

# THE Montana Psychologist

December 2020

## President's Perspective

Mary Kay Bogumill, Ph.D, MPA President



The function of the Montana Psychological Association (Association), among other things, is to protect Montana Psychologists. The Association has been doing that for years,

whether you have been a member or not. I have been a practicing psychologist in Montana since 1989 and have benefited from the work and watchful eye of the Association, when I was a member and when I was not. For the most part, I was not cognizant of the amount of time and effort that was going into my safeguard, but it was there. I am now president of Montana Psychological Association, taking up the position after Karen Kietzman completed a protracted presidency due to COVID. We are ever so grateful for her leadership and commitment. Thank you, Karen, for persevering during this peculiar year. We thank Duncan Campbell also for his long service to the Association. What an invaluable contribution he has made. I will strive to carry out my tenure in this position with the same commitment and compassion as they. If you have let your membership lapse or you are considering joining, please become a member. You are needed.

There is very little about 2020 that has been normal. It has been colored by a worldwide health crisis and escalating conflict. The pandemic is frightening and impactful in ways that range from inconvenience to death. That is a sweeping spectrum. Consider yourself lucky if you are on the light end of that scale and pray for those who are not.

Conflict has also characterized this year. It too seems to have a range of intensity from normal debate, which seems rare these days, to intense, intimidating vitriol and sometimes physical harm or death. Again, consider yourself lucky if you somehow managed to stay on the light end of that spectrum and pray for those who have not.

But beyond prayers and well wishes, we all are uniquely positioned to actually do something about bringing the conflict down toward the light end; the end that uses debate and discussion rather than vitriol. Robert Quillen, American journalist and humorist noted that "Discussion is an exchange of knowledge; argument an exchange of ignorance." Rather "The aim of argument, or of discussion, should not be victory, but progress." (Joseph Joubert)

A highly effective tool toward that end is the abundant use of perspective taking. As Henry David Thoreau mused "Could a greater miracle take place than for us to look through each other's eyes for an instant?" It is challenging, at times, to see things from another person's point of view. It is difficult to remain open minded when we are upset. When you do not understand someone, tell them. Ask questions to try to understand. We generally try to help our clients do this when they are in conflictual relationships. These same principals can be applied to our daily lives. We will never be free of conflict. It is present in any situation where people have apparently incompatible goals, interests, principles, or feelings. And conflict is not always bad. Conflict can lead to an exchange of ideas, solutions to problems and novel ways of handling things. Think brain trust. Think of President Lincoln's "Team of Rivals". It is the manner in which we approach conflict that renders it positive or negative; constructive or destructive.

Let us end this bizarre year creating constructive ways to manage conflict around us. Let's use our skillsets and the active participation in the Association to make 2021 a striking contrast to 2020 in its positivity and progress toward shared goals.

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# Legislative Report December 2020

Sarah Baxter, Ph.D. and Michele McKinnie, PsyD, MPA Legislative Co-Chairs

Members: Alison Cobb, Ph.D., Anisa N. Goforth, Ph.D., ABPP, Ari Silverman, MA

The recent election and current sociopolitical context puts a spotlight on the ways that psychologists can play an important role in policy and legislation for the benefit of our profession, our state, our communities, and our clients. MPA's mission is to promote and advance the art, science and practice of psychology in service of all Montanans, and we are the source for psychological expertise to meet the changing needs of our profession. The MPA Legislative Committee continues to be active in representing the interests of the profession and psychologists across Montana, and we provide here some of the recent activities that we have been working on behalf of the membership as well as upcoming bills and policies that we will be monitoring and discussing.

## Recent Activities

[Montana Psychological Association Anti-Racism Statement and Call to Action](#). As an association, we value diversity, trust, integrity, and ethical practice. The Legislative Committee, in conjunction with the Board of Directors, developed a statement in response to the countless victims of racial injustice and the psychological pain and suffering of the Black community. MPA put forth a call to action for all psychologists across Montana to address the ongoing racism as well as to work towards anti-racist practice in our work.

