speaking’. She recently wrote about racism in academia:

“Many of us who do this work are asked to peer-review

articles. And every now and then I’ll get articles that are flagrantly racist. I’ll read them and think ‘oh my gosh, I can’t believe someone is trying to prove that Black people are not as intelligent as white people’. It’s upsetting, and disturbing, and I’d really rather not read those articles. But then the fear I have is that maybe if I don’t review them, they’re just going to sail through and get published.”

Dr. Williams mentions two journals in particular, which she says have white supremacists on their editorial board, and they tend to be the ones that publish this material more often than others:

“They’re always terrible science. They’ll sometimes be using datasets from the sixties, or they don’t account for differences in income and education when they make their comparisons. They’re really just looking for ways to show that white people are superior to Black and Indigenous groups.

I get so frustrated when I see these, because I wonder—why isn’t the editor desk-rejecting them? Why are you wasting my time? But I realize that they kind of have to, because some of these authors are on the editorial board, and I see how that puts the editor in a tough position. So I’ll review them.

Each time I review them I put stronger and stronger language to the editor saying ‘please – liberally use the desk-reject button’. The last one was one of the worst articles I’ve ever read and I spent a long time on it – documenting all the scientific problems and flaws. It was a three- or four-page review, maybe the longest one I ever wrote. I just assumed that article was rejected. Then I discovered, much to my horror, that it was published anyway. So what I write doesn’t even matter, it’s the inner circle of these journals that decides anyway.”

When I connected with Dr. Williams in order to interview her for this profile, it was just a few days after the near-fatal shooting of Jacob Blake, shot four times in the back by police in Kenosha, Wisconsin, as he walked back to the children in his car. It was just one day after those protests turned deadly, when a white teenager with an AR-15 killed two people at a protest in Kenosha.

These tend to be the times when Dr. Williams is most in-demand. Yes, she writes her blog, acts as Chair and Director for various research labs and projects in Ottawa, is the Clinical Director of the Behavioural Wellness Clinic in Tolland, Connecticut, and wears about nine other hats as well. But the place where she is most visible is likely in the media. As an expert on the psychology of racism, Dr. Williams has contributed to the public discourse in publications as wide-ranging as the *New York Times* and *Washington Post* in the United States, *Der Spiegel* in Germany, *Le Monde* in France and virtually every major Canadian publication there is.

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By the time this article appears in *Psynopsis*, there will almost certainly be dozens more Philando Castiles, Eric Garner, Trayvon Martins, Sandra Blands, Tamir Rices, Charles Kinseys, and Michael Browns in the news. Dr. Williams will likely be called upon to provide an expert voice once again in the wake of the next tragedy. So, even with these constant reminders of systemic inequalities, of the entrenched nature of racism, and with the more and more desperate cry of “Black Lives Matter”, I had one final question. When thinking about the future for human rights and social justice in Canada, in North America, and in the world, does Monnica Williams feel hopeful at all that we may be on the right track?

“I do, actually, feel hopeful. The concern is always that something like this happens, you get a big blip on the news, and then it’s gone because people have moved on to something else. But it seems like the momentum from everything that’s happened this summer is continuing. I’ve seen a wide embrace of the Black Lives Matter movement and priorities that I haven’t seen before across broader and larger sectors of our society. I’ve been disappointed so many times before. I don’t want to get too excited just yet. But to me this feels different than it has in the past.”



What does history and theory of psychology have to do with social justice, much less empirical psychology?

*Jim Cresswell, PhD, Ambrose University
(on behalf of the History Section)*

More than two decades ago, Slife and Williams (1997)¹ committed an act of heresy. They published an article in *American Psychologist* calling for the recognition of theoretical psychology as a formal subdiscipline. Their reasoning was that empirical psychologists are not good at recognizing their own presupposed theories. Psychologists often focus on “theory” in terms of models or a field of study, but Slife and Williams pointed out that big-picture philosophies are also part of what is meant when we say “theory”. They also pointed out that other ways of gaining knowledge are ignored in favour of one particular big-picture theory: positivism. What made their work

heresy was to challenge the robustness of most empirical psychology.

Recent discussions about social justice raise the spectre of Slife and Williams. This is a time of challenges to psychological research in the name of social justice. Systemic racism is often unseen as it lies in the background of our taken-for-granted practices. Such blind spots can also unfold in our research and therapeutic practices where background presumptions privilege some groups over others (see Bhatia, 2018² for an excellent discussion). It turns out that data are not as neutral as we would hope because they are understood through the lens of big picture theory. As voices emerge from the Truth and Reconciliation Commission and Black Lives Matter, the big-picture theory that we take for granted and that underlies research practices must be discussed.

When we talk about enacting social justice, we need the skills of those trained in the unique methods linked to history and theory. Such training is a specialization in making taken-for-granted assumptions explicit by documenting the links between large scale social movements and the day-to-day work of psychologists. These professionals are specifically trained in the big picture theory that informs the day-to-day in a therapist’s office and a research laboratory. The vision set out by Slife and Williams was for those trained in history and theory to help others navigate situations where data alone are insufficient. It turns out that their heretical article from two decades ago provides crucial ideas that inform our current situation.

