

# THE COLORADO PSYCHOLOGIST

Official Newsletter of The Colorado Psychological Association



## Message from the President

JIN LEE, PSYD, MSCP, BCB

As I step into the role of President of the Colorado Psychological Association (CPA), I'm excited about the work we've already begun together. Earlier this year, we sent out a survey to our members, and I want to extend my heartfelt thanks for your valuable feedback. Your input guides us as we continue to be the voice for Colorado psychologists.

One of the key takeaways from the survey was that 65% of you place a high value on CPA's legislative efforts. With that in mind, we're doubling down on our advocacy work, supporting initiatives such as licensure for Master's-level psychology degrees, and increased reimbursement rates for psychologists. Additionally, we're committed to ongoing partnerships with organizations that aim to improve mental health for all Coloradans.

We're also listening closely to your training needs. Psychedelic-assisted therapy emerged as one of the top three requested topics, and I'm thrilled to share that our Fall Symposium will be dedicated to this very subject. Join us in early November for a timely and thought-provoking event. Also, on the networking front, our Monthly Coffee Brew Meetups continue to thrive. If you haven't joined us yet, I highly recommend attending—you'll find great opportunities to connect with fellow professionals.

I welcome you to attend our upcoming Board Meeting on November 16th—this is where my own journey to passing the legislation for prescribing psychology began. Thank you for your ongoing support and commitment to our shared mission.

Warmly,

Dr. Jin Lee  
President, Colorado Psychological Association

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## Message from the Editors

The Editors of The Colorado Psychologist are enthused to present you with the Fall edition of TCP.

In this issue, incoming CPA President, Jin Lee, Psy.D., MSCP, BCB provides an overview of the plans for the board this year, including legislative, advocacy and programming efforts. Colorado's APA Council Representative, Dr. Laura Knudtson will provide an update from the CoR August Meeting. A myriad of respected colleagues offer their insights regarding issues concerning Diversity, Equity and Inclusion in the field. Finally, Jana Bolduan Lomax, PsyD offers an overview and teaser for CPA's Fall Symposium focused on Psychedelic Assisted Therapy.

If you are interested in joining The Colorado Psychologist Editorial Team or submitting an article for the next edition of TCP, please contact Brian Beaumund, PsyD at [Brian.Beaumund@gmail.com](mailto:Brian.Beaumund@gmail.com).

- The Colorado Psychologist Editors



## APA's August 2024 Council of Representatives Meeting

LAURA KNUDSON, PHD  
COLORADO'S APA COUNCIL REPRESENTATIVE

APA convened in Seattle, WA for a largely in-person Council of Representatives meeting from August 6-7, 2024, in conjunction with APA Convention. CEO Dr. Arthur Evans highlighted key issues facing the association. He stressed the importance of the work of APA in applying psychological expertise to real-world problems, and our ability to continue to “lead with the science.” He reinforced an “unwavering” commitment to Equity, Diversity, and Inclusion (EDI) amid a challenging climate. Dr. Evans also addressed the need for psychology to proactively engage with the impact of Artificial Intelligence (AI), which will disrupt all aspects of psychology. Moreover, he spoke to the importance of enhancing collaboration with state psychological associations (SPTAs) due to the increasing amount of legislation that is taking place at the state level. Finally, he described many of the challenges APA is currently navigating with respect to resources and finances, including declines in publication revenue and property values.

In a heartfelt tribute, APA President Cynthia de las Fuentes, PhD, presented a posthumous presidential citation to Norman B. Anderson, PhD, for his exceptional leadership and dedication to the field of psychology and APA. Dr. Anderson was Chief Executive Officer (CEO) and Executive Vice President of APA for 13 years and was the second-longest serving (and first African-American) CEO since the (continued on pg 4)...

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## APA's August 2024 Council of Representatives Meeting (continued from pg. 2)

organization's founding in 1892. Council unanimously received a report titled "[Psychological Science and Immigration Today](#)," which highlights the critical need for mental health support for immigrants and outlines the role of psychological science.

Council unanimously received a report titled "[Psychological Science and Immigration Today](#)," which highlights the critical need for mental health support for immigrants and outlines the role of psychological science. This report led to the adoption of a [Policy Statement](#) advocating for a population health-based approach to support immigrant health and well-being across the lifespan.

