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CCNY CLINICAL PSYCHOLOGY

The Point

ABOUT THIS NEWSLETTER

The Point, a triannual Newsletter, shares with the broader community insights from the research conducted at The Psychological Center. We hope to stimulate new and old collaborations and community feedback. Each issue will feature a short synopsis of student and faculty work and will highlight collaborations across the various research programs in The Clinic. The Point is a work in progress. We welcome your input.

COVID19: THE MARGINALIZED ARE WORSE OFF. AGAIN.

The Healthiest Goldfish

The healthiest goldfish is a metaphor.

Imagine you have a goldfish. You want it to be well, so you feed it good food, you tell it to swim around its bowl regularly to get exercise, and when it's sick you give it the best goldfish medicine. Then one day you wake up to find your fish has died. What happened to your fish?

You forgot to change its water.

The water is the world around us; it is the power, politics, and places that shape our lives. Only if we change the water can we become the healthiest goldfish. (Sandro Galea, Well, 2019)

COVID19 is yet another reminder that our systems are designed to take care of those with the greatest resources. A future issue of The Point will share insights from a current study examining mental health as well as experiences of CCNY students in the context of COVID19. We will compare these data to data from a national study. We hope to contribute to the ongoing discourse on health, power, and access.

THE PSYCHOLOGICAL CENTER

The Psychological Center is a community-based mental health clinic that provides both training to our doctoral students, as well as treatment to people from West Harlem and surrounding neighborhoods. It is one of the few remaining community clinics that offers long-term, psychodynamically-oriented, low-cost care.

THIS ISSUE: OUR COMMUNITY

This issue of The Point will consider the community served by The Psychological Center and the various reasons individuals seek psychological services. In addition, student and faculty work is presented that seeks understanding about how the multiplicity of identities of both our patients and therapists may interact throughout the treatment process.

COLLABORATE WITH US

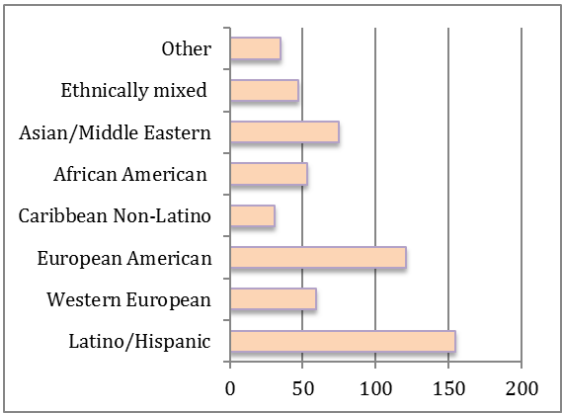
Please send thoughts, ideas, and contributions to
mrudenstine@ccny.cuny.edu
For more information visit: www.intersectccny.com

Colin Powell School for Civic and Global Leadership
The City College of New York

DEMOGRAPHICS

Multiplicity of Identity

ETHINIC IDENTITY



For decades The Psychological Center has primarily offered therapy and testing to residents of Upper Manhattan. As community-based mental health clinics have closed throughout NYC and insurance restrictions have limited access to services for many under-resourced individuals throughout NYC, The Psychological Center has become an important resource for NYC residents more broadly.

The mean age of an adult patient in our clinic is 30 years old, and 62% of our patients have attained, at minimum, a 4-year undergraduate degree. Roughly 35% of our patients' annual income is below the federal poverty line, 88% are below the Manhattan median household income, and 59% are below the Harlem median household income. 90% report at least 1 *type* of adverse childhood experience (ACE); over 40% report 4 or more *types* of ACEs. The distinct nexus of high educational attainment, low-income levels, and high trauma provides a unique opportunity to understand how these realities may interact with intra-psychic factors and various treatment trajectories.

Gender identities as well as sexual orientation often do not exist as static, categorically distinct variables in people's lives. Here is an example of the multiple identities that our patients hold.

GENDER IDENTITIES

- 63% (Cisgender) Female
- 31% (Cisgender) Male
- 4% Gender Non-Conforming/Genderqueer
- 1% Transgender
- 1% Other

SEXUAL ORIENTATION

- 68% Heterosexual/ Straight
- 12% Pansexual
- 8% Homosexual/Gay
- 7% Other
- 4% Questioning
- 1% Asexual

Perceived vs. Actual Social Support

Perception of overall social support resources: 28% said they do not have anyone to help them if they were confined to a bed.