For a complete list of references, please go to www.cpa.ca/psynopsis



Vividhatà Research Lab at the University of Calgary

Tiffany Beks (PhD candidate, Registered Provisional Psychologist), Julie Cohen (PhD candidate), Daniele Doucet (PhD candidate, RPsych), Charis Falardeau (MSc student), Amy Rose Green (PhD), Helia Jafari (PhD), Emily Matejko (MA, lab volunteer), Rabab Mukred (BA, MSc student), Jasmine Nathoo (PhD student), Alissa Priolo (PhD candidate), Jessica Faye Saunders (Post-doctoral fellow), Megan Suehn (PhD Candidate), Danielle Smith (PhD student), Maryam Qureshi (PhD student), Michelle Zak (BA, BEd, lab volunteer), Anusha Kassan (PhD, RPsych); Counselling Psychology, University of Calgary

As scholars of the **Vividhatà Research Lab** (werkklund.ucalgary.ca/research/vividhata), we are pleased to see an issue of *Psynopsis* dedicated to social justice. Under the supervision of Dr. Anusha Kassan, we have had the privilege of learning from one another as we engage in social justice- and diversity-oriented research. Vividhatà (વિવિધતા) is the Gujarati word for diversity. Gujarat is the state in India where Dr. Kassan's paternal grandparents were born and the common language spoken there is Gujarati.

Broadly, our research projects seek to fill an important gap in the communities in which we grew up and live, so that we may in turn be able to offer more culturally responsive and socially just services. In this article, we would like to share some of our key learnings pertaining to a) researcher self-awareness, b) intersectionality and diversity, and c) responsive research with vulnerable communities.

We have learned that our understanding of social justice issues begins with self-awareness of how our own cultural

backgrounds, worldview, beliefs, privilege, power, and oppression shape our perspectives and experiences. This self-awareness serves as a launchpad for critical dialogue and appreciation for the complexity of the lives of individuals and communities with which we do research, and, importantly, how they are impacted by issues of power, oppression, and privilege.

With this increased awareness, we recognized that the lives and stories of the vulnerable individuals and communities we are in research partnerships with have been misrepresented, pathologized, or neglected in psychological research, as opposed to understood within their cultural context and with consideration of how systems of power and oppression contribute to suffering and inequity. This awareness solidifies the importance of intersectionality and diversity as a central theme in social justice research, propelling us to seek multiple perspectives with respect to any given research topic, all the while considering the critical sociopolitical contexts in which they are nested.

Finally, we have learned about the importance of critically examining how our research practices both frame and impact the experiences of the individuals we are in research partnerships with, so as to avoid our research endeavours becoming an additional tool for oppression. In planning our research, we aim to establish relationships that are respectful, ethical, empowering, non-discriminatory, culturally sensitive, and valuing of diverse perspectives. To this end, we apply methodologies in which knowledge and power are shared between researcher and participant, and power dynamics are examined for their influence on research findings.

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CPA HIGHLIGHTS

Below is a list of our top activities since the last issue of *Psynopsis*. Be sure to contact membership@cpa.ca to sign up for our monthly CPA News e-newsletter to stay abreast of all the things we are doing for you!

1 CPA's 2020 Virtual Series

The CPA wishes to once again thank all those who participated in the CPA's 2020 Virtual Series as presenters, delegates, and/or exhibitors/sponsors. Over 1,830 individuals registered for the virtual series, which included over 530 pre-recorded, PDF'ed, and live presentations and meetings. Pre-recorded and PDF'ed content remains available, on demand, through to the end of December to all registered delegates.

2 2020 Student Research Grants

The CPA is pleased to continue its support of student research. The call for applications will be posted on the CPA's website (cpa.ca/funding) by October 2nd. Deadline for applications will be Friday November 27th. Up to 10 awards valued at \$1,500.00 each will be awarded. Please direct any questions about this initiative to science@cpa.ca.

3 Career Fair

The CPA hosted it's first virtual Career Fair on November 12th. Students participating in the event had the opportunity to learn about various career paths and positions for psychology graduates outside of the clinical and academic settings directly from individuals in those positions. They also had an opportunity to speak to the CPA about what they would find helpful in terms of career-related resources and information. This Fair will mark the first in a series of Career Fairs the CPA will host in 2020 and 2021.

4 CPA2021

CPA's 82nd annual convention and general meeting will be held virtually over the month of June (June 7th - 25th). The Call for Abstracts will open at the end of October, with both familiar and new presentation types. Staff and the Convention Committee are identifying plenary speakers, as well as exploring new and innovative ways of fostering engagement and networking, particularly for students, within the virtual platform. Of note, last year's Honorary President, Dr. Suzanne Stewart, is confirmed to present as part of this year's virtual event as is Dr. Marylène Gagne, one of last year's selected Plenary Speakers. Professional development workshops of varying length and CE Credit will be offered throughout the three-weeks of the virtual event.