Following numerous forums over the past year with APA leaders, Council approved a [policy](#) recognizing the critical role of psychological science and knowledge in guiding the many forms of Artificial Intelligence, in addition to addressing the real and potential impacts of AI on psychological research and the training, practice, and application of psychology.

Following an emotionally charged and lengthy debate, Council passed a [measure "Calling for an Immediate, Permanent, and Comprehensive Ceasefire in the Israel-Gaza Conflict."](#) APA's statement urges all actors to prioritize the Colorado's APA Council Representative protection of civilians, to adhere to international humanitarian law, and to engage in meaningful dialogue and negotiation toward just and sustainable resolutions. The statement also calls for "increased access to culturally responsive, contextually relevant, evidence-based psychological resources for those affected by armed conflict and living through humanitarian emergencies."

In continued work on critical social issues including human rights within the United States and abroad, Council approved a resolution calling for national and international educational initiatives to enhance awareness of [women's and girls' rights](#) and to expand research on factors that prevent human rights violations. Additionally, Council passed a resolution committing APA to advocate for [restitution and reparations for survivors of various traumas](#), including gender-based violence and historical injustices, and to consider establishing a task force to research best practices in collective reparations and distributive justice. Finally, this was a policy-heavy meeting, and six Guidelines related to psychological practice were approved by Council. They include:

- Clinical Practice Guidelines for Psychological and Nonpharmacological Treatment of Chronic Musculoskeletal Pain in Adults
- Guidelines for Working with Adults with Complex Trauma Histories
- Guidelines on Key Considerations for Working with Adults with PTSD and Traumatic Stress Disorder
- [Guidelines for the Practice of Telepsychology](#)
- [Guidelines for Psychological Evaluations in Child Protection Matters](#)
- [Guidelines for Behavioral Projects with Nonhuman Animals in Schools \(K-12\)](#)



## Culturally Informed Therapy to Asian-Identified Clients

AMY KING, PSYD

Despite being one of the fastest-growing racial groups in the United States, Asian populations are frequently underrepresented in mental health spaces. Barriers include cultural stigma surrounding mental health, underrepresentation of Asian therapists, and the fact that many therapists do not feel adequately trained to provide culturally competent care (Tung, 2011). Since the pandemic, mental health awareness within Asian communities has increased, driven by sociopolitical tensions, the Stop Asian Hate movement, and growing recognition of widespread mental health struggles (Kim & Tummala-Narra, 2022). All therapists, regardless of

racial background, can benefit from learning to provide culturally informed care for this growing population. A practical start is learning to conduct comprehensive clinical interviews that consider the unique contextual factors for many Asian-identifying individuals.

### EXPLORING SELF-IDENTITY

First, exploring the client’s cultural and ethnic identity serves as a meaningful foundation. For example, not all Asian individuals identify with the commonly used term “Asian-American.” “Asian-identifying” more aptly refers to the broad spectrum of individuals with Asian heritage. “Asian-Identifying” can refer to a first-generation immigrant who immigrated to the United States themselves. Born and raised in another country, and immigrating as an older teen or adult, these individuals may identify more with their home culture than with American culture. Thus, Asian-American may not fit their self-identification. “One-and-a-half generation” refers to those who immigrated to the United States as a young child and spent most of their formative years in the States. These and “second-generation immigrants” - those born and raised in the United States - are more likely to self-identify as “Asian-Americans.” These groups may also identify as “children of immigrants” or “children of refugees.” Other Asian-identifying individuals include Asian adoptees raised in transracial homes, multiracial individuals (whose parents may represent different ethnic identities), and those who possess Asian heritage and are 3rd generation (and beyond) in America. Clarifying the client’s self-identity provides important context about their experience as a person of Asian heritage.

### UNDERSTANDING HISTORICAL CONTEXT

Migration patterns significantly influence cultural identity, resilience, coping, resources, and the impact of generational trauma (Huynh, Yeh, & Tang, 2024). Clinical interviews aimed at exploring the client’s family history will offer meaningful insight into how their backgrounds influence present functioning. Invested therapists can further enhance their understanding by educating themselves on relevant historical events. For example, the Partition of India in 1947 ended British rule, leading to the largest mass (continued on pg. 6)...