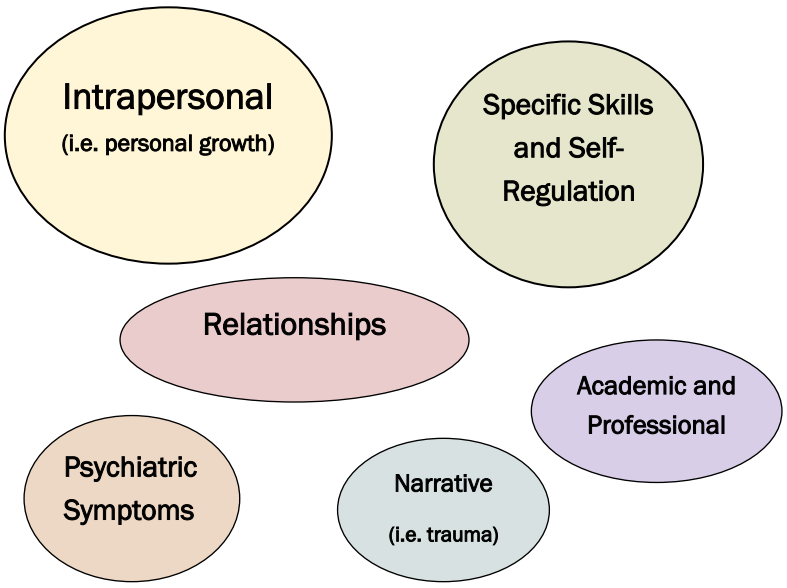
Actual support received in time of need: 31% said they feel that they have someone to go to for advice during a crisis most of the time.

RELIGIOUS AFFILIATION

43%	33%	10%	5%	10%
Non-Religious	Christian	Jewish	Muslim	Other

TREATMENT GOALS: WHY PEOPLE SEEK TREATMENT

The question of why our patients seek psychological services is central to understanding the role that therapy will play in their lives. The diverse goals that people give also inform a variety of understandings for effective treatment. One person may seek treatment for debilitating psychiatric symptoms, while another may seek to work on broader goals such as larger professional aspirations. We believe that understanding what a person hopes to get from treatment is a fundamental aspect of understanding who they are and provides one guidepost for conceptualizing the individual and the treatment plan.



A graphic layout of patient-reported treatment goals. Size roughly corresponds with data size.

CHILD PATIENTS AND THEIR FAMILIES

CHILD DEMOGRAPHICS

Average Age: 10 Years Old

Ethnicity: 25% Latino/Hispanic, 23% African American, 19% Ethnically mixed, 11% European American, 7% Western European, 5% Other, 4% Caribbean Non-Latino, 2% Asian/Middle Eastern

CAREGIVER SUPPORT

When caregivers answer questions related to having friends and family to rely on, emotional support, and financial support in times of need, the majority of responses indicate a **low level of such support networks.**

THE RELATIONSHIP

When asked about the amount of time spent with their children, **most caregivers indicated a significant amount of time is spent, but not necessarily doing activities that the child enjoys.**

This important distinction, between the quantity of time, and its quality, potentially highlights an often overlooked aspect of raising a child amidst financial and social insecurity. When one is simultaneously caring for a child, working, and maintaining a home, caregivers may be forced to spend whatever free time they have with their children doing errands and/or fending for other necessities, rather than more child-geared recreational activities.

RESEARCH: Studies From The Clinic

IMPROVING TRAJECTORIES OF MENTAL HEALTH

The Adverse Childhood Experiences (ACEs) scale is a widely recognized research and clinical tool often used to assess a number of potentially traumatic early life experiences. Various studies have documented the strong relationship between quantities of ACEs with future mental health outcomes. Similarly, social factors such as attachment style, perceived social support, and stigma associated with mental health impairments, are associated with greater psychological distress in adulthood. In order to get a full picture of patient experience further exploration is needed to understand how all of these factors may interact with the onset of impaired mental health functioning.

Emotional intelligence relates to one's ability to name, identify, and regulate emotional states and is understood to be a protective barrier against psychopathology. The work conducted at our clinic sought to clarify how emotional intelligence relates to adult psychiatric distress, with special attention given to the ways the previously mentioned contextual factors may interact with such a relationship.

This study found that a higher number of reported ACEs was associated with less perceived social support and higher levels of reported mental health stigma. A higher number of ACEs was also associated with more attachment anxiety and lower emotional intelligence, both of which were in turn associated with greater psychiatric distress. Importantly, considering all these factors together, mental health stigma and emotional intelligence were the strongest predictors of psychiatric distress, emphasizing both the power of knowing our own emotional states as well as the power society holds that effects how we understand and react to these experiences.

