

Culturally-Responsive Counseling in the Era of Community-Wide Racial Stress

Central Texas African American Family Support Conference
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Objectives

- ▶ Identify the foundational principles of multicultural competency.
 - ▶ Understand how unique aspects of the African American experience impact the therapeutic dynamic.
- ▶ Identify how multicultural concepts, specifically race-based stress, relate to the current sociohistorical climate and how it may impact African American consumers.
 - ▶ Describe interventions strategies.
- ▶ Understand the evolving role of a “culturally-competent” mental health professional.
 - ▶ Understand social advocacy as a tool for therapeutic intervention.



MENTAL HEALTH AND THE AFRICAN AMERICAN CONSUMER



I Stand at the Door and Knock: A Need for Treatment

- ▶ For many health conditions, African Americans bear a disproportionate burden of disease, injury, death, and disability.
 - ▶ Contributing factors include: socioeconomic factors, lifestyle, social environment and economic opportunities, racial/ethnic discrimination, neighborhood and work conditions, and access to preventive health-care services.
- ▶ Though African Americans are estimated to experience mental illness less than or equal to other racial/ethnic groups, it is important to recognize that factors impairing physical health also compromise mental wellness.
 - ▶ For example, 7.4% of African Americans below 100% of the poverty line report serious mental illness, compared to 0.7% of those at or above 400% of the poverty line.
 - ▶ People of color have elevated levels of PTSD not fully explained by the event or other factors.

Getting in the Door: What Door?

- ▶ **Limited availability of mental health facilities**
 - ▶ Low number of clinics in areas with high population of African Americans .
- ▶ **Limited accessibility to the clinics**
 - ▶ Oftentimes clinics are not easily accessible with no car or limited funds.
- ▶ **Limited affordability of services**
 - ▶ Can be difficult to find long term therapy that is affordable.
- ▶ **Limited African Americans in service**
 - ▶ Only 2-4% of psychologists are African American; can make it difficult to satisfy a preference for a racially similar clinician.



Cultural Barriers to Seeking/Staying in Treatment

▶ Barriers to seeking treatment:

- ▶ Stigma
- ▶ Mental Health Literacy (lack thereof)
- ▶ Religious engagement as a replacement for clinical services
- ▶ Cultural Mistrust
- ▶ Lack of resources



▶ After seeking services:

- ▶ Cultural mistrust
- ▶ *Clinician bias, ignorance or maltreatment*
- ▶ Lack of resources



What's the Big Deal with “Culturally-Responsive” Care with African American Consumers?

- ▶ Research provides evidence that race-related variables impact mental health of African American consumers, such as:
 - ▶ Racial identity
 - ▶ Cultural mistrust
 - ▶ Religious engagement
 - ▶ Perceived racism
 - ▶ Race-Related Stress



RACE-RELATED STRESS

- ▶ Researchers have shown that people of Color are stressed by individual, institutional and cultural encounters with racism.
- ▶ Stress occur when acute and chronic encounters with racism and discrimination tax or exceed existing individual and collective resources or threaten well-being.
- ▶ Prior experiences with racism makes individuals vulnerable to worrying about high-profile race-related events.

Nationally Recognized Race-Related Events (NRRE)

- ▶ Nationally recognized race-related events: incidents that are highly publicized and/or documented in [social] media that have a strong racial undercurrent (Swedson & Norman, 1998; Hall, Hall & Perry, 2016)
- ▶ Often creates division/polarization among racial communities
 - ▶ Recent Examples?

MOST TALKED ABOUT STORIES BY AUDIENCE



RACE MATTERS

When black death goes viral, it can trigger PTSD-like trauma

BY **KENYA DOWNS** July 22, 2016 at 08:04 PM EDT



NEWS DESK NOVEMBER 17, 2016

HATE ON THE RISE AFTER TRUMP'S ELECTION

By **Alexis Okeowo**



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Coping While Black: A Season Of Traumatic News Takes A Psychological Toll

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Heard on All Things Considered