## Upcoming Bills and Policies

There are a number of bill draft requests (<https://bit.ly/3pY02JY>) for the upcoming legislative session, 1316 at the time of this writing. A smaller number of drafts have been identified to be of interest to psychologists. If you are an MPA member, this preference list may be viewed in the members only section of the MPA website. It is important to recognize that many of these bills

will never actually be heard; however, this comprehensive list highlights the issues and policies that are being discussed in the legislature, and as psychologists, we should be apprised of these issues so we represent the interests of the profession and psychologists across Montana. It is a very long list, but includes bills about education, suicide prevention, child abuse, sex offender treatment and registry, and human rights, to name only a few that might be relevant to our field. When hearings occur, it is within the purview of psychologists to provide information that might better educate the legislators about a given bill.

## Virtual Participation

2021 Legislature may include different ways to interact with legislators. One option being considered is to allow the public to testify virtually. This process is currently a work in progress and is not finalized. Opportunities to stream the meetings and watch the process in action are being expanded with more equipment at the legislature. To find the viewing schedule:

- First navigate to the legislative page: <https://leg.mt.gov/session/>
- From the menu select – Watch and Listen – the Streaming Schedule
- Select which committee you wish to view

Legislators respond particularly well to input from their constituents, personal stories and testimony backed up by facts. They do not have time to research all the bills they vote on, so it is up to us to educate them about the legislation that will impact us, our students, and our clients. Speaking to the legislature is rewarding and impactful, and we will call on you to participate with us in the upcoming months.

## 2020 State Election Overview

Republican candidates swept the federal and state-wide races:

*Greg Gianforte, Governor*

*Steve Daines, Senator*

*Matt Rosendale, House Representative*

*Christi Jacobson, Secretary of State*

*Austin Knudsen, Attorney General*

*Troy Downing, State Auditor*

*Elsie Arntzen, State Superintendent of Public Instruction*

### Montana Legislature gained Republican seats.

The Montana Senate has a 31-19 Republican control, picking up one Republican since 2019. The Montana House has a 67-33 Republican control, picking up nine Republican seats since 2019. Republicans have a super-majority in the House. There are 41 new legislators.

## Coping with Loss and Trauma During and Post Disasters

Donna Zook, Ph.D.

We psychologists are aware that disasters come in varying forms that range from horrific natural disasters {e.g. tornadoes, hurricanes, floods, droughts, wildland fires, volcanos, and earthquakes} that cause tremendous physical destruction to the unseen pathogens not necessarily causing the same type of damage. However, there are economic, personal, financial, social, and mental health sequelae from the COVID-19 virus pandemic that parallels natural disasters. I experienced trauma following three major California earthquakes, that on the surface may seem unrelated to what we experience with the pandemic at this time, but I personally say were near identical symptoms to what people experience at this time.

Right now people are fatigued, exhausted, frustrated, angered, stressed, fearful and worried beyond belief about their personal and other's physical safety and economic security. People are living day to day with uncertainty about the future. The virus has caused death, physical injury, and tremendous loss such as employment, housing, safety and economic security. Psychological effects of this virus include loss of confidence, feelings of helplessness and hopelessness, loss of control and emotional stability and uncertainty about a recovery trajectory. Mental health disorders increase in the general population that include depression, anxiety, Acute Stress Disorder and subsequent PTSD.

During a disaster, people tend to develop dysfunctional strategies in order to cope such as giving up, passivity, apathy, avoidance and denial, and irrational beliefs or conspiracy theories. However, there is hope in a support system with group membership in a professional organization such as the Montana Psychological Association (MPA). The MPA offers emotional and instrumental support because of professional and social networking, even through electronic means of communicating. The effect of MPA membership reduces vulnerability to adverse reactions by broadening alternate and novel thinking and developing positive coping skills.

By connecting with our colleagues, MPA membership increases our resilience for recovery because it builds positive emotional and personal fulfillment through professional and personal relationships with others going through the same environmental situation. In addition to our own cognitive and psychological adjustment, we psychologists offer the same coping strategies that benefit out patients/clients during and post pandemic.

With all that being said, we need to reach out to our professional colleagues to join MPA. Additionally, we can reach out to other professional friends and colleagues such as attorney's, religious leaders, teachers, and medical professionals to collaborate with us in order to assist with problems they face during the pandemic.

## APA Council of Representatives November 2020 Report

Michelle McKinnie Psy.D.



APA recently held elections for President Elect and two Board Members at Large positions. At the time of writing this article the Bylaws amendments approved by Council are still being voted on by the APA membership. I hope that all APA members participated in the elections and bylaws vote process.

