Black Perspectives in Counselling, Psychology and Psychotherapy

8th Critical Multicultural Counseling and Psychotherapy Conference, 5-7th June 2014

for more information visit:
http://www.oise.utoronto.ca/cdcp/
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<tr>
<td>9:00 – 9:15</td>
<td>Opening Ceremony</td>
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| 9:15 - 9:30  | Welcome: OISE Dean: Dr. Julia O’Sullivan  
Introduction: Dr. Roy Moodley |
| 9:30-10:30   | **Keynote Presentation 1**  
Race and Racism in the Helping Professions – Dr. Josephine Etowa; Dr. Suman Fernando; Dr. Charmaine Williams; Dr. Roy Moodley  
Chair: Dr. Charmaine Williams |
| 11:00 – 12:30| **Keynote Presentation 2**  
Black Psychology and Multicultural Counselling in Country Contexts: Dr. Edwin Nichols (US); Dr. Clemmont Vontress (US); Dr. Mokgadi Moletsane (South Africa); Dr. William Hall (UK); Dr. Niyi Bojuwoye (Nigeria).  
Chair: Dr. Roy Moodley |
| 1:30 – 3:00  | **Paper Session 1**  
- Inter-Generational Lessons Impacting Marriage and Divorce among Black Women – Dr. Renee Rawlins  
- A Phenomenological Study of the Invisiblity Syndrome amongst African-American College Students – Desa Daniel  
- Forging social justice awareness in multicultural counseling with non-dominant clients – Sandra Dixon  
Chair: Dr. Renee Rawlins |
|              | **Workshop Session 1**  
Decolonizing Counselling: An African Caribbean Approach  
V. C. Rhonda Hackett  
Room: 8-200 |
| 3:30 – 4:30  | **Keynote Presentation 3**  
Black Psychologists and Psychotherapists in Professional Contexts: Carla Grey; Deanne Edwards; Steven Ruhinda  
Chair: Dr. Renee Rawlins |
| 5:00 – 6:30  | **Keynote Presentation 4**  
Frantz Fanon in Toronto: Dr. Tanya Titchkosky; Dr. Bradley Murray; Dr. Anissa Talahite; Dr. Anna Agathangelou  
Chair: Dr. Rinaldo Walcott |
### DAY 2: Friday, 6th June 2014

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<td>9:30 – 10:30</td>
<td><strong>Keynote Presentation 5</strong>&lt;br&gt;Critical Diversity Discourse in Health Care: An Alternative Approach – <em>Dr. Josephine Etowa</em>&lt;br&gt;Chair: <em>Dr. Charmaine Williams</em></td>
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<td>11:00 – 12:30</td>
<td><strong>Keynote Presentation 6</strong>&lt;br&gt;Working with high risk Caribbean origin children in Montreal: Lessons from a pilot project in inner city Kingston, Jamaica – <em>Dr. Jaswant Guzder</em>&lt;br&gt;Working with high risk youth in South Africa - <em>Dr. Sindiswa Stofile</em>&lt;br&gt;Training Psychiatrists in Ethiopia - <em>Dr. Ted Lo</em>&lt;br&gt;Chair: <em>Dr. Niyi Bojuwoye</em></td>
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<td>1:00 – 1:30</td>
<td><strong>POSTER SESSION</strong> (Babatunde Adekson) &amp; (Dr. Kazi Abdur Rouf)</td>
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<td>1:30 – 3:00</td>
<td><strong>Paper Session 2</strong>&lt;br&gt;• Adopting a culture-infused counseling Model for Engagement with Black Immigrant Clients of Pentecostal Faith – <em>Sandra Dixon &amp; Dr. Nancy Arthur</em>&lt;br&gt;• Art Therapy and the concept of Blackness – <em>Pascale C. Annoual</em>&lt;br&gt;• Therapist narratives: an attempt to De-stabilize the power imbalance with Black, non-dominant, and marginalized clients – <em>Dr. Shafik Sunderani</em>&lt;br&gt;• Counselling and Psychotherapy with Deaf Clients with Diverse Backgrounds – <em>Dr. Vasanthi Valoo (Chair)</em>&lt;br&gt;Library</td>
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<td>3:30 – 5:30</td>
<td><strong>Keynote Presentation 7 (SithCp3.org)</strong>&lt;br&gt;Integrating Traditional Healing Practices into Counselling, Psychology and Psychotherapy - <em>Dr. Mary Olufunmilayo Adekson; Dr. Clemmont Vontress, Dr. Mokgadi Moletsane; Dr. Sindiswa Stofile; Dr. Niyi Bojuwoye and Rebecca Rogerson (Sangoma Healer)</em>&lt;br&gt;Chair: <em>Dr. Roy Moodley</em></td>
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<td>6:00 – 8:00</td>
<td><strong>DINNER &amp; Awards Ceremony</strong>&lt;br&gt;Caribbean cuisine; Indian vegetarian; water, juices&lt;br&gt;purchase tickets ($20.00) at registration desk</td>
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## DAY 3: Saturday, 7th June 2014

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| 9:30 – 10:45          | **Keynote Presentation 8**  
Cultural Competency in Leadership – Dr. Edwin Nichols  
Chair: Dr. Tanya Titchkosky |
| **library**           |                                                                           |
| 11:00 – 12:30         | **Paper Session 3**  
- The impact of racial and ethnic identity; experience of micro aggressions, and colour-blind racial attitudes in the counseling process - Jamey Leeanne Rislin & Desa Daniel  
- Urban Youth: factors that contribute to their problems in living and academic achievement - Andre Marseille  
- Binding the Self: Black mothers post-homicide process of grieving and integration - Camille Hannays-King  
Chair: Dr. Shafik Sunderani  
Library |
| **Workshop Session 3**| In the Therapist’s Chair is Dr. Edwin Nichols  
Chair: Dr. Deone Curling  
Room: 12-199 |
| **Workshop Session 4**| Art Therapy - experiential workshop - Beaded Prayers: from self care to social dialogue about Blackness, Racism - Pascale C. Annoual  
Room: 5-280 |
| 1:30 – 2:30           | **Keynote Presentation 9**  
Mental Health in Low- and Middle-income countries: Global Models or Local Development - Dr. Suman Fernando  
Chair: Dr. Anissa Talahite |
| **library**           |                                                                           |
| 3:00 – 4:30           | **Keynote Presentation 10**  
Barack Obama as a Global Leader - Dr. Uwe Gielen; Dr. Rinaldo Walcott, Dr. Dinesh Sharma, Dr. Alvin Curling  
Chair: Dr. Josephine Etowa |

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Keynote Presentation 1
Race and Racism in the Helping Professions

Race and Racism in Nursing and Health Care – Dr. Josephine Etowa
Racism is a complex social problem found at every level of society both within and beyond the health care system. It involves power differences that are often enacted at the individual level through stereotyping (racist beliefs), prejudice (racial emotions) and discrimination (racial behaviours and practices). It is also evident at the cultural level through an embedded network of beliefs and values that justifies ethnocentric practices, and at the systemic level through institutional practices and policies. While it is most commonly directed in the health system against visible minority and Aboriginal clients/patients, it is also enacted against practitioners by peers and by clients/patients. A significant aspect of racism that remains even more deeply buried is that of a corresponding white privilege. A number of current studies argue that racism directly mediates health outcomes through cumulative stress-related impacts that increase vulnerabilities and thereby health outcomes. The effects of racism extend over time informing the lives, actions and health of those victimized by it. Despite the evidence that consistently points to race and racism as central in the health and well-being of individuals, families, communities and nations, the profession of nursing seems to avoid discussion of racism. This presentation will discuss the various manifestations of racism in nursing and other health based professions through a series of Canadian studies. The paper will conclude with some suggestions for moving forward.