## Culturally Informed Therapy to Asian-Identified Clients

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in history as India and Pakistan were separated. In East Asia, major events from the 1940s-1970s included World War II's impact on Japan; the Korean War; and China's Cultural Revolution. Southeast Asia saw significant turmoil with the Vietnam War and the Cambodian Genocide during the 1960s-1970s. Crucially, these events occurred within the last 80 years, meaning that most Asian-identifying clients today have parents or grandparents who were directly impacted. Questions phrased as, "Tell me about your family's story" or "What brought you/your family to the United States" are more acceptable than "Where are you from?" This also allows for an open-ended narrative response, as ethnic identity does not always imply cultural identity. Over generations, families have moved through various countries as they sought sociopolitical stability. Asian individuals may be ethnically Chinese, but their cultural identities are more accurately represented as "Chinese-Malaysian" or "Chinese-Thai-American." Therefore, inquiring about a client's family story can provide critical context for understanding the historical events that shaped them.

### Hometown Influence

Across the United States, certain cities are considered "majority-minority" communities, meaning that a racial group typically regarded as a minority, such as Asians, constitutes the majority of the population in that area (Frey, 2020). Examples of such cities are Los Angeles, Houston, New York, Dallas, and San Francisco. Individuals raised in these communities are more likely to have access to ethnic traditions, higher rates of racial representation, and cultural nuances that were normalized and shared among others. This environment shapes identity development differently when compared to someone who was a true minority in other regions (Crul, 2016).

Therapists should consider inquiring about the demographic makeup of the hometown and schools, experiences related to being a majority or minority, access to cultural resources and traditions, and the impacts of moving to or from majority-minority regions. Exploring the early environment in great depth can provide valuable insights, offering a comprehensive understanding of both historical and current dynamics.

Therapists seeking to enhance cultural sensitivity should consider asking about a client's self-identity, family story, and hometown environment. Integrating these questions into the clinical interview can provide valuable insights into a client's unique experiences and perspectives, thereby enriching the therapeutic process and fostering a deeper understanding of each individual's context.



AMY KING OBTAINED HER PSYD IN CLINICAL PSYCHOLOGY FROM THE UNIVERSITY OF DENVER. SHE IS CURRENTLY FOUNDER OF AMY KING PSYCHOLOGY, A GROUP PRACTICE SPECIALIZING IN CULTURALLY INFORMED INSIGHT-ORIENTED THERAPIES.

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## Serving and Supporting Jewish Clients, Colleagues and Students: A Q&A Guide

SANDRA T. MANN, PSYD

With antisemitism rising throughout the world, it is imperative that psychologists have cultural competence surrounding Jews and Jewish issues. Yet despite broader efforts toward inclusivity and intersectionality for many marginalized identities, putting this imperative into practice for Jews is rare. As a Jewish psychologist, I offer the following question and answer style guide for fellow mental health professionals in supporting Jewish community members.

### What should I know about Jews and Judaism?

Judaism is an ethno-religion typically passed down ancestrally. Beliefs, cultural practices, genetic anomalies, and even trauma are shared intergenerationally. While some Jews identify Judaism as their religion, others may only identify with Jewish culture or ethnicity. Regardless, many have assimilated over time, conforming to calendars, customs, and practices of their country. More recently this includes identifying as White for those Jews with one or more parents of European descent; Jews comprise about 2.4% of the US adult population, with an estimated 8-15% of American Jews identifying as people of color (PRC, 2021). While an overwhelming majority of Jews care about Israel as part of their Jewishness (82%, PRC, 2021), with many endorsing indigeneity to the land and right of the Jewish people to self-determination (Zionism), some adamantly disagree, and others are neutral. While these beliefs can be political, they are often deeply personal, cultural/spiritual, or psychological/theological.



### What is antisemitism, and why is it a problem?

Antisemitism has shapeshifted over centuries, illustrating a pattern of conspiracy theories that turn the Jew into a symbol of whatever is most objectionable in society. This has led to scapegoating, ostracization, violence, imprisonment and death of Jews.

Antisemitism is not only religious bigotry but can also be a racialized form of bigotry, since Jews are an ethnic community. Because bigotry and oppression function as a system, cultures that do not address

antisemitism are in danger of harming all marginalized groups (ADL, 2023).

Stereotypes of Jews as powerful, rich, White and privileged can lead to Jews not being involved in most Diversity, Equity and Inclusion strategies, and workplaces can overlook real incidents of bias and discrimination. Likewise, speaking up about experiences of antisemitism is difficult because of the perceived status of Jews in the profession and broader society. Learn more about defining antisemitism from [the US Department of State](#). (continued on pg. 8)...