As Council Representative, another responsibility I hold is to participate and vote in elections for APA boards and committees. Each year APA volunteer leaders run for positions on several boards and committees – some of these individuals are new to governance positions, and some have participated in various leadership roles over the years. As a relatively new Council member but a long-time SPTA volunteer leader I have the advantage of having met some of these dedicated individuals. Others I do not yet know by name.

I voted for the following APA board and committee positions:  
Finance Committee – 2 positions  
Ethics Committee – 3 positions  
Membership Board – 3 positions  
Policy and Planning Board – 3 positions  
Publications and Communications Board – 2 positions  
Committee on International Relations in Psychology (CIRP) – 3 positions  
Board of Educational Affairs (BEA) – 4 positions  
Board of Professional Affairs (BPA) – 4 positions  
Board of Scientific Affairs (BSA) – 3 positions  
Board for the Advancement of Psychology in the Public Interest

(BAPPI) – 3 positions

Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) – 2 positions

Board of Convention Affairs (BCA) – 3 positions

Committee on Rural Health (CRH) – 2 positions

I invite any MPA members who might be interested in serving on any of these committees to reach out to me. During the past months I have forwarded (email) calls for nominations to these positions to the MPA listserv. I would be honored to work with any interested party to apply when the calls start coming in next year.

In general, the APA Council of Representatives is a highly active group of about 170 voting members from SPTAs and Divisions. Upcoming business items that we are anticipating for 2021 include issues such as addressing racism, the efficacy of Council as a policy-making body, and changes to APA governance models and structures. A number of these issues have been postponed due to the importance over the past 9 months of navigating COVID-19, healthcare disparities, racism, and practice matters. APA's Strategic Plan has been instrumental as a guide for addressing these and other issues as they arise.

I will continue to work to represent Montana Psychologists and to keep you informed about the happenings at APA. If you have any questions about any items listed above, or any other Council of Representatives related issues, please feel free to contact me at [michelecathe@hotmail.com](mailto:michelecathe@hotmail.com)



# An Examination of Type D Personality, Depression and Cardiovascular Health Risk Behaviors among Wildland Firefighters

Patricia O'Brien, Ph.D.

[Greg R. Machek, PhD](#)  
President-Elect

We are pleased to highlight the research of a recent graduate of the University of Montana's Clinical Psychology program, Dr. Patricia O'Brien. Dr. O'Brien's dissertation looked for associations between certain personality factors and behaviors predictive of cardiovascular disease, while factoring in the presence of depressive symptoms. She also gathered data on the physical, psychological, and behavioral health variables among wildland firefighters in the US. Below is an introduction to the author and her synopsis of her research.

## About the author

Dr. Patricia O'Brien completed her Ph.D. in Clinical Psychology at the University of Montana in 2019 under the mentorship of Duncan Campbell, Ph.D. She completed her pre-doctoral internship and post-doctoral fellowship at Portland Veterans Affairs Health Care System in Portland, OR. She is currently a staff psychologist with the PTSD Clinical Team at the Portland VA. Patricia worked as wildland firefighter for over 15 years, including 10 years with the Lolo Interagency Hotshots in Missoula, Montana.

## An Examination of Type D Personality, Depression, and Cardiovascular Health Risk Behaviors among Wildland Firefighters

### Introduction

Cardiovascular diseases (CVDs) are the leading cause of death worldwide (WHO, 2016). Yet, it is estimated that nearly 80% of CVD can be prevented through changes in cardiovascular risk behaviors (e.g., smoking, unhealthy diet, physical inactivity) (Benjamin et al., 2017). Recent research has also demonstrated that psychosocial variables play a powerful role in predicting CVD morbidity and mortality (Pedersen, Känel, Tully, & Denollet, 2017; Rosengren et al., 2004). Among all psychosocial factors associated with CVD risk, depression appears to present the strongest evidence of association (Lichtman et al., 2008). Individuals with depression are more likely than those without depression to engage in cardiovascular risk behaviors and evidence suggests that the influence of depression on CVD risk can be predominantly explained by behavioral factors (Hamer et al., 2008; Ye et al., 2013).