 **CHERYL CORLEY**



Knowing Someone Who Faced Discrimination May Affect Blood Pressure

ROB STEIN • DECEMBER 21, 2016

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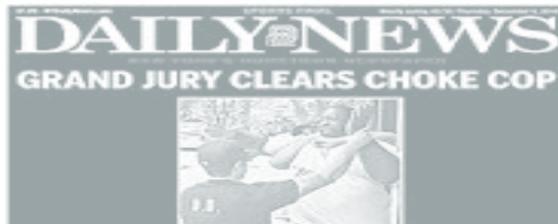
(Trina Dalziel/Illustration Works/Getty Images)

Doctors have long known that black





THE RUNDOWN



NEWS DESK NOVEMBER 17, 2016
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RACE MATTERS

When black c
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BY KENYA DOWNS J
EDT



- Increase in NRRE's being covered and disseminated may impact Black consumers' mental well-being.
- Need for discussion to move beyond acknowledgement of racism and discrimination and more focus on intervention(s) for this group.



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(Trina Dalziel/illustration Works/Getty Images)

Doctors have long known that black



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CHERYL CORLEY



RACE-RELATED STRESS AND ITS IMPACT ON [MENTAL] HEALTH



persevere
social-support
identity prayer
community family strong socialization
racial-identity
culture humorous rise-above
resilient faith
determined problem-solve
ingenious

When Coping Isn't Enough: Culture-Based Emotional Reactions:

▶ Race-Based Trauma:

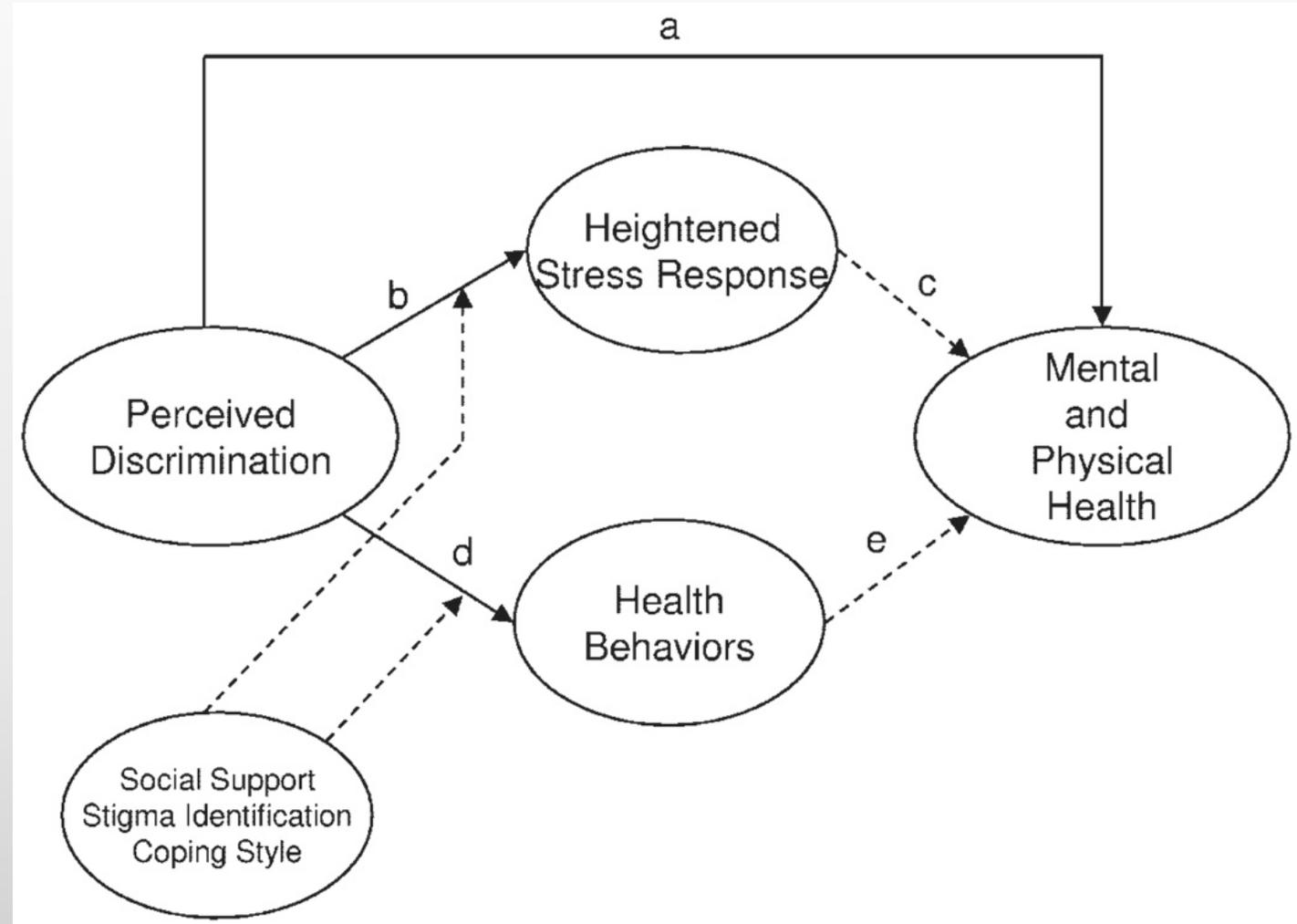
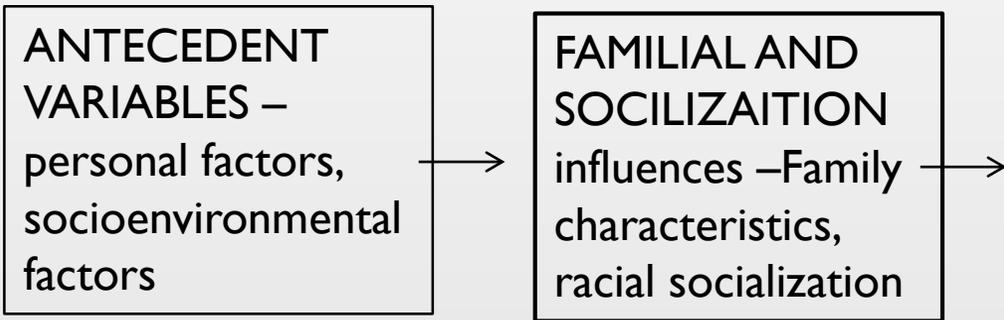
- ▶ Re-experiencing – thoughts images, flash backs on the event, intrusive thoughts of events, anxiety when reminded of event
- ▶ Avoidance –avoiding people, places, try to **forget or treat experience as unreal or something other than racism**; denial
- ▶ Hypervigilance - **heightened cultural mistrust**, distant from others
- ▶ Emotional disturbance – irritability, field of trustworthy people narrows, being “on edge”, numb to the impact thus capacity to experience a range of emotions is diminished, **shifts in racial identity**
- ▶ Somatic complaints - **headaches, appetite changes**