## Serving and Supporting Jewish Clients, Colleagues and Students: A Q&A Guide

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### What are my Jewish patients experiencing?

In recent years, many Jews have reported an increase in stress and anxiety and a reduction in feelings of safety (53%, PRC, 2021). Since the attacks in Israel by Hamas on October 7, 2023, intergenerational trauma was awakened for many, and the one-year anniversary of these attacks is now here. With roughly half of the world's Jewish population living in Israel, many Jewish people in the diaspora are connected to family and friends either directly impacted or via a degree or two of separation. Jews may be concerned about attacks closer to home and whether their experiences and beliefs will be met with judgment or with cultural understanding. They may experience dehumanization and ostracization from friends and communities and divisions in family systems that challenge their sense of belonging. Jews in more progressive or left-leaning spaces and those who hold non-White or queer identities who have or feel a connection to Israel may feel forced to choose or lose support from these communities.



### What are my Jewish mental health colleagues experiencing?

With the backdrop of both overt and covert instances of antisemitism within the American Psychological Association's history, current experiences of Jewish psychologists feeling less safe and less welcomed in professional spaces deserves to be addressed by the APA (Walker et al., 2024). Those who have connections to or organizational affiliations with Israel, or those who attempt to

address intersectional identities, have been targeted by colleagues as either denying their privilege or endorsing racism. Jewish therapists have been marked as Zionists and added to blacklists by therapist groups, have been required to share their stance on the Middle East conflict in job interviews, have been alienated by colleagues endorsing anti-Israel sentiments in community forums, and have fit clearly into stratified groups.

### How can I support supervisees facing antisemitism at school or in clinical placements?

Jews on college campuses experience considerable tension within and outside of classrooms and receive regular threats to organizations like Hillel, which support Jewish life on campus. Those embracing any support of Israel may feel unwelcome and unable to express their Jewish identities and beliefs. These experiences can be especially difficult when there are power differentials between parties, or in communities where political or social justice stances are encouraged. Supervisors, instructors and fellow students can (continued on pg. 9)..



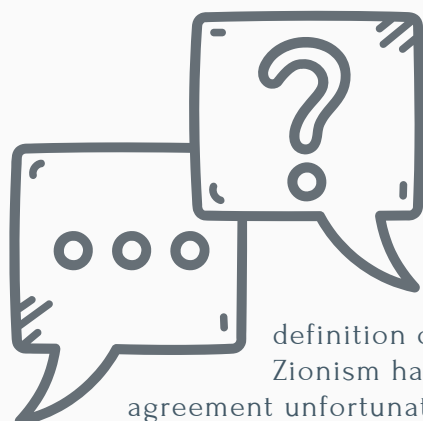


## Serving and Supporting Jewish Clients, Colleagues and Students: A Q&A Guide

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observe the different ways Jewish identity of patients or their trainee clinicians are presented and discussed. Are there stereotypes present and ignored, aspects of cultural identity minimized, judgments made about their cultural awareness or privilege? Bias against Jews can include microaggressions (e.g. “you don't look Jewish”), unchecked Jewish stereotypes (e.g. Jews have power), tensions and hostility around geopolitical issues, denial of advancement opportunities, inequitable out-of-office and holiday policies, or philosemitic remarks (e.g. give the task to the Jewish colleague because they are good negotiators) (ADL, 2023).

Unaddressed, these instances can cause psychological harm and a non-inclusive work culture that normalizes bias. Openly acknowledge antisemitism is real and denounce it. Advocate for antisemitism training to avoid unintentional or unchecked antisemitism. Those experiencing antisemitism can [report to ADL](#), or the [Campus Antisemitism Legal Line \(CALL\)](#).