Type D "distressed" personality is an emerging personality variable that has been linked to CVD risk (O'Dell et al., 2011). Type D is characterized by the tendency to experience emotional distress (negative affectivity) and to simultaneously suppress the expression of emotion around others (social inhibition) (Denollet, 2005). Type D has been associated with a 2-3 fold increased risk of poor CVD outcomes, including early mortality (Denollet et al., 2010;

O'Dell et al., 2011). The mechanisms by which Type D personality exerts influence over CVD are not well understood (Jandackova et al., 2017). Growing research has shown that individuals with Type D personality are more likely to engage in cardiovascular risk behaviors (e.g., smoking, poor diet, low physical activity) (Williams et al., 2008), suggesting that Type D personality, like depression, may impact CVD risk through the influence of CVD health risk behaviors. Substantial research has identified that Type D personality uniquely predicts overall cardiovascular risk independent of depression (Denollet & Pedersen, 2008; Martens, Mols, Burg, & Denollet, 2010). However, few studies have examined whether Type D personality confers an increased risk of engaging in cardiovascular risk behaviors independent of the potentially confounding influence of depression (Ginting et al., 2016).

Recent research suggests that wildland firefighters experience elevated risk of CVD morbidity (Semmens et al., 2016; Gaughan et al., 2014) and mortality (Navarro et al., 2019). Examination of Type D personality and health risk behaviors among wildland firefighters provides a unique opportunity to identify the early influence of Type D personality on CVD risk behaviors within a potentially "high risk" sample of relatively young adults. Further, little research has examined psychological and behavioral health variables among wildland firefighters. Substantial research from other first responder populations indicates that emergency responders experience elevated psychological distress and behavioral health concerns due to occupational demands, risks, and potential exposure to traumatic events (Stanley, Hom, & Joiner, 2016). Though it is reasonable to infer that wildland firefighters may face elevated health risks similar to other emergency response occupations, differences in organization, deployment, mission, culture, and hazards unique to wildland fire likely yield health risks that are distinct from other occupations.

Aims of the study were twofold: 1) Examine whether Type D personality predicts the development of CVD-promoting behaviors independent of depression among a sample of wildland firefighters in the US. 2) Describe physical, psychological and behavioral health variables among wildland firefighters in the US.

### Methods

A large, convenience sample of current and former US wildland firefighters ( $n=2,625$ ) participated in the study survey. Participants were recruited through social media and electronic platforms (e.g., Facebook, e-mail, listservs) hosted by firefighter aid organizations and interagency wildland fire groups. Data were collected using a cross-sectional, anonymous, online self-report survey. The [National Fallen Firefighters Foundation](#) generously provided \$5 electronic gift cards to Amazon.com as a token of appreciation to the

*(Continued on page 5)*

# An Examination of Type D Personality, Depression and Cardiovascular Health Risk Behaviors among Wildland Firefighters (cont)

first 600 participants to complete the study questionnaire.

## Results and Discussion

After accounting for depression, Type D personality predicted decreased likelihood of nicotine use and reduced fruit and vegetable consumption. Depression was a significant predictor of risky alcohol use, current nicotine use, fruit and vegetable consumption, physical activity, and sleep duration. After accounting for depression, non-significant relationships were found between Type D personality and risky alcohol use, nicotine use intensity, physical activity, and sleep duration. Results suggest that Type D personality and depression are related, and that overall, depression better predicts CVD risk behaviors than Type D personality. Additional research into the

cardiovascular risk profiles of wildland firefighters is warranted.

Wildland firefighters in the sample also reported rates of anxiety, depression, PTSD, suicidality, risky alcohol use, and smokeless tobacco use at rates 2-10 times higher than the general public. Findings highlight the need for health surveillance and evidence-based health promotion and illness/injury prevention program development for wildland firefighters, particularly in psychological and behavioral health domains. These efforts may be particularly important to protecting long term firefighter health and safety as fire seasons become longer and more extreme (Jain, Wang, & Flannigan, 2017) and as fires increase in size and frequency (Westerling, 2016) as a result of climate change.

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### MEMBERSHIP COMMITTEE INFORMATION

MPA is pleased to let you know Dr. Greg Machek (Missoula), is chairing the Membership Committee. The committee would like to welcome anyone interested in ensuring the vitality and sustainability of MPA as an association, and enhancing the experience of membership within the association, to join! Please contact Greg ([gmachek@hotmail.com](mailto:g machek@hotmail.com)) with input and interest – *the more the merrier!*

#### **Important facts related to membership:**

MPA dues are based on a calendar year schedule. Regardless of when you paid dues in 2020, your renewal period begins on January 1, 2021. *Don't wait – renew now!*

Your dues give you many benefits, including member prices on continuing education, all 4 quarterly issues of *The Montana Psychologist*, access to ethics and professional consultations, a voice in the legislative process, and much more.