Race and Racism in Psychiatry - Dr. Suman Fernando
Illnesses of the ‘mind’ are different to most medical illnesses in that their diagnoses are not based on objective findings but more on judgments made by people working in the ‘psy professions’—especially medically trained people such as doctors. The basic identity of psychiatry as a socio-cultural belief system with only weak connections to biology has been obscured, not least in the eyes of its main practitioners—psychiatrists. In multicultural western societies, stereotypes and assumptions based on perceptions of cultural and racial ‘types’ play a large part in psychiatric assessments and diagnoses, and psychiatry is both culturally insensitive and institutionally racist. Since the 1970s, medication-based community psychiatry prevalent in the West has been exported to low- and middle-income countries in the Third World on the back of neo-liberal policies and Western power. This is resulting in the globalization of Western models of ‘mental health’ and ‘mental illness’ amounting to cultural imperialism reminiscent of colonial times and the opening doors in the developing world to Big Pharma.
Race and Racism in Social Work – Dr. Charmaine Williams

Social work has always been strongly identified with social justice and Canadian social work, in particular, has aligned itself with anti-oppressive theory and practice. In this space, however, the particular concerns of race, racism and anti-racism have been marginalized due to tensions associated with addressing multiple equity-seeking groups, conceptual and political friction associated with social work’s history in the indigenous communities, and underrepresentation/underacknowledgement/undermining of racialized voices within the field. How, then, to assert race and racism as not just an option but an essential aspect of preparing people for social work practice in Canada? And what are the parts that must be played by racialized and non-racialized social workers in doing this work?

Race and Racism in Psychology – Dr. Roy Moodley

Thinking about race, racism, racial discrimination, xenophobia and other related terms that represent intolerance of diversity in clinical and counseling psychology has been a major challenge, in part because psychology has been the discipline that constructed the pseudo-scientific racist theories that led to discrimination and genocides between individuals and groups. Racist theories continue in various forms in current psychological theories, sometimes described as culture insensitive practice or cultural incompetency. Psychology fails to address larger questions of power, domination and social discrimination; rather, it safely theorizes that racism is seen as the incapacity of some people to manage difference, but also their incapacity to cope with the resemblance with the other.

Keynote Presentation 2

Black Psychology and Multicultural Counselling in Country Contexts

Black Psychology in the USA – Dr. Edwin Nichols

This will be a brief introduction to the Association of Black Psychologists (ABPsi). The journal: The Journal of Black Psychology is 40 years old, published by SAGE, and is a leading journal focusing on all aspects of theory, research and practice of psychology with black individuals and groups. The organization was founded in San Francisco in the summer of 1968; I was there as one of the founders.

Cross Cultural Counseling in the USA – Dr. Clemmont Vontress

In cross-cultural counseling, therapeutic intervention strategies should be based on the needs of individual clients, not on the color of their skin or the group to which they are presumed to belong. It is anti-therapeutic to stereotype clients before we diagnose their presenting problem.

Black Psychology and Multicultural Counselling in South Africa – Dr. Mokgadi Moletsane

South Africa is a multicultural and multilingual society. Much of people’s behaviour is shared and learned behaviour that is transmitted from one generation to the next. Therefore, psychologists need to take into consideration the cultural diversity of their clients when providing counselling. It is a known fact that the individualistic-oriented precepts of Western psychology are in abeyance with the community orientation of Africans. In fact, counselling process should take into consideration the client needs, values and belief system. Counselling process needs to exploit strengths that are already in the client system. Due to the fact that psychological and counselling training programmes are based on an American-European
model, clients – especially Black clients – have a great concern about the possibility of being misunderstood. This model does not address the unique circumstances, mental functioning and problems of the majority of South Africans. In practice, the Western-oriented knowledge is applicable to a relatively small part of South African society – mainly whites and middle class black persons. The inability to incorporate culture-specific tests into the psychological assessment curriculum in training of psychologists has further reduced the likelihood of providing acceptable services to the indigenous South African population.

**Race, Culture and Counselling in the UK – Dr. William Hall**

This discussion aims to share information about the approach applied, by a mostly white professional counselling organization - the British Association for Counselling - BAC - (later the British Association for Counselling and Psychotherapy - BACP) to abolish aspects of institutional racism in its structure and resource application. We will look back on the then pioneering endeavors that were used to move forward the revised objectives of addressing the multitude of problems that were confronted. Not the least of these problems was the troubling realization that a significant number of the membership failed to recognize that there was a problem to be addressed. BACP is composed of several Divisions, each focusing on a specific area of need. One such division that initiated positive change was the Counselling in Education Division (C.I.E.). Momentum for action for positive change emerged from an initiative taken at the Counselling in Education Counselling Exchange in 1983, when the one Black counsellor present showed her pain and frustration that the British Association for Counselling seemed to be an only-for-Whites association. In response, a working group: Racism Awareness in Counselling Education Group (R.A.C.E.), was set up which increasingly became a multiracial group concerned with exploring issues such as: racism and counseling; racism and B.A.C.; support needs for Black counsellors; the responsibility of all counsellors to act against racism in themselves, in the way they work with clients, and in institutions which function oppressively towards Black people in Britain. R.A.C.E. was formally adopted by the British Association for Counselling at its Annual General Meeting on 15th September 1984. This discussion will also address the formation of the Association of Black Counsellors (ABC), its goals, its effectiveness, and its ultimate impact on the broader field of multicultural counselling in England.

**Black Psychology and Multicultural Counselling in Nigeria – Dr. Olaniyi Bojuwoye**

Like all other cultures, Nigerian cultural societies have their unique cultural knowledge systems for dealing with health conditions including associated personal and environmental factors. Despite foreign cultural incursions Nigerian traditional counselling and psychotherapy continue to flourish and to play significant role in bringing health and well-being to the people. Backed by indigenous knowledge systems, very rich oral literature and cultural practices, transmitted from generation to generation, Nigerian traditional counselling and psychotherapeutic practices have their unique methods and strategies for diagnosis, treatment and prevention of physical, mental and social ill-health. The various paradigms of illness and health as well as the models and or approaches to interventions and or traditional psychotherapeutic practices are informed by cultural beliefs and world-views that socially construct health and ill health. Certain members of the Nigerian communities are also recognized as experts or professionals in traditional psychotherapy and health-related practices.
because of their unique training and competencies in the uses of cultural knowledge, tools and substances as well as methods based on traditional cultural beliefs, social, and religious value systems.

**Paper Session 1**
**Inter-Generational Lessons Impacting Marriage and Divorce among Black Women**
*Dr. Renee Rawlins*

In this study, African/Caribbean-Canadian women’s experiences of divorce were explored using a qualitative methodology. This study was approached from a Black Feminist paradigm using the lived experiences of Black women as a source of knowledge. Six separated/divorced women from the same family, representing two generations, were interviewed individually and as a group using a semi-structured interview guide. The participants discussed their reflections on marriage and marital disruption, their post-separation experiences and challenges, and the coping resources they accessed during the divorce process. The participants also discussed how their own marriages and divorces were influenced by the marriages and marital disruptions of their family members. A grounded theory analysis found three themes that emerged in terms of family influences regarding marriage, separation and divorce among Black women. First, the study found that Black women learn about marriage and relationships from other family members, both in the same generation and from previous generations. Second, the study showed that family members also influence Black women’s decisions concerning the stigma (or lack thereof) and viability of divorce. Third, the findings from this study showed that decisions regarding marriage and divorce change from generation to generation, with the younger generation more willing and likely to divorce than previous generations.