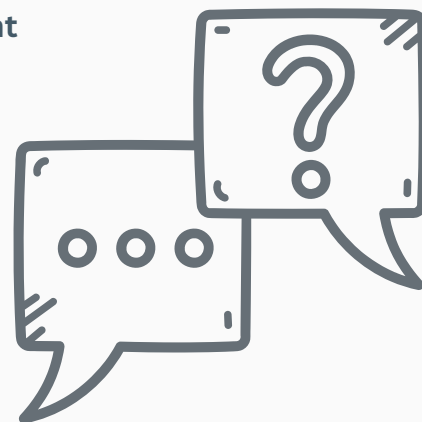


### What do I do if a colleague says something antisemitic, or potentially so?

Sessions, classes and organizations are microcosms of the broader world, so if antisemitism is prominent in the macro, it will also be in the micro. As with any case of bias or discrimination, speak up and be an upstander. Any member can speak up, but leaders hold responsibility for setting the tone and bounds of what is acceptable. Engage in antisemitism training and familiarize yourself with the definition of antisemitism. While political divisiveness around the concept of Zionism has led to disagreement on what constitutes antisemitism, lack of agreement unfortunately does not protect Jews from experiencing antisemitism, nor does it foster inclusive spaces. Unintentional antisemitism can flourish in such environments. Check in with members who were involved in or experienced an exchange on a topic related to Jews or Israel, both as a group (to demonstrate a shared value of combating antisemitism) and even privately, and invite anonymous feedback.

### How do I handle instances when topics in therapy veer into current events related to Jewish people, such as the Middle East conflict?

Jews and non-Jews alike have a range of feelings and reactions to the present conflict. It is difficult to make a statement that does not offend, especially since many people do not understand the complexity and nuance of the history of this region and those involved at various times. Unfortunately, messages can suggest a stance against a group or support denial of empathy toward a group. Extreme perspectives and media can exacerbate the sense that one must choose whom to care for more than one (continued on pg. 10)...



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## Upcoming Events



### Ethics Workshop

October 11th

Virtual Workshop



### CPA Coffee & Networking

October 25th

Denver, CO



### CPA Fall Symposium

November 8th, 8a-5p

In-person & virtual options

## Serving and Supporting Jewish Clients, Colleagues and Students: A Q&A Guide (continued from pg. 9)

community at a time. Understanding the systems that surround the patient where this content is present and how it affects them is essential. For Jews, Israel is often very personal and interwoven into their Jewish identity and culture and history. Understand your patient's background and any beliefs or connection to people in Israel, past and present. Identify and validate any historical and current experiences of trauma or antisemitism. Assess concerns about personal safety and loved ones. Assess for intergenerational trauma or other experiences of discrimination. Understand social pressure from others in their orbit.

### How and when is self-disclosure on this topic appropriate?

Creating a safe space in therapy does not necessitate sharing beliefs or opinions with our patients. The ability to be with the patient's perspective should be possible while having differences of mind. While self-disclosure can be powerful, it can also be limiting. It is largely a matter of personal preference and professional orientation, and it should be used with caution and cultural awareness. A good rule of thumb is asking yourself whether this disclosure will help or stymie the patient with their goals. What might be more difficult—or easier—for your patient to express, given what they know about you or your beliefs or identities? Ultimately, a statement that acknowledges the trauma of events harming the Jewish community, acknowledges that antisemitism is real and a global concern, and demonstrates you care about Jewish patients or colleagues can help foster safety for exploration with a Jewish patient. For Jewish-identifying clinicians, disclosing your Jewish identity is a personal choice and has been fraught for many, especially since October 7, 2023. Doing so on public platforms can allow Jewish patients to access culturally affirming care, and it can come with risks. Forums and networks exist for connection with fellow Jewish colleagues and may both reduce isolation and strengthen collective wellbeing.

# Psychedelic-Assisted Therapy

Seeking Clarity Through the Buzz



BY: JANA BOLDUAN LOMAX, PSYD

After 25 years of working with individuals and families as they journey through the biopsychosocial impacts of cancer and chronic illnesses and grief, I have witnessed both the inspiring power of resilience and the intense depths of suffering. A persistent theme in my practice is the impact of fear of death and the pervasive anxiety of living with uncertainty. These common existential questions are not fleeting concerns—they are profound issues that many grapple with when faced with life-altering diagnoses. Recent strides in psychedelic-assisted therapy offer a potential new approach for addressing these harrowing human experiences. Emerging research indicates that psilocybin and ketamine, when used in conjunction with supportive psychotherapy, have shown promising potential in alleviating emotional distress. Psilocybin, for example, has been demonstrated to reduce cancer-related anxiety and depression, improving overall existential well-being (Griffiths et al., 2016; Carhart-Harris et al., 2021). Meanwhile, ketamine has made headlines for many things, including its rapid antidepressant effects and its ability to

reshape brain connectivity (Duman et al., 2019). Even though the FDA recently rejected MDMA for PTSD treatment, prior studies reveal that it may hold promise in helping individuals process and integrate traumatic experiences (Mithoefer et al., 2019). The voter approval of Proposition 122 in Colorado—allowing regulated and personal use of certain plant-based psychedelics—resulted in an increased sense of responsibility for understanding these approaches. I felt an ethical obligation to delve into this emerging field to better serve my current and future clients. To deepen my understanding, I embarked on an intensive 10-month training program in psychedelic-assisted therapy through the Integrative Psychiatry Institute. This training has been transformative, expanding my professional capabilities and enriching my personal growth. It has opened new avenues for healing and support, underscoring the need for mental health professionals to approach this field with thoughtful consideration. Given the burgeoning interest and complex implications of psychedelic-assisted therapy, the Colorado Psychological Association is hosting a Fall Symposium to foster (continued on pg. 12)...