# Public Education Committee of the MPA

*Arlis G. Wood, Ph.D.*

For approximately two years, contributions to the PEC of the MPA have allowed the presentation of the Health & Happiness Radio Program on KGVM – 95.9 FM (kgvm.org). The program is hosted by Suzanne B. Wood, Ph.D., speech-language pathologist and Arlis G. Wood, Ph.D., psychologist. Suzanne is the Program Manager and arranges the programs and topics in consultation with Arlis. The program is designed to keep the Gallatin Valley apprised of the work of psychologists. The Health & Happiness program is presented every Monday evening at 7:00 p.m. It is available live on kgvm.org (internet) as well and is archived for access at any time.

The topics cover a wide array of topics – the vast majority of which are related to mental health. It is noted the Montana's Board of Psychologist's stated last year that psychologists are not involved enough in suicide prevention. It seems the Board does not follow the program, Health & Happiness since the topic of suicide and its prevention is a frequent center of discussion. The Board is invited to follow on kgvm.org.

The areas of coverage on Health & Happiness have included:

- Suicide prevention (guests have included the state coordinator of suicide prevention, psychologists/physicians/HELP workers to speak to the topic of high suicide rates among veterans, emergency workers, farmers, veterinarians, a CDC research representative, etc., family survivors, etc.)
- COVID-19 series (with medical personnel, psychologists, other mental health workers, and educators among others)
- Education and COVID-19 (information to the public the efforts of the school systems to deal with major issues of offsetting risk of exposure via County Superintendent of Schools/Family Physician)
- HELP Center (reports of their tremendous community service at the Center and its emergency contact number at 211)
- Depression screening (coordination with the HELP Center, MPA the radio station, and Gallatin Valley Community Mall)
- Discussion of divisive political rhetoric and how to encourage respectful dialogue (e.g., having guests from each major political party with positive interaction)
- Serenity series (having local musicians, a poet, and others presenting stress reduction methods)
- Local NGO's (non-governmental organizations) and their services (e.g., health, food, shelter issues)
- Racial equity (having representatives of the Racial Equity Project and the police to discuss the ongoing injustices)
- indigenous peoples (Native American authors, Native American state representative – all to discuss efforts for health and happiness of indigenous people)
- Dealing with mental health issues during a pandemic (guests and topics have included psychologists, mental health workers, MH agency representatives, HELP LINE, hospital administrators, how to deal with MH crises safety during a pandemic)

- Helping children deal with the pandemic (experts have discussed best practices to help)
- Guests (the guests have come from a wide variety of sources and locales including psychologists from Montana and Oklahoma, mental health professional from New York, emergency worker from New Orleans, governmental official from D.C.)
- Many other topics have been presented as well

Also, Dr. Arlis Wood is a board member of the HELP Center. Dr. Suzanne Wood is a board member of the KGVM radio station.

Plans:

- To consider using past and current programs in a Podcast
- To expand the radio program to include live call-in from community members
- To have more psychologists agree to be guests to inform the public of their work

**(HINT: ALL OF YOU ARE INVITED TO DO SO)**

**Contact: [arlis.wood@gmail.com](mailto:arlis.wood@gmail.com), Message at 903 445-3780**

## UM Student Wins Fellowship to Reduce Minority Health Disparities

Contact: Anisa N. Goforth, Ph.D., ABPP; [anisa.goforth@mso.umt.edu](mailto:anisa.goforth@mso.umt.edu)

**MISSOULA** – A University of Montana graduate student has won a \$23,000 fellowship from the American Psychological Association aimed at students who are committed to improving the quality of care provided to ethnic and racial minorities who have mental and substance use disorders.

Amy Violante, a second-year doctoral student in school psychology, will use her fellowship to continue her work on a community-based research project supporting the social-emotional development of Flathead Nation students.

“I am passionate about integrating social justice and education and supporting students and families in culturally responsive ways,” Violante said. “My master’s thesis project is an example of this work – specifically exploring the role of spirituality in culturally responsive, social-emotional support for students in this community.”