**A Phenomenological Study of the Invisibility Syndrome amongst African-American College Students - Desa Daniel**

There is a body of literature that examines African American males’ attainment in higher education. Most of this literature tends to indicate that in comparison with their white counterparts, African American males tend to obtain college degrees at a lower rate than their white counterparts. There are several reasons that have been cited as contributing factors for this phenomenon. In examining some of the reasons for this difference of achievement, Franklin attributes this to what he terms as the “invisibility syndrome”. According to Franklin (1999), the invisibility syndrome is comprised of social confusion due to mixed messages regarding African American males’ legitimacy as accepted members of mainstream society. This results in African American males feeling socially confused and marginalized. However, a preliminary literature indicates that this syndrome has not been widely studied. Hence, the present investigation seeks to provide phenomenological perspective of the invisibility syndrome from a sample of African American male college educated males that also includes those who are currently enrolled as college students. The purpose of this investigation is to increase knowledge regarding the mechanics of the invisibility syndrome and college achievement.
Forging Social Justice Awareness in Multicultural Counselling with Non-Dominant Clients

*Sandra Dixon*

Counsellors engaging in multicultural practices are often called upon to increase their competence in social justice with diverse client populations. Social justice emphasizes the belief in a just world that respects and protects *all* human rights. As counsellors incorporate cultural diversity into their practice, they are more likely to forge social justice awareness that promotes community engagement. In multicultural contexts, counsellors are encouraged to consciously develop a social justice agenda in education, practice, and research to meet the increasingly complex and multidimensional concerns of diverse clients. For counsellors, advancing knowledge in social justice requires respectful collaborations with shared goals and interests that bring about social and institutional changes for non-dominant clients, who are often pushed to the margins. Although great strides have been made to integrate social justice into multicultural contexts, some counsellors may struggle with how to develop their social justice knowledge base. This paper presentation discusses the usefulness of a social justice lens in multicultural counselling. It emphasizes ways of fostering counsellors’ professional development. Attendees will be invited to reflect on creative ways in which they may be able to expand their roles as advocates, to create social change that best meets the needs of diverse non-dominant clients.

Workshop Session 1

**Decolonizing Counselling: An African Caribbean Approach - V. C. Rhonda Hackett**

Drawing on my practice experience as a counselor, this workshop will introduce and describe a decolonizing approach to counseling work that challenges individualism and envisions counseling as a community activity. Workshop participants will have the opportunity to engage in collective knowledge building to consider the ways in which a decolonizing approach can contribute to promoting wellbeing in African Caribbean families and communities. The industrialization of traditional mental health is revealed by the problem of its production of inflated diagnosis, binary thinking, individualism and subsequent decontextualizing of the lives of African Caribbean people. At the same time, uneven treatment within multiple systems and institutions including education, social services, criminal justice and mental health often leads to significant difficulties and disruptions in the lives of African Caribbean families. A lack of attention to the specificity of anti-blackness racism that penetrates the kind of services provided within these systems and institutions necessitates new approaches to providing counseling for African Caribbean communities. Counseling African Caribbeans from a decolonized approach included working in, through and with contextualizing the experience of intersecting oppressions from the specificity of the community and individual experiences of exclusions, management and privileges. This workshop will contribute toward increased understanding of decolonization as an epistemological and practical approach to working with African Caribbean families.
Keynote Presentation 3
Black Psychologists and Psychotherapists in Professional Contexts
Carla Grey, Deanne Edwards & Steven Ruhinda
Multicultural awareness in the practice of psychotherapy and assessment in an educational setting includes the dimensions of race, ethnicity, social class, age, religion, sexual orientation, gender identity and disability status. Members of the panel draw on a range of theoretical psychotherapeutic perspectives in their work. However, all integrate a culturally-aware approach to their work with students with an emphasis on multicultural counselling. Statistics Canada data from the 2006 census indicate that visible minorities account for 42.9% of the population of Toronto. As a result visible minority students make up a significant portion of elementary, middle, high school and post-secondary students in Toronto. Environmental and social influences may impact the clinical presentation of students in a counselling setting. Counselling settings and case conceptualizations become more complex when racism, discrimination and oppression are added in formulating a counselling plan. What is the impact of being ‘the only’ person of African descent in a counselling and assessment Each panelist will discuss her or his experience as a Black therapist and how multicultural counseling and psychotherapy is integrated into her or his practice.

Keynote Presentation 4
Frantz Fanon in Toronto
Understanding through Disability Metaphor: Lessons from Fanon – Dr. Tanya Titchkosky
And, still we say...color blind, deaf to the call of justice, suffering from historical amnesia, colonial aphasia, even agnosia; limping under the weight of inequality; simply crazy, nothing but a deformed autonomy made to fit a crippled economy – an amputated self who is devastatingly disabled. My paper explores this kind of impairment rhetoric found in discussions of the self as historically conditioned. I then turn to Frantz Fanon’s use of “amputation” in his grappling with the meaning of self subject to colonial power. Treating derogatory disability rhetoric as complicated metaphor can release a story about human limits intertwined with the possibility of impairment-as-provocateur. That is, metaphor can open us to the materiality of the human imaginary. I conduct a close reading of Fanon’s use of amputation that permits an exploration of how body/self/world meet in the social act of his theorizing. By exploring the metaphorical use of impairment in a non-rhetorical fashion, I aim to demonstrate how disability can open imagination to the possibility of new worlds since it is more than a diagnostic signifier of already dead ones. Overall, I aim to demonstrate a productive relation between disability and race in coming to understand self and other.

Frantz Fanon in the Digital Age: Race, Identity, and Colonialism in Virtual Worlds
Dr. Bradley Murray
Second Life is a widely used virtual environment in which users select and can customize their avatars, or in-world bodies. Users can select non-human forms, but many choose human bodies. Characteristics such as skin colour are fully customizable. This radical freedom to choose one’s appearance has led some commentators to suggest that virtual environments such as Second Life profoundly call into question – or make obsolete – traditional ways of categorizing people,
including along racial lines. This has led some to hope that racism might come to be non-existent in such worlds. But there is evidence that racism persists in virtual worlds, and this includes the widespread, at times implicit acceptance among users of the belief that whiteness is the norm. Those whose in-world bodies deviate from that norm, including those who choose black avatars, tend to be experienced as racially other, and may experience racist reactions from other users. The present paper attempts to understand some of these phenomena by employing the framework that Frantz Fanon develops in *Black Skin, White Masks* to explore the psychological impact of colonialism. It is argued that Fanon’s work can help us to see ways in which we may be faced with new forms of colonialism as digital technology advances.

**Frantz Fanon and the Algerian Revolution – Dr. Anissa Talahite**

In the past few decades, studies of Frantz Fanon’s work have increasingly attempted to historicize his thought by paying particular attention to the significance of his life experience as a Martinican, French, and Algerian writer, philosopher, clinician, and revolutionary. This paper draws on this research to interpret the ways in which Fanon’s work as a psychiatrist in Algeria between 1953 and 1956 and his subsequent involvement with the Algerian liberation movement represent a turning point in his understanding of culture, self and identity. It argues that Fanon’s project of restructuring the self challenges the idea of a return to culture and ethnicity as ways of understanding the alienated subject. Furthermore, it considers how Fanon draws on his observations about the Algerian revolution to formulate a theory of culture as a dynamic force engaging the individual consciousness beyond itself and in a dialogue with the other. This idea will be examined in the context of Fanon’s own life with the aim of assessing the transformative possibilities that lie at the heart of his understandings of self and identity.