5 Human Rights and Social Justice in Psychology

The CPA's Human Rights and Social Justice Working Group has been re-formed by the CPA's Board into a CPA Standing Committee to support the development of the CPA's Strategic Planning, policies and activities. The Committee is co-chaired by Dr. Ada Sinacore and Dr. Kerri Ritchie. The Committee has developed Terms of Reference which were approved by the CPA's Board of Directors in November. For information or inquiries about the Committee, please contact governance@cpa.ca or go to cpa.ca/humanrightsandsocialjustice

6 CPA Response Issued After the Speech from the Throne

The CPA applauds the government for recognizing the need to invest in the mental health of the people of Canada in the September 23rd Speech from the Throne. The pandemic, and in particular the necessary way in which we must manage the pandemic, is taking a toll on our mental health and resilience. The health of any country depends in large measure on the mental health and well-being of the people and citizens it serves. While commitment to publicly-funded health care is a core value of this country, Canada has not funded mental health care in parity with physical health care. That must change. Canada needs a health care system that delivers the care people need, where, when and from whom they need it – and includes the evidence-based services of licensed health providers like psychologists, who are trained and licensed to deliver that care. The CPA looks forward to working with the federal government to protect and advance our collective mental health.

7 Expanded Professional Development Menu for Group Licenses

The number of CPD courses available through group licenses has been expanded from three to eight. Group licenses are an excellent way for organizations (educational institutions, agencies, non-profits) to provide education opportunities to staff in a simple and affordable way. The purchase of a license provides access to CPA's most popular on-demand courses for an unlimited number of staff. Staff can access the courses at any time for a time-limited period; most are valid for one year from purchase. The number of available courses will soon grow by two, as 'Being an Ethical Psychologist' and 'Knowledge Mobilization 101' are added to the roster as well.

8 New 'Psychology Works' Fact Sheet: Racism

A new 'Psychology Works' fact sheet on Racism has been prepared for the CPA by Gira Bhatt (Kwantlen Polytechnic University), Saba Safdar (University of Guelph), John Berry (Queen's University), Maya Yampolsky (Université Laval), and Randal Tonks (Camosun College). It features subjects like What is Racism? What Can We do to Address it? and What is the Psychology of Racism?

9 Ethics Resources Page Updated with New Content

The CPA Committee on Ethics has recently updated their resources page. The page now includes many additional articles related to the CPA's *Canadian Code of Ethics for Psychologists, 4th Ed.*, as well as an extensive archive of past *Ethics Corner* articles from *Psynopsis* and other resources of interest.

10 CAMIMH Mental Health Action Plan

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) released its Mental Health Action Plan *Better Access and System Performance for Mental Health Services in Canada* July 13th. Amidst the COVID-19 pandemic, the steady increase in demand for mental health care suggests Canadians need better, more accessible mental health care services from coast to coast to coast. The 13 national mental health groups that form CAMIMH put forward six recommendations to the federal government to provide Canadians with better access to the mental health services and supports they need.

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Time to SSTEP Forward : Recommendations to Promote Anti-Racist Clinical Practice

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However, cultural miscommunications and misunderstandings and differences in cultural norms and values can make this more challenging for BIPOC clients to establish.²⁸ Indeed, having a therapist low in client-perceived cultural competence has been found to be a risk factor for premature termination of treatment.³⁰ In order to address these concerns, there is a growing call to expand education in cultural competence for psychologists and psychology trainees.^{31,32} While this is a positive step, education alone is not sufficient, and evidence suggests that direct clinical experiences and supervision related to working with diverse clients is more helpful for facilitating clinician-perceived cultural competence.³³ Further, a clinician's self-rating of their own cultural competence was not found to be enough to predict effectiveness of treatment - instead, this was predicted by client ratings of their clinician's cultural competence.³⁴ Therefore, the ways that we evaluate "cultural competence" in psychology are also important to consider. Taken together, these findings suggest a pressing need to integrate cultural competency and awareness into training and supervision models.

Recommendations:

- Implement ongoing anti-oppression training for all clinicians/staff/students; this training should be provided by BIPOC individuals who are appropriately compensated.
- Provide financial stipends or professional days to support didactic and experiential training related to diversity and equity.
- Ensure regular discussion of diversity issues in supervision and consultation groups.

A note for students: The authors of this article are students in psychology PhD programs across Canada. Thus, these recommendations come from the perspective of the student authors and members of STEPP. As students, we recognize that graduate training in psychology does not necessarily prepare us for advocacy work within the many institutional hierarchies where we work and train.³⁵ While many of our recommendations are directed toward these institutions, we do provide the following recommendation to students specifically:

- Advocate for changes that you believe institutions must make to help you serve diverse clients and to create a more inclusive field. Some psychologists may believe that advocacy should be reserved for those outside of academia or established senior psychologists, although students have shown great potential to usher meaningful change through advocacy work.^{35,36} As the decision makers of tomorrow, we encourage students to seek out and engage with other students and trainees on important issues, start conversations with those in positions of power with the ability to make institutional changes, and model transparency and accountability for advocacy.

For a complete list of references, please go to www.cpa.ca/psynopsis

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