Violante is conducting her research through UM’s CRESP (Culturally Responsive Evidence-based practices in School Psychology) Lab, which seeks to develop the skills of school psychologists to better understand and meet the needs of children from culturally and linguistically diverse backgrounds.

Anisa Goforth, UM associate professor of psychology and director of the CRESP Lab, said winning an American Psychological Association Interdisciplinary Minority Fellowship is extremely prestigious and reflects the promise and commitment shown by Violante to improve the learning experience of disadvantaged students.

“Amy’s dedication to providing high-quality psychological services using cultural humility and culturally responsive practices aligns with the fellowship’s goal to reduce health disparities among ethnic minorities in the U.S.,” Goforth said. “There is so much that needs to be done in the area of mental health for these communities, and I am excited to see what Amy will accomplish.”

Violante, whose hometown is Easton, Pennsylvania, earned her undergraduate degree from Gettysburg College in 2017. She chose UM specifically to work with Goforth and the CRESP Lab. She credits Goforth for supporting her studies and research even before she committed to UM – support she said was instrumental for receiving the APA Fellowship.

“I am grateful for the opportunities that I’ve been provided during my first year and a half at UM, especially for the wonderful people I get to work with on the research team, including faculty, research assistants and community members,” Violante said. “I’ve learned and done so much more in this time than I would have thought possible.”





# Cultural Humility as a Step in Your Journey towards Anti-Racism

Anisa N. Goforth, Ph.D., ABPP; Diana Diaków, MA; Amy Violante; Emily Brooke; Brigit Johnson, MA, LCPC; Ashton Smigh — University of Montana

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There has been a recent rise in interest and passion for social justice in our nation. Partly, it is a response to the current global pandemic, which has highlighted significant inequity in access to health care affecting Black, Indigenous and People of Color (BIPOC). In Montana, there is a disproportionate number of Native Americans diagnosed with COVID-19, and they have less access to quality health care (Montana Department of Public Health and Human Services, 2020). Partly, it is also a response to the victims of police brutality and racist violence, including the shootings of George Floyd, Breonna Taylor, Jacob Blake, and countless others.

As psychologists, we have an important role in addressing these injustices. The American Psychological Association (APA) has put forth a call to action for addressing inequality, urging us to share our “thoughts and recommendations for using the power of psychology to address the ‘pandemic of racism’” (APA, 2020). The Montana Psychological Association (MPA) has similarly put forth a declaration of understanding and call to action so that we, as psychologists across the state of Montana, can put our time, energy, and passion to addressing this inequity and racism that affects our clients, colleagues, friends, family, and community.

As members of the Culturally Responsive Evidence-based Practices in School Psychology Lab at the University of Montana, we are meeting this call through a series of articles focusing on issues of social justice and racism. Our goal is to communicate the “power of psychology” by sharing the latest research in issues of social justice and providing recommendations that, we hope, are practical in our lives as psychologists. We recognize this is only one step in our own anti-racist practices, as we continue to work towards anti-racism in our individual lives. The onus is particularly on us to learn, reflect, and engage in anti-racism, rather than relying on our BIPOC colleagues to teach us or to lead efforts in diversity, equity, and inclusion. We are adhering to the MPA call to action: “We recognize that we have a long history of systemic racism in Montana, and we must address our ambivalence to change. If we do not, we make ourselves complicit in the perpetuation of racism” (MPA, 2020).

In this first article of the series, we will discuss how cultural humility can be a step in our journey towards anti-racist practices. We will first summarize current research on racism and the effects on mental health and discuss how anti-racist practices can be used to address systemic racism. We then share how cultural humility can be a step towards anti-racist practices and provide some self-reflection questions to guide your professional development.

## Racism and Effects on Mental Health

Although there has been a long history towards social justice and civil rights, racism is alive in the United States. Racism is “a system of advantage based on race that is created and maintained by an interplay between psychological factors (i.e., biased thoughts, feelings, and actions) and sociopolitical factors (i.e., biased laws, policies, and institutions)” (Roberts & Rizzo, 2020, p. 2). Racism

can be conceptualized as overt attitudes, behaviors, or thoughts against an individual or group on the basis of racial prejudice; however, *systemic* or *structural* racism carries out discrimination against minority groups through institutional policies and oppressive practices (Doane, 2006). Therefore, racism is not solely the interactional factors of biased actions between two people, but it is also the laws and policies that actively disadvantage BIPOC while advantaging (privileging) White individuals.