When Coping Isn't Enough: Culture-Based Emotional Reactions:

Additional concepts that require more research, but provides a cultural context for understanding common mental health symptoms:

- ▶ Ethnocultural allodynia - an abnormally increased sensitivity to ethnocultural dynamics associated with past exposure to emotionally painful social and ethnoracial; relational issues, dissociation, somatic symptoms, and alterations in one's worldview in terms of trust, hope, and meaning. Changes in identity, group relational capabilities, and worldview.
- ▶ Cultural Dysthymia – when a member of a minority or oppressed group is chronically exposed to inequitable treatment it may lead to unrecognized or denied low-grade sadness, chronic low-grade anger and hostility, verbal and physical “acting out” when confronted with interpersonal conflict, chronic low-grade disregard for health and overeating,.
- ▶ Racial Battle Fatigue - theoretical framework for examining social-psychological stress responses (e.g., frustration; anger; exhaustion; physical avoidance; psychological or emotional withdrawal; escapism; acceptance of racist attributions; resistance; verbally, nonverbally, or physically fighting back; and coping strategies) associated with being an African American in predominantly and/or historically White spaces (such as higher education).

How Race Related Stress Impacts Health



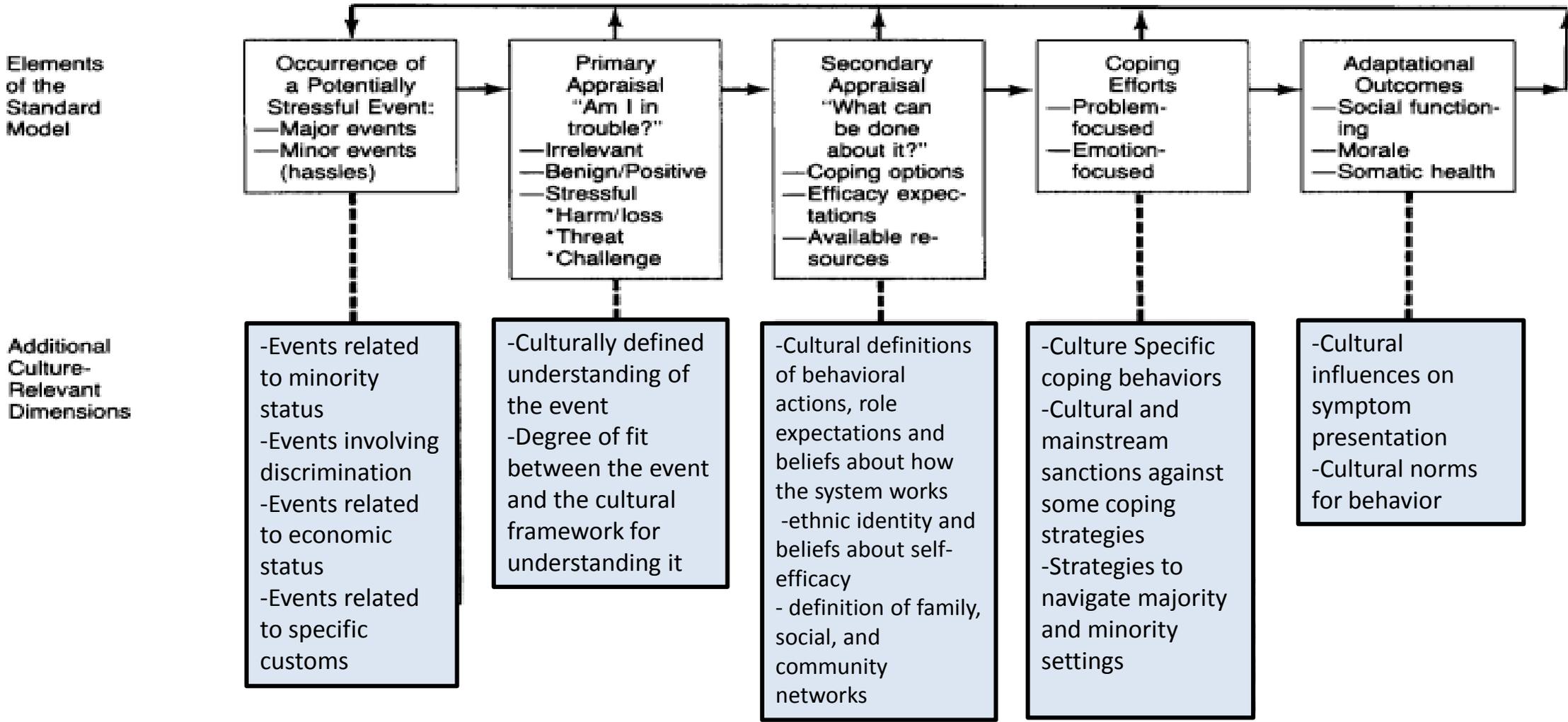


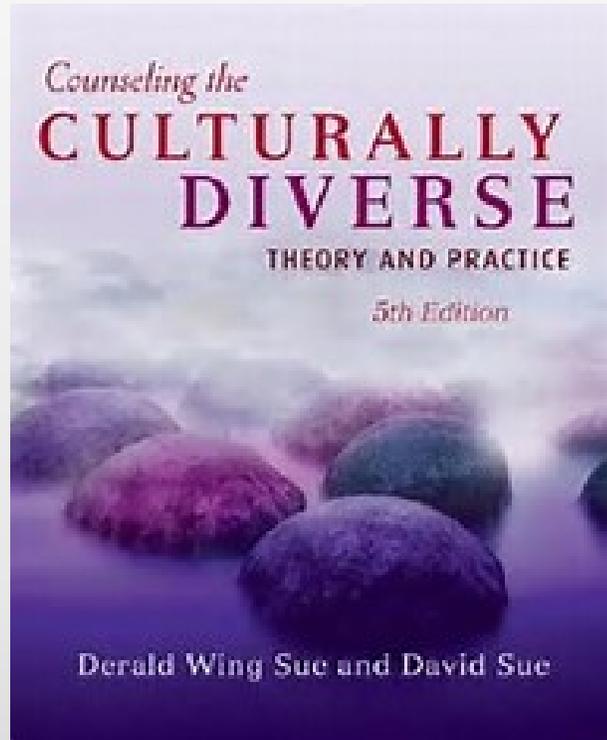
FIGURE 2
Proposed Multicultural Model of the Stress Process
(Based on Lazarus & Folkman, 1984)