**Frantz Fanon, Clinic(al) Time, and the Event – Dr. Anna M. Agathangelou**

Fanon insists on the connection between time, institutional formations, and the black body as a basic problem of history and materiality. In “North African Symptom” Fanon asks a temporal question in relation to humanity: “Have I at all times demanded and brought out the man that is in me?” He then describes the relationship between the historical life of the “symptom” (clinical time), psychiatry’s punctuation of linear development and an existential-physical *vertigo*, contrasting the politicized notion of psychiatry (and the amputated patient as a problem outside history) with belief in jinns in rural North African villages. Belief in such supernatural beings places subjects into communities alternative to modernity’s institutions; their accompanying protective rituals provide psychological and social security. In this paper, I engage with Fanon’s image of the body in pain and all the time as an expression of a breach in time—thereby, showing systematically the institutional repetitions of an ‘originary’ event that bars the black flesh from a having a life history and from the temporality of the human—it pushes us to remember the traumatic event without placing it within a linear orientation and chronology. Second, I consider his vision of materiality as a shifting arena of effects, making it difficult to locate revolutionary time in the certainty that psychiatry and other institutions of modernity call for. Finally, in a conversation with Fanon and his work at the Tunis Center for Day Neuropsychiatry I read for his revolutionary imaginary to articulate “healing” and revolutionary transformation anew.
Day 2: Friday, 6th June 2014

Keynote Presentation 5
Critical Diversity Discourse in Health Care: An Alternative Approach
Dr. Josephine Etowa

Along with increasing diversity within the health care system, there is emerging evidence of racism and discrimination toward visible minority, Aboriginal and immigrant people. Racism and discrimination in health care settings range from personal beliefs and actions to cultural beliefs to institutional policies and practices. Racism by staff toward patients is the most commonly recognized form of racism in Canadian health care. However, racism and discrimination experienced by visible minority nurses, Aboriginal nurses and immigrant nurses, from patients and other staff as well as that emerging from institutional practices, is also gaining recognition as an issue within the health care system. As racism has become less socially acceptable, it has taken more subtle forms leading some to claim that it is no longer an issue in Western societies and making it more difficult to recognize and address. The desire to eliminate racism has led to individuals and organizations declaring themselves to be ‘colour-blind’ in their practices and policies. However colour-blindness can actually inhibit investigation into practices that perpetuate racist outcomes. Building on findings from a series of studies led by the author, this paper affirms the presence of racism and discrimination within the Canadian health care system. These studies examined the worklife of Canadian nurses from various social locations: Black nurses (2005); visible minority nurses (2008); Aboriginal nurses (2010); and White nurses (2013). The paper explicates racism as a complex social problem found at every level of Canadian society both within and beyond health care systems. Racism involves power differentials that can be enacted at the individual level through stereotyping (racist beliefs), prejudice (racist emotions) and discrimination (racist behaviours and practices), at the cultural level through an embedded network of beliefs and values that justifies ethnocentric practices, and at the systemic level through institutional practices and policies. The paper proposes critical diversity discourse in health care as an alternative approach which has the potential to advance current work in the field of discrimination and racism within health care while simultaneously providing opportunities to enhance Canadian practice and standards of care.

Keynote Presentation 6
Working with high risk Caribbean origin children in Montreal: Lessons from a pilot project in inner city Kingston, Jamaica – Dr. Jaswant Guzder

In collaboration with the University of the West Indies and McGill, we developed a research pilot project to address violence prevention targeting children with severe disruptive disorders and school failure living in inner city Kingston. This project is now in a scale up stage funded with a Grand Challenges grant for four garrison communities and working with elementary school children from ages 8 to 12. The understanding of underlying factors for high rates of conduct disorder in Jamaica has been relevant to my clinical practice in Montreal. We are treating many Caribbean origin children with a family based model and multimodal
intervention. The promotion of resilience and the risk factors for the problems of these children have links with the lessons and the experience of the Jamaican study cohort. We continue to be concerned that the youth protection agency in Montreal has seen a stable rate of 25 percent of group home placements coming from the small Black community in Anglo Montreal. Cultural mistrust and stigma as well as difficulties with access have been part of the problem for identifying children early on. Community engagement is definitely an important issue as well as the trauma transmission of post slavery societies and migration with attachment implications introducing serious risk issues.

**Working with high risk youth in South Africa - Dr. Sindiswa Stofile**

High risk behaviour among South African youth remains a cause for concern. Children are exposed to a variety of influential elements (micro and macro) which lead them to engage in behaviours that place them at risk, such as violence, risky sexual behaviour, substance abuse, gangsterism and illegal firearm possession (South African Medical Research Council, 2008; Western Cape Government, 2014). These behaviours result in many of the social and educational problems that confront the nation, including failure to complete high school, unemployment and crime. The South African Government has, over the last decade, implemented several policy initiatives to promote health and well being of youth. Despite the existence of such policies, violence, physical and substance abuse, and gang activities are still the order of the day in many South African schools (Mncube & Harber, 2013). This paper draws from my direct experiences and observations, including stories of the youth I have worked with in one South African school. The purpose of this paper is to contribute toward an understanding of the dynamics of violence that occur in South African schools and the measures used to prevent it.

**Training Psychiatrists in Ethiopia – Dr. Ted Lo**

The TAAAP is an award winning project by the Department of Psychiatry at the University of Toronto in collaboration with the University of Addis Ababa. The project has led to a multifilament increase in the number of psychiatrists in the country, reversing the "brain drain" common in many developing countries. The training curriculum mimics the Canadian standard but questions are raised by the author as to whether this best serve the 80 million population in the poorest country in Africa. Other examples of innovative programs from other developing countries are discussed. Further, the ultimate identity of psychiatry is questioned.

**Poster Session**

**Theoretical Perspectives Used to Explain Factors Associated with Mitigating Stigma of Mental Illness and Relevance for Mental Health Counselors and Counselor Educators**

*Babatunde Oluwaseun Adekson*

Severe mental illnesses affect approximately 6 percent of the world’s population and the debilitation and loss of status that accompanies these conditions are made worse by the negative societal reactions and behavioral dispositions in our culture (Hinshaw, 2007). An example of a negative societal reaction to mental illness is stigma. It is defined as a mark of disgrace meant to discredit the individual bearing the mark (Byrne, 2000). Modern conceptualizations of stigma emphasize the connections between stigma and labeling,
stereotyped attributions, emotional or prejudicial reactions (i.e., attitudes), and discriminations (Arboleda-Florez & Stuart, 2012). Research shows that negative beliefs about people with mental illness are prevalent among mental health staff (Corrigan & Penn, 1999) as well as in the general public. There are three principal strategies used in mitigating stigma: protest, contact, and education. Protest is defined as a concerted effort to eradicate stigma through moral suppression of attitude and public practices against individuals with mental illness. Contact strategies refer to coordinated interpersonal encounters with similarly positioned individuals with mental illness with the intent to use relational strategies to eliminate stigmatizing perspectives. Education refers to the systematic dissemination of knowledge about mental illness to help counter destructive myths. Evidence suggests that each of these strategies is impactful, with the most robust impact found in the use of contact (Corrigan, 2012). Coordinated and cognitively-complex education (Overton & Medina, 2008), particularly at the graduate level, have also been found to be effective in curtailing stigma of mental illness among mental health and service professionals.