All racist behaviors undermine BIPOC individuals’ resilience and produce emotional distress that negatively impact these individuals’ mental health. Noteworthy for our communities in Montana, some Native Americans experience trans-generational historical trauma that may be associated with systematic culture and language suppression, discriminatory policies, and health and education disparities (Brave Heart et al., 2011). Racism has been shown to have short- and long-term negative mental health and academic outcomes for children of color (Merolla & Jackson, 2019; Surko et al., 2005). These youth are more likely than White students to experience hurtful interpersonal interactions that include physical and verbal aggression, violence, bullying, and harassment, resulting in fear, anxiety, and trauma-related disorders (Pieterse et al., 2010). Growing up in disadvantaged environments affected by racism is associated with school exclusion, and later adult mental health illness, criminality, and substance misuse (Pieterse et al., 2012). Overall, racism is deeply ingrained within our society and continues to impact the lives of BIPOC.

## Anti-Racism

In contrast, anti-racism is characterized as actively working towards developing a system of equity through both psychological and sociopolitical factors (Roberts & Rizzo, 2020, p. 10). As Kendi (2019) states, anti-racism is based in equity between racial groups, and it involves expressing ideas and supporting policies that directly produce racial equity. Anti-racist ideas advocate that racial groups are equal and that any observable inequalities result from racist policies rather than group differences. Importantly, Kendi (2019) explains that people are not “racist” or “anti-racist,” but rather each of our individual ideas and actions can be labeled as such, and being anti-racist is challenging, because it goes against the history and values that our society was built on.

Anti-racist psychology focuses on engaging in the struggle to reduce racial inequality in policies and beliefs, and anti-racist psychologists commit to actively working against racism and promoting racial equity (Ratele & Malherbe, 2020). Actively anti-racist psychologists recognize the historical role of psychology in racist systems and understand that racism is not a reflection of individual attitudes, separate from other forms of oppression, or a concern to only some people. Overall, Ratele and Malherbe (2020) suggest that anti-racist psychologists reflect on and learn from their own experiences in an ongoing process of committing to anti-racist work.

## Cultural Humility as a Step in Your Journey towards Anti-Racism (cont.)

### Cultural Humility: Continuing Your Journey in Anti-Racist Practices

This process of reflecting and learning from experiences is a critical component of cultural humility. Initially developed by Tervalon and Murray-Garcia (1998), cultural humility is a lifelong commitment to self-reflection and self-critique to address power imbalances between a clinician and client. Hook et al. (2017) extended this definition by characterizing cultural humility as psychologists who have “an accurate perception of their own cultural values, as well as maintain an other-oriented perspective that involves respect, lack of superiority, and attunement regarding their own cultural beliefs and values” (p. 29). Goforth (2016) applied this model in school psychological practice, suggesting that working with culturally and linguistically diverse children and families requires self-critique, awareness of biases and stereotypes, and continual, lifelong learning towards supporting BIPOC children with humility.

Cultural humility requires continual self-critique and critical reflexivity, which can be a step towards being anti-racist. Psychology has put forth the efforts towards “cultural competence,” defined as the skills, knowledge and awareness required to provide services to diverse clients (Sue, 2006), but this suggests that there is a specific end point (i.e., competence). Cultural humility challenges this idea and suggests that working with BIPOC clients requires continual self-critique and critical reflexivity. Reflexivity allows us to critically explore our own biases, privileges, and cultural identities.

To facilitate your journey towards anti-racist practices, we provide some prompts, questions, and resources (see Table 1) that can guide your practice. We encourage you to reflect on the

question in the context of both your personal and professional life.

- **Reflect on your family’s beliefs and ideas about race.** Was race and racism discussed in your family? If it was discussed, was this from a color-blind perspective (“We don’t see color.”) or from a race conscious perspective (“Race shapes interactions between people.”)?
- **Consider the people in your life.** When did you first become aware of race? What was your first encounter with another race?
- **Think about popular culture and media.** What ethnicity and race were God, Santa Claus, and other important figures presented to you? Does your favorite TV show include BIPOC actors or characters? How are they portrayed, and what message does that send to viewers?
- **Recall your education and graduate training.** Which people were included in the curriculum and how were they portrayed? What was the racial and ethnic population of your schools? At what age, if ever, were you in class with a BIPOC instructor?
- **Consider your current professional practice.** Who are your colleagues and who are your clients? Are they similar or different? When you have a client of color, what are your immediate assumptions about the client? In what ways does your practice provide a welcoming and accessible environment for all people?