Slavin, L. A., Rainer, K. L., McCreary, M. L., & Gowda, K. K. (1991). Toward a multicultural model of the stress process. *Journal Of Counseling & Development, 70*(1), 156-163. doi:10.1002/j.1556-6676.1991.tb01578.x

TREATMENT



The “Awareness, Knowledge, and Skills” When Working with Black Consumers



- ❑ Family characteristics ✓ Flexibility as a clinician; resist Eurocentric ideas of parenting
- ❑ Educational orientation ✓ Encourage teachers to modify curriculum and communication styles
- ❑ Spirituality ✓ Church should be consulted
- ❑ Identity ✓ Implications for counselor preferences, need for culturally sensitive counseling
- ❑ Youth ✓ Increasing positive feelings about self and enhancing sense of culture, use stories to instill hope, learn how to direct anger in appropriate ways, integrate music, as well as family and community support
- ❑ Racism/discrimination ✓ Address mistrust, evaluate clinic policies, problem solving strategies



Assessment Tools

- ▶ **Schedule of Racist Events (SRE)** (Landrine & Klonoff, 1996)
 - ▶ Many critiques
- ▶ **Race-Based Traumatic Stress Symptom Scale (RBTSSS)** (Carter et al., 2013)
 - ▶ Designed to assess a person's particular or memorable racial encounter and its associated psychological and emotional reactions
- ▶ **Index of Race-Related Stress (IRRS)** (Utsey & Ponterotto, 1996)
- ▶ **Inventory of Microaggressions against Black individuals** (Mercer et al., 2011)
- ▶ **Activation and Anticipatory Race-Related Stress Scale** (Utsey et al., 2013)
- ▶ **Race Related Events Scale** (Waelde et al., 2010)