**Grameen Bank Women Borrowers Non-Formal Adult Learning Transformation in Bangladesh - Dr. Kazi Abdur Rouf**

Grameen Bank (GB), a micro credit organization, addresses poverty to empower poor women in Bangladesh. GB also targets adult women who are illiterate. GB’s adult learning information has ‘Sixteen Decisions’ (inculcate the socioeconomic messages) aimed at improving the social, economic, health, and well-being of GB borrowers; this adult learning campaign empowers GB women borrowers in their familial and communal life. However, it is important to know the efficacy of adult learning strategies that have been used by GB to create this paradigm shift and transformation in local communities. How does the Grameen Bank adult learning process enable GB’s women borrowers to mobilize solidarity, leadership development, and apply the sixteen decisions in their daily life? The study finds that 87% of GB women borrowers were able to make better family decisions on behalf of the entire family. 25% of women vice-chairs won in local Upzilla counsels in the 2009 election in Bangladesh. These statistics indicate that gender changes are happening as women are becoming successful in representing their family and holding public offices in patriarchal Bangladesh. Exponential improvements in literacy are happening: 100% of GB borrowers are able to sign their names on the documents, which show signs of achievements in adult learning. However, if GB non-formal adult learning strategies could streamline, this would generate more socioeconomic consciousness, environmental awareness, and social justice reforms to improve the life of GB women borrowers in Bangladesh.

**Paper Session 2**

**Adopting a culture-infused counselling model for engagement with Black immigrant clients of Pentecostal faith - Sandra Dixon & Dr. Nancy Arthur**

As a “non-dominant” group, Black immigrants of Pentecostal faith are commonly marginalized in Canadian society by virtue of being different from the dominant Anglo-Saxon culture. One of the ways in which they attempt to adjust to their new life in Canada is through their faith practices. However, spirituality and religion are often given limited understanding by the
counselling profession as valid tools for immigrants’ adjustment. This lack of understanding or invalidation is especially lamentable given that immigration is increasing the spiritual and religious diversity of Canada. In this regard, counselling professionals may potentially encounter more clients for whom spirituality and religion are important dimensions of their post-immigration cultural adjustment in a Canadian context. Therefore, counsellors would be well-served by adopting Arthur and Collins’ Culture-Infused Counselling model (Arthur & Collins, 2010) in working with non-dominant groups, particularly Black immigrant clients of Pentecostal faith. This paper presentation features a discussion of how counselling professionals can respond to the growing demands for culturally responsive counselling services for non-dominant groups. It highlights the application of Arthur and Collins’ four domains in professional practice: counsellor awareness of self, counsellor awareness of the client, the working alliance, and social justice as foundations for practice. Focus is on the development of counsellors’ competencies for integrating clients’ spiritual and religious beliefs in counselling theory, research, education, and practice.

Art therapy and the concept of Blackness – Pascale C. Annoual

This paper explores issues of theory and practice relating to racism, race, and blackness revealed in the field of art therapy. Such issues are seldom the subject matter for research in the broader field of mental health, yet they considerably impact the lives of stigmatized individuals dealing with racism and concepts of blackness. Realizing that racism is not only prejudice but is a practice that is systematically institutionalized, art therapy can only be enhanced by exploration of the undercurrents of discrimination and racism.

Therapists’ Narratives: An attempt to destabilize the power imbalance with Black, non-dominant and marginalized clients – Dr. Shafik Sunderani

In working with disenfranchised populations, many therapists modify their approach in terms of what they reveal or conceal from their personal life to the client. This paper presentation is based on interviews conducted with a variety of psychotherapists who were asked to reflect upon their experiences with ethnic minority and/or low-income clients. We will review some of the findings from the “therapist self-disclosure interview project” in terms of both the internal experiences of the therapist and their accompanying reactions to clients who bring up issues of: (1) poverty, (2) intimate partner violence, (3) being a victim of racial profiling and brutality by police, (4) workplace discrimination and (5) intergenerational conflict between parents and children. Other issues to be discussed are countertransference and non-verbal aspects of revealing ‘self’ to the client in an anti-oppressive way.

Counselling and psychotherapy with deaf clients with diverse backgrounds

Dr. Vasanthi Valoo

I explore the value of developing a worldview that encompasses the uniqueness of the deaf/Deaf individual in the practice of counselling/psychotherapy with deaf/Deaf clients. In particular, I discuss the uniqueness of identity development for deaf/Deaf individuals with diverse cultural and ethnic backgrounds. I consider how acculturation relates to Deaf Culture, Deaf Identity, and the notion of negotiating one’s identity. I propose that for a deaf/Deaf individual with a diverse background, her/his cultural identity (which evolves from the family of origin) intersects with her/his Deaf identity (which evolves from Deaf Culture and the Deaf
Community). I attend to the deaf/Deaf individual’s interpersonal/intrapersonal conflict or tensions that arise from the implications of this intersection of identities. I consider how cultural competency can address the complexities associated with issues of difference, diversity, and cultural identity in this regard.

Workshop Session 2
Institutional racism, cultural incompetence or political oppression? Discussion based on clips from a documentary film made in UK - Dr. Suman Fernando & Dr. Jaswant Guzder
Several clips from a documentary film (‘Whose Life Is It Anyway’) made in London, UK will be presented as basis for discussing topics that intersect in clinical work in psychiatry and psychology. The film focuses on the story of a black man who thinks he is related to the white (English) Queen and for this he is ‘sectioned’ (compulsorily detained) in a hospital, given large doses of ‘antipsychotics’, and supervised in the community until the legal order expires (at a time when compulsory detention and imposition of medication was only allowed as an inpatient—something that was changed in 2007 when ‘community treatment orders’ were introduced). Participants will be encouraged to consider the utility of ‘mental illness’ as a concept / tool for exploring personal problems and identity of people in a multi-ethnic societies; the nature of belief and belonging when seen in a historical and racial context; and societal reaction to the ‘Other’ including the Canadian issues of multiculturalism or Quebec’s interculturalism generating issues such as the Charter of Secular Values and State Neutrality. Further, the presenters will talk about the use of this film in the training of mental health professionals in the UK and in the ‘Working with Culture’ seminars at Montreal over the past several years.

Keynote Presentation 7
(SithCp3.org – presentation)

Integrating Traditional Healing Practices into Counselling, Psychology and Psychotherapy
Native American and Canadian medicine men, healers and helpers - Dr. Mary Adekson
The discussion will center around what Native American medicine men, healers and helpers do daily with their native clients. The central part of the discussion will be about the life of the medicine men, healers and helpers, their interactions with their clients, the healing methods natives from the USA and Canada use with their native clients and what they do within their communities. The discussion will reveal some points from different interviews and interactions with First Nation and Native American medicine men, healers and helpers about healings, ceremonies and their day-to-day activities on the reservations and in daily lives outside the reservations. The book: Native American and Canadian medicine men, healers and helpers, published in May 2013 by Lambert Press, culminates from an earlier experience, research and book on Yoruba Traditional Healers published by Routledge in 2003.
African Traditional Healing: Research and Collaboration - Dr. Clemmont Vontress

The World Health Organization estimates that 80% of humans rely on traditional healers for healthcare. Therefore, WHO recommends that providers—traditional and biomedical—collaborate to meet the physical, social, psychological, and spiritual needs of everybody everywhere. It was out of this recognition that I have conducted research for over 30 years in West Africa to learn as much as possible about traditional healing in Cote d'Ivoire, Senegal, and Burkina Faso. Toward this goal, I interviewed former patients and their healers to find out how individuals viewed the treatment they received from healers. I interviewed people described by community residents as healers. I learned animism or the age-old belief that everything in nature is connected, motivated, and activated by a single spirit that inhabits animate and inanimate objects. Healers are individuals who are endowed with the spirit such that they can manipulate it to cure patients who are out of harmony with nature, others, or themselves. Although healers are known by different names in different places, the presenter categorized the West African healers into six groups: (1) indigenous doctors, (2) herbalists, (3) fetishists, (4) mediums, (5) Spiritual/Religious healers, and (6) sorcerers.

