## **ADDRESSING Identities**

All information provided are considered working/flexible definitions. Labeling and categorizing these constructs is intended to encourage open and supportive dialogue around complex and multifaceted categories. Examples of identities are by no means exhaustive and are included to provide a range of potential examples. Based on US American epidemiological data, *Dominant identities* are identities with historically more power and access. *Targeted identities* are identities with historically less power and less access.

Content adapted with permission from the ADDRESSING Framework Hays, 2016

Age and generational influences	periods may influence thoughts, feelings, and behaviors.	
	Dominant Identities: Adult Targeted Identities: Children, Adolescent, Older Adult, Elder, etc.	
<b>D</b> isability status and/or physical health status	Functioning and/or impairment that may be physical, developmental, cognitive, sensory, intellectual etc. May result in modifications of one's ability to participate in day-to-day activities.	
	Dominant Identities: Able-bodied, physically healthy, a society's definition of physical attractiveness  Targeted Identities: Intellectual Disabilities, HIV+, Cerebral Palsy, Amputation, Diabetes, Dementia, Multiple Sclerosis, Breast Cancer, Traumatic Brain Injury, Overweight, etc.	
Diagnosis status (psychological/psychiatric)	Presence or absence (or past history) of mental health problems.  Dominant Identities: Absence or assumption of absence of mental health problems. Society's definition of "good mental health."  Targeted Identities: Bipolar, Depression, Anxiety, OCD, Schizophrenia PTSD, Borderline Personality Disorder, ADHD, etc.	
Religion and spirituality	Religion: Institutionalized forms of relating to the sacred.  Spirituality: Any way of relating to that which is regarded as sacred. May or may not be linked to established institutions and/or traditional conceptualizations of the sacred.  Dominant Identities: Christianity, Secularism Targeted Identities: Judaism, Islam, Hinduism, Buddhism, etc.	
Ethnicity and race	Ethnicity: A type of culture most often related to shared heritage from a geographical location that develops from within groups. May incorporate one ethnicity or multiple ethnicities.	

	Dominant Identities: European American Targeted Identities: Chinese American, Cuban, Syrian, Wampanoag, Filipino, Japanese, Nepali-Bhutanese, Somali-Canadian, etc.  Race: Categorizes people into socially constructed groups based on external characteristics including skin color, facial features, and hair texture.
	Dominant Identities: White Targeted Identities: Asian, Black, Latinx, Multiracial, Middle East and North African (MENA), etc.
Sexual orientation	Enduring pattern of sexual or romantic attraction to persons of gender(s).
	Dominant Identities: Straight, heterosexual Targeted Identities: Gay, Lesbian, Bisexual, Pansexual, Asexual, Queer, etc.
Socioeconomic status (SES)	Social standing or class often measured as a combination of education, income, financial access/security, and occupation.
	<b>Dominant Identities</b> : Wealthy, upper middle class, highly educated <b>Targeted Identities</b> : Lower status because of class, education, occupation, income, or location. Working poor, poverty, low income, etc.
Indigenous heritage	Originating in a particular region, country, or location.
	<b>Dominant Identities</b> : Historically and/or current colonizing culture <b>Targeted Identities</b> : American Indian, Native Alaskan, Native Hawaiians, First Peoples, Kayapo, Yazidis, Nenets, Aboriginal, etc.
<b>N</b> ational origin	The place in the world where someone originated and status in their current location.
	Dominant Identities: US American, Citizen Targeted Identities: New American, Refugee, Undocumented, Immigrant, Asylum Seeker, International Student, etc.
Gender and gender expression	A range of biological and socially constructed characteristics pertaining to, and differentiating between masculinity and femininity.
	Dominant Identities: Male, Cisgender Targeted Identities: Female, Transgender, Intersex, Queer, etc.

## **ADDRESSING Identities**

Content adapted from the ADDRESSING Framework Hays, 2016; Ng & Rollins, 2016; Smith, 2015; Wadsworth et al., 2016.

Age and generational influences	How do you Identify?	DominantTargeted
How does this identity influence how you think and behave?		
How does this identity influence how others may think and behave towards you?		
How often do you think about this identity? (rate 1-5) 1 = not at all, 5 = all the time		
<b>D</b> isability and/or physical health status	How do you Identify?	DominantTargeted
How does this identity influence how you think and behave?		
How does this identity influence how others may think and behave towards you?		
How often do you think about this identity? (rate 1-5) 1 = not at all, 5 = all the time		
Diagnosis status (psychological/psychiatric)	How do you Identify?	DominantTargeted
How does this identity influence how you think and behave?		
How does this identity influence how others may think and behave towards you?		
How often do you think about this identity? (rate 1-5) 1 = not at all, 5 = all the time		

Religion/spiritual orientation	How do you Identify?	DominantTargeted
How does this identity influence how you think and behave?		
How does this identity influence how others may think and behave towards you?		
How often do you think about this identity? (rate 1-5) 1 = not at all, 5 = all the time		
Ethnicity and race	How do you Identify?	DominantTargeted
How does this identity influence how you think and behave?		
How does this identity influence how others may think and behave towards you?		
How often do you think about this identity? (rate 1-5) 1 = not at all, 5 = all the time		
Sexual orientation	How do you Identify?	DominantTargeted
How does this identity influence how you think and behave?		
How does this identity influence how others may think and behave towards you?		
How often do you think about this identity? (rate 1-5) 1 = not at all, 5 = all the time		

Socioeconomic status (SES)	How do you Identify?	DominantTargete	ed
How does this identity influence how you think and behave?			
How does this identity influence how others may think and behave towards you?			
How often do you think about this identity? (rate 1-5) 1 = not at all, 5 = all the time			
Indigenous heritage	How do you Identify?	DominantTargete	ed
How does this identity influence how you think and behave?			
How does this identity influence how others may think and behave towards you?			
How often do you think about this identity? (rate 1-5) 1 = not at all, 5 = all the time			

National origin	How do you Identify?	DominantTargeted
How does this identity influence how you think and behave?		
How does this identity influence how others may think and behave towards you?		
How often do you think about this identity? (rate 1-5) 1 = not at all, 5 = all the time		
Gender	How do you Identify?	DominantTargeted
How does this identity influence how you think and behave?		
How does this identity influence how others may think and behave towards you?		
How often do you think about this identity? (rate 1-5) 1 = not at all, 5 = all the time		

## Published References

- Hays, P. (2016). Addressing cultural complexities in practice: Assessment diagnosis, and therapy. 3<sup>rd</sup> Edition. American Psychological Association. Washington, DC, USA.
- Smith, L. C. (2015). Alterity models in counseling: When we talk about diversity, what are we actually talking about? *International Journal for the Advancement of Counselling*, 37(3), 248–261. https://doi.org/10.1007/s10447-015-9241-8
- Wadsworth, L. P., Morgan L. P., Hayes-Skelton, S. A., Roemer, L., & Suyemoto, K. L. (2016). Ways to boost your research rigor through increasing your cultural competence. *The Behavior Therapist*, 39(3), 76-92.

## Worksheet Development

Fanny Ng and L.G. Rollins, 2016, ADDRESSING Self-Assessment Worksheet (Pages 3-6) adapted from Pamela Hays 2008 for the University of Massachusetts Boston, further adapted by Jeffrey P. Winer for McLean Hospital/Harvard Medical School, 2016/2017.

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