## Psychedelic-Assisted Therapy: Seeking Clarity Through the Buzz

(continued from pg. 11)

informed dialogue and exploration. Whether you join us in person or virtually, this symposium on November 8th will offer valuable insights from experts on:

- Psychedelic-Assisted Psychotherapy - pharmacologic, psychotherapeutic, and practical considerations, by Dr. Randy Buzan, MD and Dr. Susan Frederick, MD
- How Psychedelics Affect the Brain: Key Findings and Debates by Dr. Manesh Girn, PhD, of UCSF

### Legal & Regulatory Session:

- Colorado's Psilocybin Therapy Program: A Regulatory Framework for Psychedelic Care by Natasia Poinsette of the Healing Advocacy Fund, Lorey Batten of DORA, Josh Kappel, JD of Vincente Law
- Legal Overview of Psychedelic Therapy by Sean McAllister, JD, McAllister Law Office

### Ethical Considerations Session:


- Empowering Psychedelic Therapists: A Journey in Ethical Growth - Dr. Shoshana Aal, PsyD of the Kaleidoscope Center
- Power in Psychedelic Spaces; Ethics & Avoiding Harm - Dori Lewis, LPC-S, of Elemental Psychedelics
- Psilocybin-Assisted Psychotherapy for those with Advanced Cancer: An Overview of the Current RCT Underway at the University of Colorado Denver by Dr. Kristin Kilbourn, PhD of UC-Denver Psychology Department and Dr. Shandra Brown Levey, PhD, of University of Colorado Department of Family Medicine
- Disrupted Reconsolidation of Emotional Memory in Psychedelic-Assisted Psychotherapy by Dr. Jim Grigsby, PhD of UC-Denver Psychology Department

Psychedelic-assisted therapy represents more than just a trend; it signifies a potential paradigm shift in mental health and palliative care. For those of us dedicated to alleviating suffering and enhancing quality of life, staying abreast of these developments is crucial. My journey into this field has not only broadened my professional practice but also deepened my appreciation for the resilience and capacity for healing within us all.

As we venture into this new frontier, let us remain committed to compassionate, evidence-informed, and effective care for those in need. Join us in exploring these transformative possibilities and contribute to the evolving conversation about the future of mental health.



JANA BOLDUAN LOMAX, PSYD HAS BEEN A LICENSED CLINICAL PSYCHOLOGIST IN COLORADO SINCE 2007. SHE CURRENTLY IS THE OWNER AND CLINICAL DIRECTOR OF SHIFT HEALING | HEALTH PSYCHOLOGY. DR. LOMAX HAS HELD CLINICAL, TEACHING AND ADMINISTRATIVE APPOINTMENTS AT UNIVERSITY OF COLORADO SCHOOL OF MEDICINE COMPREHENSIVE CANCER CENTER, SAINT JOSEPH HOSPITAL (FORMERLY SCL HEALTH CANCER CENTERS), AND UNIVERSITY OF DENVER GSPP. DR. LOMAX PROUDLY ENGAGES IN VOLUNTEER OR ADVISORY ROLES FOR COLORADO PSYCHOLOGICAL ASSOCIATION, EPIPHANY MUSHROOM CO., FIGHT CRC!, AND THE SPONDYLITIS ASSOCIATION OF AMERICA. CONTACT HER AT: DRLOMAX@SHIFTHEALING.NET



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## Two Things You Can Do to Shift Inaction in the Workplace

LAURA RAMZY, PHD

As a community-based, qualitative Diversity, Equity, and Inclusion (DEI) researcher for the past four years, a counseling psychologist for the past thirteen years, and a woman of color and second generation immigrant for the past 40+ years, I have learned a LOT about what it means to hold privileged and marginalized identities, and how those identities impact access to power.