Indigenous Psychological Perspectives in South Africa - Dr. Mokgadi Moletsane

Indigenous psychological perspective which developed in many non-western countries and continents represents an important challenge to Western psychology. Indigenous psychology provides a new and different approach from which to gain understanding of human beings, especially from non-Western countries. Currently, most psychologists in non-Western countries react against the Western intellectual influence and its lack of usefulness to solve social problems in their countries. Psychologists in non-Western countries discovered that mainstream psychology has limitations in their countries as it is regarded by Western psychologists as ‘one-size fits all’. This limitation of application of mainstream psychology led to the critical psychology movement. Critical psychology addresses issues related to post-colonialism, feminism, gender and practices through which people may achieve emancipation, freedom, liberation, and space from particular power structures of oppression and exploitation. South Africa is a multicultural and multi-lingual society; however, its psychological assessment and intervention process is formally based on British and American systems. This signifies that South African psychological assessment and intervention stems from the colonial heritage even though the South African context differs in many ways from the British and American contexts. Mental Health practitioners in South Africa are faced with tremendous challenges of assessing clients from diverse social backgrounds. Currently, the sensitivity to diversity and cultural differences in assessment practice and research is growing. It is recommended that, for psychological intervention to be inclusive, the training programmes of psychologists should take into consideration cultural difference of clients. Psychologists should take into consideration their clients’ frame of reference when making decisions and providing interventions.

Xhosa traditional healers’ conceptions of maladaptive behaviour - Dr. Sindiswa Stofile

With the many changes in South Africa and a renewed challenge to provide accessible primary health care to all, the role of traditional medicine has once again moved into the spotlight (Krige, 2010). In some cultures in South Africa, parents believe that maladaptive behaviours can
be cured through traditional health care practices and they argue for the inclusion of traditional healers in learning supports. Increasingly, these beliefs have been recognised as central in establishing effective learning support teams in certain schools. However, there have been relatively few studies exploring Xhosa traditional healers’ ethno-theories about maladaptive behaviours. Given this backdrop and the paucity of research in the area, this paper explores traditional healers’ conceptions of maladaptive behaviour and their roles in supporting teaching and learning. It draws on a recent in-depth research study that used a qualitative case study design. The techniques used were semi-structured interviews with three Xhosa diviners (amagqirha) and four Xhosa herbalists (amakhwele). This paper will provide insights into how the respondents make meaning of the notion of maladaptive behaviour and the relationship this has to socio-cultural practices.

Inter-relationships of culture, health, illness, healthcare and healing: Prospects for the integration of cultural psychotherapeutic practices – Dr. Olaniyi Bojuwoye

Culture plays a very significant role in the conceptualization of human functioning. The various cultural realities people have constructed, whether these be in terms of beliefs, values, languages, institutions, customs or laws, all have significant influence on the conceptualization of human functioning. Beliefs about health or illness, attitudes toward overcoming illness and help- or health-seeking behaviours are all culturally related. Every culture has its own conceptual model of explaining health, illness and healthcare and this means that there is no universal worldview regarding causation of illness or appropriateness of treatment. This also implies that no single cultural healthcare model has universal applicability. One cultural healthcare model is likely to have limited success when applied to people of another culture. However, there are ample evidences that every culture has beneficial contributions to make to overall healthcare systems of the world, hence the calls for integration of cultural healthcare systems. Integration of healthcare systems will not only make for the pooling of cultural resources for effective healthcare delivery but also for context sensitive healthcare practices. Although it is recognized that integration is not without many challenges, these, nevertheless, are not insurmountable.

South African Izangoma: Case Studies in Healing - Rebecca Rogerson

There are approximately 300,000 traditional healers in post-Apartheid South Africa who are trusted, culturally appropriate, acceptable, and often affordable. Patients continue to seek the guidance, care and support of traditional healers for a wide range of health and wellbeing concerns. Izangoma comprehension of illness and discord is complex and often counter to biomedical principles. This presentation describes, through healers perspectives, Ngoma ideologies, practices and modalities; while examining central issues such as Ukuthwasa, the calling to heal, as well as healing and recovery processes, including fortifying bonds with the Ancestors.
Keynote Presentation 8
Cultural Competency in Leadership – Dr. Edwin Nichols
In the last century, the United States of America rose to become the richest and most powerful nation in the world. It afforded the largest and most affluent middle class of citizens in the world. The organizational structure was vertical and hierarchical, which collapsed. In the 21st century, globalization intersects all aspects of commerce and marketing. The new organizational structure is horizontal and flat; therefore, team membership becomes the unit of production. The Canadian workforce is multi-ethnic, pluralistic and linguistically diverse, as is the global marketplace. The challenge is how to have a productive team and compete in the global marketplace. The answer is cultural competence in leadership. This session will examine the philosophical essence of ethnic difference through axiology, epistemology and logic sets. These understandings promote more effective interactions with team peers and offer knowledge of issues from the perspective or referent of the global competition.

Paper Session 3
The impact of racial and ethnic identity, experience of micro aggressions, and colour-blind racial attitudes in the counseling process - Jamey Leeanne Rislin & Desa Daniel
The United States is becoming increasingly more racially/ethnically diverse and research indicates that racial/ethnic diversity is likely to continue to increase. As a result, counseling psychologists are likely to see these increases in diversity reflected in their counseling practice. The growing racial/ethnic diversity may imply more frequent cross-cultural exchanges between racial/ethnic minority clients and counseling psychologists of diverse backgrounds. Given the health disparities between racial/ethnic minority clients and their counterparts, high rates of premature drop-out from counseling and reduced treatment satisfaction, understanding the factors that lead to treatment satisfaction/dissatisfaction is important. This study will investigate the impact of racial/ethnic identity, racial/ethnic experience of microaggressions, multiethnic identity and color-blind racial attitudes on participants’ perceptions of the multicultural competence and treatment experience and satisfaction with a pseudo-counselor. The goal of this study is to better understand how participants’ cultural factors impact their perceived counseling experiences and treatment satisfaction. One of the specific aims of this study is to complement existing literature to further elucidate how treatment satisfaction is impacted by client factors (i.e. experience of microaggressions, ethnic identity and endorsement of color-blind racial attitudes) and counselor factors (multicultural competence/cultural responsiveness), and to determine the specific causes for treatment disparities for Black and Latino/a clients.

Urban Youth: Factors that contribute to their problems in living and academic achievement
Andre Marseille
The purpose of this discussion is to examine the factors that contribute to problems in living and poor academic achievement in low income urban African American high school aged youth. The discussion will present features of a case study. The focus is to illuminate the youth’s perspective and the degree of insight he/she may have on their own sense of being in relation to
others, namely siblings, peers and adults. In what ways do these perceptions contribute to or help mitigate their problems in living and academic success? A key feature of the discussion will be the application of the concept “Orientation in living” and its relevance to poor urban African American youth. Harry Sullivan (1953) defines an “Orientation in living” as one’s generic, recurrent set of patterns or tendencies of interpersonal relations that are manifest in all spheres of life. Finally, based on the information presented, what insights can be drawn that will be of some benefit to how educators and other professionals work with these youths?

**Binding the Self: Black mothers post-homicide process of grieving and integration**

*Camille Hannays-King*

Although the literature suggests that death by homicide is profoundly traumatic and disruptive to the lives of survivors, there remains a paucity of studies on this topic. Particularly, there are few studies which focused specifically on the post-homicide experience of Black mothers. This qualitative study examined the bereavement experience of Black mothers whose sons died as a result of gun violence. Grounded theory methodology was used to explore the range of processes whereby 10 Black mothers adjusted to, coped with, and made sense of their experience of loss. Analysis of their narratives discovered that their bereavement trajectory was a dynamic process, with oscillation between deeply felt intra-psychic pain and a dyadic relationship with the social environment. This intertwining psycho-social process was mediated by the mothers’ spirituality, a belief in being strong, and their activism to reclaim their sons' maligned identities. Binding the self describes the mothers’ processes to mitigate grief and the experience violent loss.