Morales, Aura-Maria. *The contribution of trait emotional intelligence to the relationship between childhood adversity and psychiatric symptoms in adulthood. Dissertation. April 2020.*

INTERNALIZED RACISM: CAN MINDFULNESS PROTECT AGAINST IT?

Racial oppression can interact with the unconscious in a multitude of ways. The concept of internalized racism is central to understanding how individuals of color may respond to an oppressive society's targeted stereotypes, and refers specifically to an individual's unconscious perpetuation of such external forces.

Mindfulness, on the other hand, is a widely recognized principle that focuses on both somatic experiences of serenity, as well as more cognitive self-compassionate states. One recent study, conducted at The Clinic, sought to understand if mindfulness could potentially counter the negative inner-criticism associated with internalized racism. We wanted to not only understand the complex and negative psychological experiences amongst those we serve, but also to investigate potential ways such experiences may be alleviated.

The research findings indicate that the relationship between internalized racism and psychological distress is partially explained by the individual's level of mindfulness. Stated differently, individuals with the same level of internalized racism and who had greater levels of mindfulness experienced lower levels of psychiatric distress than those with lower levels of mindfulness. These findings raise important questions. One, which characteristics of mindfulness are instrumental in this relationship? Two, given this association, can we reduce internalized racism through mindfulness intervention? We hope to further investigate these questions.

Malki-Schubert, L., et al. (2019). Internalized racism among an urban clinical population and mindfulness as a potential mediator. Division 39 Annual Spring Conference.

CULTURAL HUMILITY AND THE THERAPEUTIC RELATIONSHIP

As patient populations become more diverse in terms of race, ethnicity, and gender identity, an emerging consideration for therapists is the role these elements of identity might play in the therapeutic relationship. Therapists often, consciously and unconsciously, collect data regarding their patients' identities in order to create an educated framework for a strong dyad. Weighing which aspects of identity are most salient to an individual can be a subjective experience, and we sought to examine whether there are differences in how patients identify themselves and how clinicians identify their patients.

Cultural humility, in the context of therapy, specifically refers to a therapist's ability to learn about their patients from them directly, as opposed to relying on preconceived stereotypes or outside sources. We found that patients and therapists rated certain patient characteristics as equally important in identity formations, such as race/ethnicity, sexual orientation, and nationality. However, therapists underestimated their patients' cultural context, family, religion, socioeconomic status, and age as contributors to identity, and overestimated occupation, gender, and personal attributes as overly important in conceptions of identity. Although it can be hard to match our assessments exactly to our patients' self-identifications, these findings point to an overall approach we can take as we dig into treatment processes. Moreover, the identities that therapists overlooked in importance may speak to individual as well as cultural biases. In this way, they signal to potential clinical blind-spots.

Wright, L., et al. (2017). Cultural humility: (In)Congruent perceptions within the therapeutic dyad. Division 39 Annual Spring Conference.

CONSTELLATION

This section spotlight student and faculty collaborations across CCNY's Clinical Psychology Doctoral Program.

HOW DOES OUR CONTEXT INTERACT WITH OUR PSYCHE?

Those living in an underserved urban environment face a unique set of challenges to their mental and overall well-being. The financial hardships associated with increasing cost of living, as well as the specific forms of social isolation often found in such crowded spaces, are a few of these stressful contributors. Previous research has shown that an individual's emotional self-awareness and management, known as Emotional Intelligence, can promote psychological well- being, and protect against various forms of psychological distress. We wanted to understand how three factors which we know contribute independently to mental well-being, specifically financial hardship, social isolation, and emotional intelligence, work individually as well as in conjunction, to affect our patients' mental health trajectories.

In separate examinations, we found that social support and financial security significantly predicted reductions in reported distress symptoms. However, we found that emotional intelligence predicted an even larger reduction in negative symptoms. What do these findings mean for our patients' experiences of distress and for how we tailor our clinical interventions in response to them? Firstly, they highlight the importance in considering both the material contexts, as well as emotional awareness and management, of our patients in order to best aid their psychological improvement. Second, this study, by emphasizing emotional intelligence as a strong contributor to positive mental health, underscores the need for attention to skills that improve emotional intelligence capacities, such as emotional awareness. Therapeutic techniques that target such capacities can offer psychological relief to individuals living and struggling amongst the stressors of our ever-changing cities *and* in the context of failures within the larger global context to reduce socioeconomic disparity across the population.