If I boiled down to two things what I've learned about how to create lasting, meaningful change in moving toward a diverse, more equitable, truly inclusive work environment, it's that it is absolutely essential to:

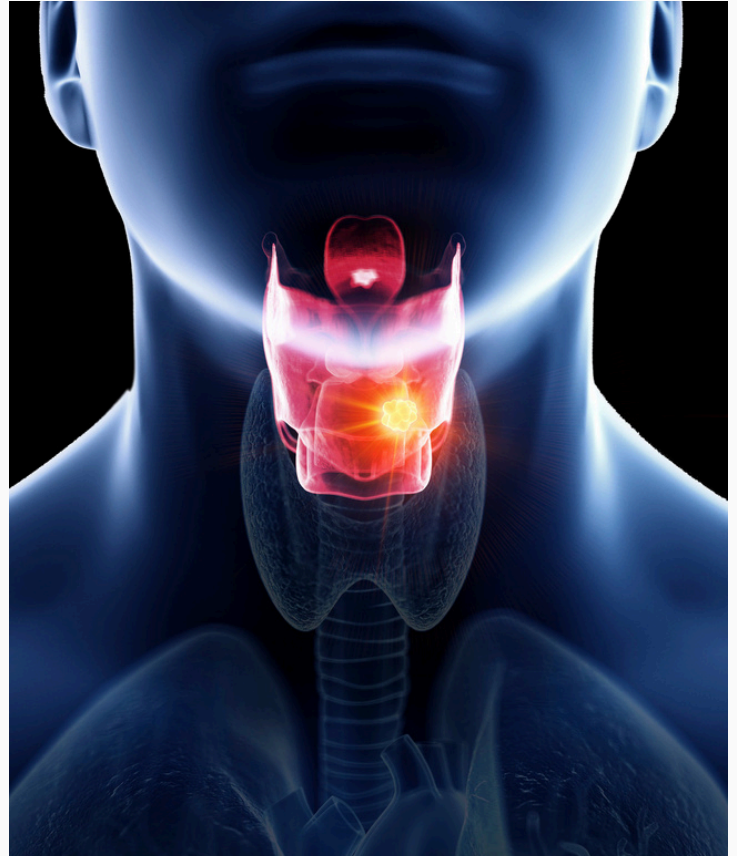
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Always, always include those “on the ground,” who typically hold marginalized identities, in a decision-making process affecting the team. Otherwise, privilege will prevent the ability to fully understand how a decision might further oppress those with marginalized identities.

2

When a person of color, or someone with another marginalized identity, takes a risk and makes an ask or expresses discontent, don't just listen and express empathy -- take ACTION. Period.

This may not be mind-blowing information; the awareness of the harm to people with marginalized identities caused by DEI-related issues was reawakened in 2020, when the COVID-19 global pandemic sparked social uprisings related to inequity. Yet, not a whole lot has changed; in fact, many of the DEI leadership level positions that were created in response to the movement in 2020 have since been defunded. Why? After interviewing 200+ predominantly people of color holding positions with little power in the workplace about their DEI-related experiences over the past four years in my



research, I believe the persistence of interpersonal oppression is a large part of this inaction (Ramzy et al, 2024; Monson et al., 2024).

When we talk about the four “I”s of oppression, it's clear that most people are on board with the fact that the top two tiers exist and impact the experiences of those with marginalized identities: ideological, or societal oppression, and institutionalized, or systemic oppression. It's the next tier, the interpersonal level, that gives people pause and causes discomfort – even more than the acceptance of the existence of internalized oppression. Why? Because addressing problematic interpersonal dynamics is difficult – it provokes vulnerability, requires expenditure of mental and emotional energy, necessitates openness and discomfort, and takes time (Meyers et al., 2021). These White-dominant cultural norms also show up in the workplace, compounding the problem and further disenfranchising those with marginalized identities. Our society (continued on pg. 15)...

## Two Things You Can Do to Shift Inaction in the Workplace

(continued from pg. 14)

values time, efficiency, and productivity over relationships and connectedness; competition over collaboration; and transactional goals over transformational goals (Okun & Jones, 2022). Given that minoritized cultures typically embody norms that do not align with White-dominant cultural norms, this creates further dissonance and devalues team members with marginalized identities.