**Workshop Session 3**

**In the Therapist’s Chair is Dr. Edwin Nichols with Dr. Deone Curling**

Dr. Edwin Nichols, clinical psychologist; founding member of the Association of Black Psychologists. He is Director of Nichols and Associates, Inc., an applied behavioural science firm, effecting technology transfer to organizations, based on principles of philosophy, basic and behavioural science. His hallmark paradigm: The Philosophical Aspects of Cultural Difference has revolutionized the way companies around the world do business. His approach has assisted Fortune 500 Corporations, foreign governments, national government agencies, parastatals, associations, health and mental systems achieve systemic congruence through cultural competence, thus assuring the value added, the competitive edge and an increase market share. Dr. Nichols was born in Detroit Michigan and spent his formative years there. He graduated East High School in Salt Lake City Utah at a time of racial unrest in the United States. He financed his education through work, GI bill (Government Issued) and fellowships. In 1950 he joined the National Guard and was enlist in an all Black unit posted in Germany during the Korean War. He was educated at Assumption College, Windsor/Canada; Eberhardt-Karls Universität, Tübingen/Germany; Leopold-Franzens Universität, Innsbruck/Austria where he received his Doctor of Philosophy in Psychology and Psychiatry, *cum laude*. Dr. Nichols has experienced the challenges of what it means to be an African American man in various nations. In the *Therapist’s Chair*, an intimate conversation with Dr. Edwin Nichols will take place. Here he will share his personal details of his life experiences and thereby situating his work and
scholarship. Given his personal background, the audience will better able to understand the relationship between Dr. Nichols’s inspirations, desires, and articulations of cultural competence. Moreover, how his tribulations and triumphs have informed his epistemology.

**Workshop Session 4**
**Art Therapy – Experiential Workshop**
**Beaded Prayers: From self care to social dialogue about Blackness and racism**
*Pascale C. Amnoual*

How do we create a space that is not only inclusive, but embraces the diversity within our working, striving and being community? Furthermore, how do we let the strengths and knowledge from one area of our lives inform the actions of the professional and relational dilemmas encountered in our paths? African-based healing circles have always been inclusive and effective ways of bringing balance where harmony has been severed, crushed or disrupted. Art making combined with the tenets of traditional circles can be a containing transitional space in which new solutions emerge. In this workshop, you are invited to explore the intricacies between art therapy, your own experiences and social issues. Take the time to create your own message to focus on inspirations based in your personal reflections and create a beaded prayer. Material for the beaded prayer will be provided. No prior experience is needed.

**Keynote Presentation 9**
**Mental health in low- and middle-income countries: ‘Global’ models or local development?**
*Dr. Suman Fernando*

The so-called ‘Movement for Global Mental Health’ (GMH) was launched in 2010 and has been publicized in *Nature*. While it is supported by the (American) NIMH and probably backed by Big Pharma, objections to its implementation were raised at a transcultural psychiatry conference at Montreal in 2012 (see Derek Summerfield, 2012), in letters in Indian journals, and by a wide body of people, although *Nature* refused to publish a letter critical of GMH. A recent book characterized GMH as a neo-colonial project and another offers a similar critique. This presentation will: (a) Briefly trace how Western psychiatry and psychology arose in the seventeenth and eighteenth centuries giving rise to (Western) ideas of what ‘mental health’ and ‘mental illness’ mean and, more recently, to DSM-driven bio-medical psychiatry; (b) Outline what we know of ways of understanding the human ‘psyche’ and dealing with problems of living that developed in non-Western cultural contexts; (c) Refer briefly to the imposition in the Third World of (mental) asylums during the colonial period; and (d) Discuss the social and political forces that have been, from the 1980s onwards, spreading bio-medical psychiatry across the Third World at a time when its drawbacks are becoming clearly evident in North America and Europe. Participants will be encouraged to consider how best mental health can be promoted in low- and middle-income countries today and what we in the global North can learn from the global South.
Keynote Presentation 10
Barack Obama as a Global Leader

Dr. Uwe Gielen; Dr. Rinaldo Walcott, Dr. Dinesh Sharma, Dr. Alvin Curling

Coming from a multinational, multiracial, multicultural, and multi-religious family with roots in North America, Africa, Asia and several Pacific islands, Barack Obama is his country’s first global president and the first to endorse a truly multicultural identity both for himself and his country. Moreover, Obama’s childhood also prepared him for a deeper understanding of global problems and developments, and especially those that are influenced by ongoing economic, political, military, and cultural developments in Pacific Rim countries. Our social psychological presentation, which has been inspired in part by the recent book, *The Global Obama: Crossroads of Leadership in the 21st Century*, focuses on Obama’s attempts to provide global leadership. We assess Obama’s efforts in light of the social psychological literature on leadership and review how the American president is perceived and judged by the public around the world. While Obama remains more popular in many parts of the world than at home, there is a common perception that his pursuit of progressive goals is undermined by his *realpolitik* which tends to sacrifice these goals at the altar of perceived US-American security, political, and economic interests. We analyze Obama’s “Asian Pivot” within the context of American Exceptionalism, in particular, his attempts to shape the relationship between the United States and China in the face of China’s increasing economic and military power. Finally, we discuss some of Obama’s militarized foreign politics including drone warfare and the US’s extensive foreign spying program that has become the object of worldwide discussion and criticism.
Presenter's Biographies

Alvin Curling, DLitt. (hon.), was first elected to the Ontario legislature in 1985. In 2003 he was unanimously elected Speaker of The Ontario Legislature becoming the first black person to do so. Dr. Curling was honoured by the Government of Jamaica with the Order of Distinction, in the rank of Commander. He holds two Honorary Doctorate Degrees, Doctor of Letters from the University of Technology in Jamaica and Doctor of Laws from York University, Ontario Canada. The Alvin Curling Public School and Alvin Curling Crescent in Scarborough were both named in his honour in 2013. Dr. Curling is also a recent recipient of the Order of Ontario.

Andre Marseille received his B.S. in psychology from Chicago State University and his MEd, in counselling psychology from Howard University in 2005. Currently, he is working on dissertation looking at the psycho-social factors that contribute to "problems in living" and poor academic achievement in urban African American youth.

Anissa Talahite, PhD, is a lecturer in Women and Gender Studies at the University of Toronto, Scarborough. Her work and publications deal with the intersection of race, gender and identity, postcolonial theory, women’s writing and literature in the context of migration.

Anna M. Agathangelou, PhD, teaches at York University, Toronto and is co-director of Global Change Institute, Nicosia. Her books include: Global Political Economy of Sex: Desire, Violence and Insecurity in Mediterranean Nation-States; Transforming World Politics: From Empire to Multiple Worlds; Arab Revolutions and World Transformations; Time, Temporality, and Violence in International Relations: (De) Fatalizing the Present, Forging Radical Alternatives.

Bradley Murray, DPhil, is a psychotherapist in private practice in Toronto, and he writes and conducts research on clinical and theoretical issues that cross-over between philosophy and psychology. Between 2008 and 2011, he was a Visiting Assistant Professor in the philosophy department at the University of British Columbia. His book “The Possibility of Culture: Pleasure and Moral Development in Kant’s Aesthetics” is forthcoming with Wiley-Blackwell.

Babatunde Adekson, PhD (candidate), in the counsellor education program at the Warner School of Education and Human Development at the University of Rochester, in Rochester, NY.

Camille Hannays-King, EdD (candidate), is a mental health counsellor on faculty at Humber College. Her doctoral research is on the bereavement experience of Black mothers whose sons died as a result of gun violence.