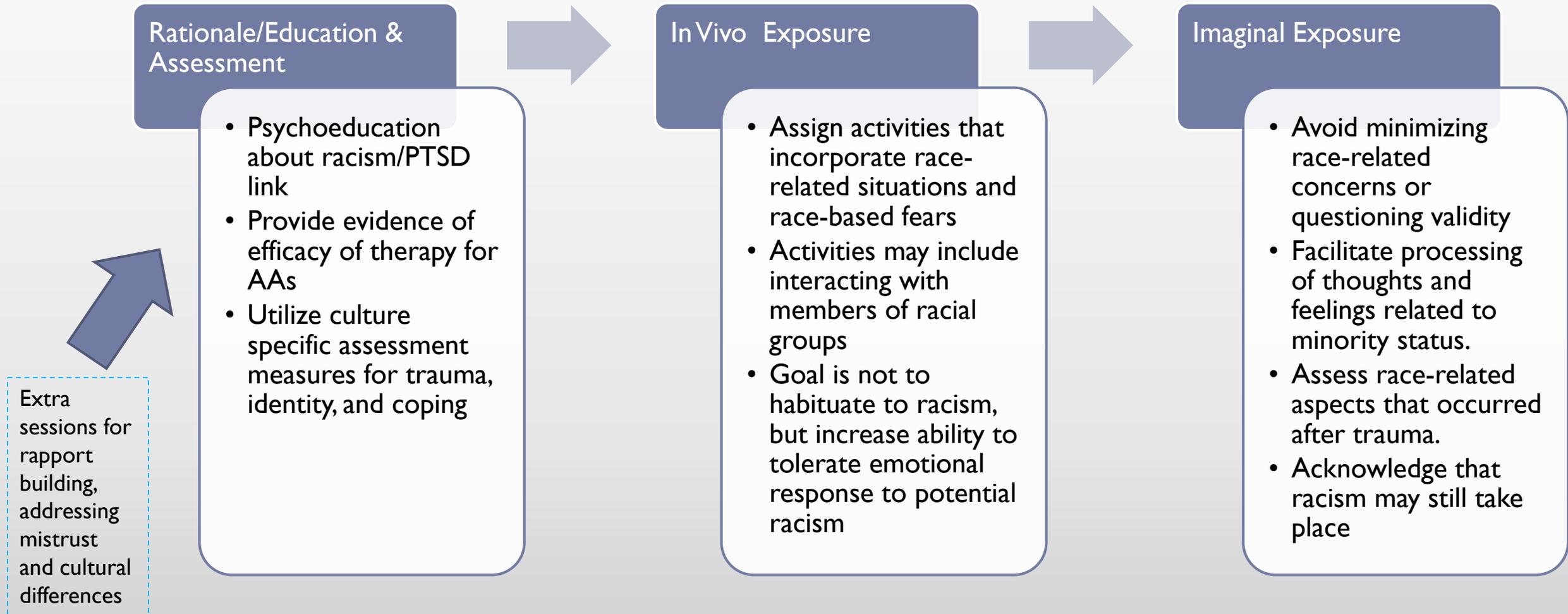


Dunbar (2001)- integrates cognitive-behavioral and multicultural approaches, to treat clients who have been the victims of harassment and hate crimes

Phase	Goal	Tasks
Phase One	Event Containment and Safety	Evaluate and establish client safety from perpetrator(s), Assess client's current level of psychological functioning, Identify and access client supports and resources, assess acuity and chronicity
Phase Two	Assessment of Client-Event Characteristics"	Evaluate event, assess history of trauma and symptoms, assess identity, define history of intergroup interactions
Phase Three	Addressing Diversity in the Counseling Alliance"	Address relationship, assess worldviews, articulate themes of resiliency and coping, establish credibility
Phase Four	Acute Symptom Reduction	Stress inoculation, prolonged exposure, cognitive restructuring of trauma induced ideation and attribution, skills training in anger and affect management, problem-solving skills, monitoring change
Phase Five	Identity Recovery and Reformation	Reappraise cultural assumptions, promote benign exposure/interactions, review in group identity, outgroup attitudes, establish after care goals



Williams et al. (2014): Culturally Adapted Prolonged Exposure for PTSD



Group Treatment for Race-Related Stress

Loo et al, (2007) Vietnam Vet Support Group

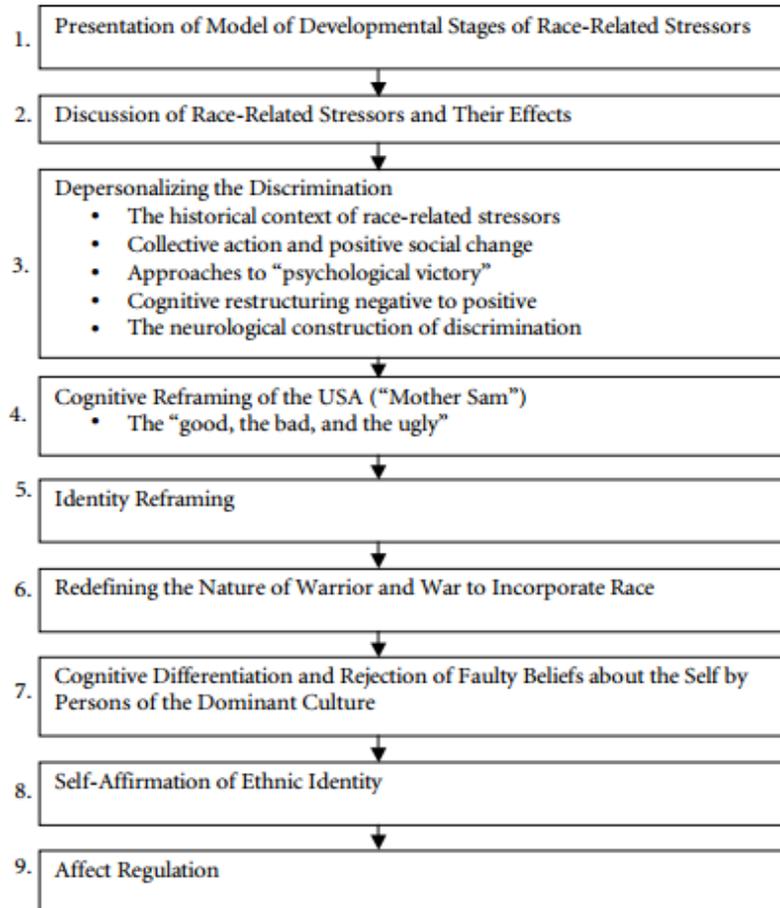


Figure 2 Group Interventions for Psychological Sequelae of Adverse Race-Related Events.