**Table 1**

Resources for Continuing Education on Racism

Resource	Brief Description
American Psychological Association: <a href="#">Racism, Bias, and Discrimination Resources</a>	Additional resources and ideas about race, bias and discrimination.
National Association of School Psychologists: <a href="#">Social Justice Resources</a>	Social Justice resources and discussion topics for educators, parents, and school psychologists focusing on Intersectionality, Implicit Bias, and Privilege.
Trainers of School Psychologists: <a href="#">Race &amp; Diversity</a>	Contains links for further reading and understanding: scholarly articles, books, and Call for Action statements for educators and school psychologists.
<a href="#">Scaffolded Anti-Racism Resources</a>	A scaffolded approach to understanding Anti-Racist approaches, understanding White Privilege, and a number of helpful resources and links for further reading. Includes various authors and articles from the field of Social Justice.
<a href="#">National Museum of African American History and Culture</a>	Discussion topics for educators, counselors, and psychologists. Provides further definitions and resources on Anti-Racism, with helpful links to videos and teaching tools.
Center for Racial Justice: <a href="#">Resources for Talking about Race, Racism and Racialized Violence with Kids</a>	Information on race, racism, and talking about racialized violence.

# Cultural Humility as a Step in Your Journey towards Anti-Racism References

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### Montana Psychological Association

To: Montana Psychologists

From: Mary Kay Bogumill, Ph.D., President  
Montana Psychological Association (MPA)

Re: **Membership in the Montana Psychological Association**

I'm writing to encourage you to renew your membership or to join the Montana Psychological Association for 2021.

*“Every [person] owes a part of [his/her/their] time and money to the business or industry in which [he/she/they] is engaged. No [one] has a moral right to withhold... support from an organization that is striving to improve conditions with in [his/her/their] sphere.”*  
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Membership in MPA provides multiple benefits, including:

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3. Representation of your concerns to the legislature, Board of Psychologists, third party payers, APA, and other national entities that directly impact the practice of psychology and the lives of our clients,
4. Advocating to the Montana Legislature regarding important issues that affect psychology and mental health,
5. Opportunities to serve in the leadership of Montana's only professional psychological association,
6. Receipt of *The Montana Psychologist*, MPA's quarterly newsletter,
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8. That good feeling that comes from joining your colleagues in supporting the protection and advancement of your profession in all its forms!

**Join today and help us help you!**

RENEW ONLINE: [www.montanapsychologicalassociation.org](http://www.montanapsychologicalassociation.org)

2021 will be a busy year; I hope we can count on you!

We greatly value your participation.

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New                       Renewal

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_____ Year 2: 2 <sup>nd</sup> calendar year of original licensure	\$ 100.00
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*Earn 1 CE credit by reading this newsletter and correctly answering 80% of the following questions. To obtain your CE credit: mail, email, or fax a copy of your completed quiz to MPA. If you are not a current MPA member, please mail the quiz in with your check for \$35.00. Newsletter CE credits are provided free of charge only to current MPA members. Credits may be applied for up to three months following the newsletter's publication.*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

1. True or False: The Montana Psychological Association has written an Anti-Racist statement and has put forth a call to action for all psychologists across Montana to address the ongoing racism as well as to work towards anti-racist practice in our work.
  - True
  - False
2. Which example below IS NOT listed as one of the dysfunctional strategies that people may develop to cope during a disaster?
  - Passivity
  - Alcohol or Drug Abuse
  - Denial
  - Apathy
3. According to O'Dell and colleagues (2011), what type of personality has been linked to increased risk for developing Cardiovascular disease?
  - Type A
  - Neuroticism
  - Narcissistic Personality Disorder
  - Type D
4. Which of the below topics have been covered on the Health & Happiness Radio Program?
  - Suicide Prevention
  - Education and Covid-19
  - Racial Equity
  - Dealing with Mental Health Issues during a Pandemic
  - All of the above
5. True or False: Anti-racism is characterized as actively working towards developing a system of equity through both psychological and sociopolitical factors (Roberts & Rizzio, 2020).
  - True
  - False

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Return completed test to:

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