So what do we do about all this? How do we address the damage and inequity caused by these levels of oppression, particularly interpersonal oppression? I have yet to meet someone who is marginalized across all aspects of identity – we all hold some amount of identity-based privilege! So, in pursuit of true diversity, equity, and inclusion in the workplace, my call to action is this:

**1** Find opportunities to shift some of your power to someone who has less; and

**2** Evaluate who makes decisions on a team, and pull someone in who doesn't usually get a seat at the decision-making table.

Application is always the hardest part- and completely necessary for lasting and meaningful change.



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## Spiritual and Religious Considerations for Psychologists

### Our Evolving Colorado Landscape

BY: ELIZA KIENITZ, PSYD

I recall feeling torn in graduate school when the topic of religion and spirituality arose. On one hand, psychologists are generally regarded as viewing spirituality or religion as simplistic mental tools to soothe otherwise uncertain existential questions. This is a nice way of saying that I met plenty of psychologists who considered religion a “crutch.” On the other hand, at that time in my life, I was involved in religion at a meaningful and deep level. I felt drawn to the ways that my clients interacted with these concepts in their lives while navigating challenges.

In graduate school, much discussion circulated regarding the importance of understanding our implicit biases and being open to cultural competencies. Yet, in the diverse and accepting Bay Area, the idea of incorporating discussion of religion into conceptualization seemed demeaned. Over the years, this movement away from, and with some judgment toward, religion and spirituality struck me as interesting in our field, considering past integration of psychology and spirituality from minds such as Carl Jung

and William James. Only recently, it seems a renewed interest has grown towards understanding the mechanisms and mysteries of spirituality and its role in psychological health (Sargeant, S., & Yoxall, J. (2023)). It is important to recognize how stereotypes can alienate groups, who fear a therapist might judge or not understand their spiritual or religious values.

We are meaning-making creatures. We long to understand; we are naturally curious; and we evolved to be in relationship and community with others and nature. Spiritual connection can increase resilience (Womble, M. N., Labbé, E. E., & Cochran, C. R. (2013)). Meaning making, even through the lens of a religious background, can transform stressful situations into opportunities for healing and growth. So, we likely do not need to get to a “right” spiritual or religious conclusion, but it would be helpful to our clients to have a working vocabulary and awareness of these threads of meaning in their experience.

As psychologists we also need to be aware of religious or spiritual biases. One person’s experience in a certain (continued on pg. 17)...



## Spiritual and Religious Considerations for Psychologists: Our Evolving Colorado Landscape (continued from pg. 16)

religious or spiritual group may have vastly different impacts on their psyche than in another. This can be especially true in marginalized communities, where assumptions about beliefs or practices can create increased silence or shame (Trusty, W., Swift, J., Black, S., Dimmick, A., & Penix-Smith, E. (2021)). We must check our own motivations and agendas around this topic, remembering that we are coming from a biased sample (as a group, most psychologists are less religious than the average population in the United States (Shafranske, E. P., & Cummings, J. P., 2013)).

As a standard question during my intake session, I ask people if they have any spiritual or religious affiliations or identities that are meaningful to them. As psychologists, just as we are capable of and open to discussing concerns related to sexual health, noting that we are comfortable with and capable of discussing spiritual and religious topics in a non-judgmental manner can open the door for deeper connection with our clients. Many clients have noted that their religious upbringing continues to influence the subconscious rules and judgments that they experience. Additionally, some clients discover great meaning by connecting with particular vocabularies or rituals associated with spirituality that, in turn, unlock profound internal new experiences.

In Colorado, where we see an increase in the interest and use of psychedelic assisted psychotherapy, we must be especially mindful of spiritual themes and meanings for our clients. Transpersonal experiences, common in psychedelic journeys, can leave people feeling

vulnerable as much as they can leave people feeling in awe or with a sense of peace (Roberts, T.B. & Winkelman, M.J. (2013)). As more clients experiment, I believe that we, with our years of training, are best equipped to hold space for these vulnerable experiences. We can be comfortable with not knowing or offering answers, having learned to withhold the “the righting reflex” and to engage in frequent self-reflection and growth, which can allow clients to explore these meanings on their own terms. My fear is that other less-trained guides may impose meaning on someone, perhaps creating psychological harm when interpreting in a way that fits in with their own agendas rather than in service of the individual (McNamee S., Devenot N., Buisson M., (2023)).

I would enjoy a wider connection to those in our community around these topics. For anyone similarly interested in a semi-frequent meet-up to discuss a way to create content for clients in these realms, please reach out.



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