Espinosa, A., et al. (2019). The contribution of financial well-being, social support, and trait emotional intelligence on psychological distress. *British J Clin Psychol.*

CLINICAL @ CCNY: FIRST INTERNATIONAL IMMERSION TRIP

MEXICO, UNDOCUMENTED IMMIGRATION, AND THE SPANISH LANGUAGE

By Stephanie Nuñez with quotes from student reflections

"I returned home with a fire that is culpability -- that this work is the continual demand of choosing to be in this field, to commit to being a face that does not turn away from accompanying another in their suffering, and to challenge the confines and the borders that we impose upon our world."

In January of this year, eleven of our students and two faculty members took a week-long trip to San Miguel de Allende, Mexico. Our mission was one of immersion and exposure with the goal of developing a deeper understanding of the undocumented immigration experience of those in Central and South America. Within the context of cultural competency and training, our mission blossomed into something far greater than we had anticipated. Given The Psychological Center's patient population, we deemed this trip necessary as a precursor for providing more informed care to our patients.

"Reflejar: to mirror, to return, to cast back. How can we honor the experience our positionality afforded us? To return and act as a mirror for what we witnessed, heard and know."

Together, we learned profound lessons that helped foster a more conscious awareness. For many of us, words cannot fully describe our experience. Lessons stemmed from conversations with survivors of oppression at *Caminanos Juntos*, an organization that helps migrants and deportees find work and shelter in San Miguel de Allende—to conversing with the founders of *ABBA*, a house devoted to meeting the most basic needs (including shelter, food, water, and support of legal and psychological services) of migrants crossing through Mexico to reach the Mexico-United States border.

ABBA House serves symbolically and literally as the fork in the road (or decision point) for many migrants and asylum seekers. The founders recognize this, and in an effort to keep each visiting migrant's integrity and identity, they seek the correct pronunciation of names, prepare culturally appropriate meals, and equip the visitors with a proper respite.

"How can we hold in mind all those faces we cannot see from the narrowing perspective of living in this nation-state? I felt a taste of hope in knowing I can commit to acts of translation. I think this might be the only way we can begin to navigate the invisible ruins of our own homeland."

Throughout our time in Mexico, we attended intensive Spanish courses, some of which included practice conducting asylum interviews and learning psychological terminology in Spanish. One of the most memorable and heart-warming visits was our visit to *El Centro Infantil*, where we danced and created art projects with more than fifty children of single mothers whose partners have migrated to the United States.

"To be that source of support for people seeking asylum or facing deportation is to testify to our common humanity, no matter what forces aim to divide us. I am moved by the week in San Miguel de Allende to embrace this responsibility wholeheartedly and urgently."

We dismantled the stereotypes of Mexicans and delved into their rich culture. This was highlighted by our visit to the village of Atotonilco. There, we met *Apoyo a Gente Emprendedora*, a group of empowering indigenous women that now support their families (since their spouses migrated) by selling traditional herbal products, embroidered fabrics and other handmade crafts.

"I looked over to see one of our hosts, a passionate organizer, who is dedicated to his job at Caminamos Juntos. As an organizer, he searches for job opportunities for forced migrants in San Miguel de Allende. Our host reached out to pat and soothe his young clients back [a 20 year old man, who arrived in San Miguel 2 weeks prior], just as a father would for a son to signal that he is thinking of him. Our host's connection and alliance with his clients remind me why it is we do the work that we do. We are here to reach out to others, to see others, to witness others, to touch others. With one simple action, our host's care for the work he does and his concern for others shouted volumes. If I needed a reminder for why I entered this field that day and, on this trip, it was that brief and tender moment there."

Many thanks to our community for an abundance of support, to Barbara Eisold who in numerous ways helped to make this trip happen, and to the Colin Powell School for its financial contribution. The support received allowed us to make this trip possible for any student regardless of their financial means.

Trip participants: Annie Egleson, Ani Fredman, Michelle Hernandez, Ramya Jayanthi, Aura-Maria Morales, Stephanie Nuñez, Ashley Rainford, Lian Malki-Schubert, Michael Perez Sosa, Nat Sufrin, and Michael Tate, led by Drs. Diana Puñales and Sasha Rudenstine.

CREDITS

Sasha Rudenstine, Principal Investigator
Adriana Espinosa, Guest Contributor
Stephanie Nuñez, Guest Contributor
Talia Schulder, Graphic Design & Copy
Tecora Williams, Graphic Design