Carla Grey, MEd, in counselling psychology at OISE/U of T where she developed her skills in multicultural counselling in the Centre for Diversity in Counselling and Psychotherapy. Since 2011, Carla has been a Counsellor in the Centre for Students with Disabilities (CSD) at Centennial College where she provides personal, academic, career and disability counselling.
Charmaine Williams, PhD, is the associate dean academic of Social Work, the Factor-Inwentash Chair in Health and Mental Health and has recently been appointed the Provostial advisor on Access at the University of Toronto.

Clemmont Vontress, PhD, is emeritus professor of psychology at George Washington University. Vontress is one of the founding fathers of cross-cultural counseling. Received numerous awards amongst them the Lifetime Achievement Award from OISE/UT in 2004 for distinguished contributions to cross-cultural counselling psychology.

Deanne Edwards, M.Ed., C. Psych. Assoc. (Supervised Practice), is a graduate of the OISE/UT M.Ed. Counselling Psychology for Psychology Specialist program. Since graduating, she has worked for the Toronto Catholic District School Board, Psychology Department, providing assessment/ intervention, counselling and consultation services on behalf of students.

Deone Curling, EdD, is a counsellor and psychotherapist. Earned her doctorate in education (OISE/UT) in Applied Psychology and Human Development. Her research focus is in Black women’s mental health and trans-generational healing. She is a psychotherapist at Women’s Health in Women’s Hands Community Health Centre that specializes in providing primary health care for Black women and women of colour.

Desa Daniel is a second year master student double majoring in Counselling Educational Psychology (CEP) and Higher Education Administration (EMD). The student’s research focuses on African American College students and Invisible.

Dinesh Sharma, PhD, is associate research professor at Institute for Global Cultural Studies and Department of Human Development, SUNY Binghamton. His biography of "Barack Obama in Hawaii and Indonesia” was top ten black history books for 2012. His edited book “The Global Obama” (2014) has been widely reviewed (with Gielen).

Edwin J. Nichols, PhD, is a clinical/industrial psychologist, working in organization development. He is Director of Nichols & Associates an applied behavioral science firm, which focuses on cultural competence in leadership

Jamey Leeanne Rislin, MSW, LCSW, PISW is currently a third-year counselling psychology doctoral student at New Mexico State University. Her research and clinical interests include health disparities, multicultural competency and social determinants of health for racial/ethnic minorities.

Jaswant Guzder, MD, is a head of child psychiatry, associate professor at McGill University and senior staff of cultural consultation service at the Jewish general hospital.
Josephine Etowa, PhD, is an associate professor and Loyer-DaSilva Research Chair in Public Health Nursing at the University of Ottawa. Her program of research is in the area of inequity in health and health care with a particular focus on the health of Canadians of African descent.

Kazi Abdur Rouf, PhD, is a Visiting Scholar at CIDECS, University of Toronto and Manager, Noble Institution for Environmental Peace (NIEP) is researching on NGOs managed community social enterprises/green enterprises and community managed education in Bangladesh and in Canada. He is an outreach public educator in Bangladesh and in Canada.

Mary Olufunmilayo Adekson, PhD, is an associate professor in the counsellor education department at St. Bonaventure University. She has keen interest in traditional healing within her Yoruba ethnic group, the North American Natives and in Africa and other parts of the world.

Mokgadi Moletsane, PhD, is head of psychology, Faculty of Education at the University of the Western Cape, South Africa.

Nancy Arthur, PhD, is a professor and Canada Research Chair in Professional Education, Educational Studies in Counselling Psychology, University of Calgary; scholarly interests include Culture-Infused Counselling, international transitions, and career development.

Niyi Bojuwoye, PhD, is a professor of Educational Psychology at the University of the Western Cape, South Africa. His research and publication interest areas are in cross-cultural counselling, African traditional healing and contextual influences on children's learning and development.

Pascale C. Annoual, MA, art therapist ethno-psychiatry practitioner; Haitian-born art-ethnotherapist, understands life as a complex world of class, power inequities and spirituality. As trainer using identity-narratives and culture, she brings practitioners to comprehend how the interpersonal, intercultural and interdisciplinary informs practice. She works with Aboriginals and immigrants, in 4 languages.

Rebecca Rogerson has been an Isangoma working in Sub-Saharan Africa and Canada for almost two decades. She worked as both an activist and traditional healer in HIV/AIDS clinics in South African government hospitals; as well as contributing in its early stages to the South African Traditional Health Practitioner’s bill. Rebecca currently teaches in the Social Service Worker Program at Seneca College and maintains her healing practice in Toronto with regular trips to South Africa.

Renée N. Rawlins, EdD, is a counsellor and psychotherapist. Earned her doctorate in education (OISE/UT) specializing in counselling psychology in community and educational settings with a research focus on African/Caribbean-Canadian Women Coping with Divorce from a Black Feminist perspective. Rawlins is a sesssional lecturer at OISE/UT and the Department Leader of Student Services (Counsellor) at a high school in the TDSB.
Rhonda Hackett, PhD (candidate) at the Factor-Inwentash Faculty of Social Work at the University of Toronto. Driven by her work as a counsellor, Rhonda’s research explores African Caribbean immigration examining how the issues of separation and reunification impact family and community relations.

Rinaldo Walcott, PhD, is an associate professor at the Ontario Institute for Studies in Education at the University of Toronto. He is the author of Black Like Who?: Writing Black Canada. He is also the editor of 'Rude: Contemporary Black Canadian Cultural Criticism'.

Roy Moodley, PhD, is an associate professor in Clinical and Counselling Psychology at OISE. Director, Centre for Diversity in Counselling and Psychotherapy (CDCP). Research interests are in race, culture and psychotherapy; multicultural counseling psychology; traditional healing and mixed-race relationships.

Sandra Dixon, PhD (candidate), in counselling psychology at the University of Calgary. Sandra’s scholarly interests include multicultural counselling/competence, social justice, religiosity/spirituality, and ethno-cultural issues.

Shafik Sunderani, PhD, is a psychotherapy and research associate in the Centre for Diversity in Counselling and Psychotherapy. His research interests include: psychotherapy with marginalized groups, therapist self-disclosure, transference-countertransference dynamics, and relational approaches.

Sindiswa Stofile, PhD, is a senior lecturer in the Department of Psychology at the University of the Western Cape. She coordinated the National Department of Education’s inclusive education pilot project in the Eastern Cape (2000-2002) and has conducted research and workshops on the Screening, Identification, Assessment and Support Strategy as well as Inclusive Learning Programmes nationally and provincially.

Steven Ruhinda, MA, is a student services professional with over 10 years of post secondary teaching, counselling and supporting student success. He is currently the Coordinator of the Counselling Department at Centennial College. Steven has relied heavily on multicultural counselling techniques to further his interest in social justice issues especially as they relate to mental health needs of students.

Suman Fernando, MD, is a psychiatrist, academic and writer. Was consultant psychiatrist in the British National Health Service. Suman was recipient of OISE’s 2011 achievement award for critical writing on race and culture. His book Mental Health Worldwide; culture, globalization and development will be launched at the conference.

Tanya Titchkosky, PhD, is a professor at OISE/UT doing research and teaching in the area of Disability Studies as this is informed by post-colonial and interpretive social theory.
Ted Lo, MD, is a community psychiatrist in Toronto active in the service of the ethno-cultural communities. He developed cultural competence training in various settings and taught in Ethiopia.

Uwe Gielen, PhD, is the Executive Director of the Institute for International and Cross-Cultural Psychology at St. Francis College, New York. He is the co-editor of The Global Obama (2014).

Vasanthi Valoo, PhD, is a registered clinical psychologist. She endorses an emphasis on cultural sensitivity and the complexities associated with difference, diversity, cultural identity, and the social-political-cultural context in which psychological problems arise.

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