Elligan & Utsey (1999) African-Centered Support Group

Session	Phase	Intervention
1-2	Harmony	sharing of autobiographical experiences relating to racism and the impact of oppression
3-5	Awareness	began to explore the relationship of experiences with racism to other aspects of their life that had not been acknowledged before
6-8	Alignment	Assist the group to uncover their fears and anxiety centered around issues of racism and oppression
9-10	Actualization	restructure their feelings of guilt for the anger they possessed and acknowledge the appropriateness of these feelings
11-12	Synthesis	broaden their repertoire of effective coping skills to successfully ameliorate the difficulties of living in harmony within a racist and oppressive society

Loo, C. M., Ueda, S. S., & Morton, R. K. (2007). Group treatment for race-related stresses among minority Vietnam veterans. *Transcultural psychiatry*, 44(1), 115-135.

Elligan, D., & Utsey, S. (1999). Utility of an African-centered support group for African American men confronting societal racism and oppression. *Cultural Diversity and Ethnic Minority Psychology*, 5(2), 156.

BUILD YOUR OWN CURRICULUM: NECESSARY STEPS

Therapeutic Alliance

- Safety
- Validation
- Space to grieve

Psychoeducation

- Provide context (e.g. discuss racial identity, cultural mistrust, oppression, etc)
- Depersonalize

Manage Symptoms

- Afrocentric interventions
- Culturally-adapted mainstream interventions, like CBT, DBT, and ACT
- Posttraumatic Growth Interventions

Empowerment

- Encourage connectedness
- Bolster anger management and problem-solving skills
- Promote social action

Resources for Additional Therapeutic Interventions

- ▶ No evidence based protocols or manuals, but literature may be moving in that direction
- ▶ Bryant-Davis, T., & Ocampo, C. (2006) - A therapeutic approach to the treatment of racist-incident-based trauma.
- ▶ Comas-Díaz, L. (2016). - Racial trauma recovery: A race-informed therapeutic approach to racial wounds.
- ▶ Evans, A., et al. (2016) - Responding to Race Related Trauma: Counseling and Research Recommendations to Promote Post-Traumatic Growth when Counseling African American Males
- ▶ Hardy (2013)- Healing the hidden wounds of racial trauma.
- ▶ Lee, J. (2016) - A Trauma-Informed Approach to Affirming the Humanity of African American Boys and Supporting Healthy Transitions to Manhood.



Beyond the Therapy Room



Moving Forward as Culturally Competent Clinicians

- ▶ Vera & Speight (2003) argue:
 - ▶ A commitment to multiculturalism precludes a commitment to social justice as institutionalized “isms and phobias” are at the root of inequitable experiences of minorities and diminish quality of life. This true multiculturalism necessitates an expansion of our roles. By only responding we are trapped in the role of remediation.
- ▶ Helms (2003) contends:
 - ▶ Most of the existing literature related to the Multicultural Competencies reflects attention to issues of social justice at a microlevel (e.g., individual counseling and small-group interventions). Such interventions, however, are generally limited in their ability to foster broader social change and, consequently, to bring about true social justice.

Constantine et al. 9 Social Justice Competencies

1. Become knowledgeable about the various ways oppression and social inequities can be manifested and experienced.

2. Participate in ongoing critical reflection on issues of race, ethnicity, oppression, power, and privilege in your own life.

3. Maintain an ongoing awareness of how your own positions of power or privilege .

4. Question and challenge therapeutic or other intervention practices that appear inappropriate or exploitative.

5. Possess knowledge about indigenous models of health and healing and actively collaborate with such entities.

6. Cultivate an ongoing awareness of the various types of social injustices that occur within international contexts.

7. Conceptualize, implement, and evaluate comprehensive preventive and remedial mental health intervention programs that are aimed at addressing the needs of marginalized populations.

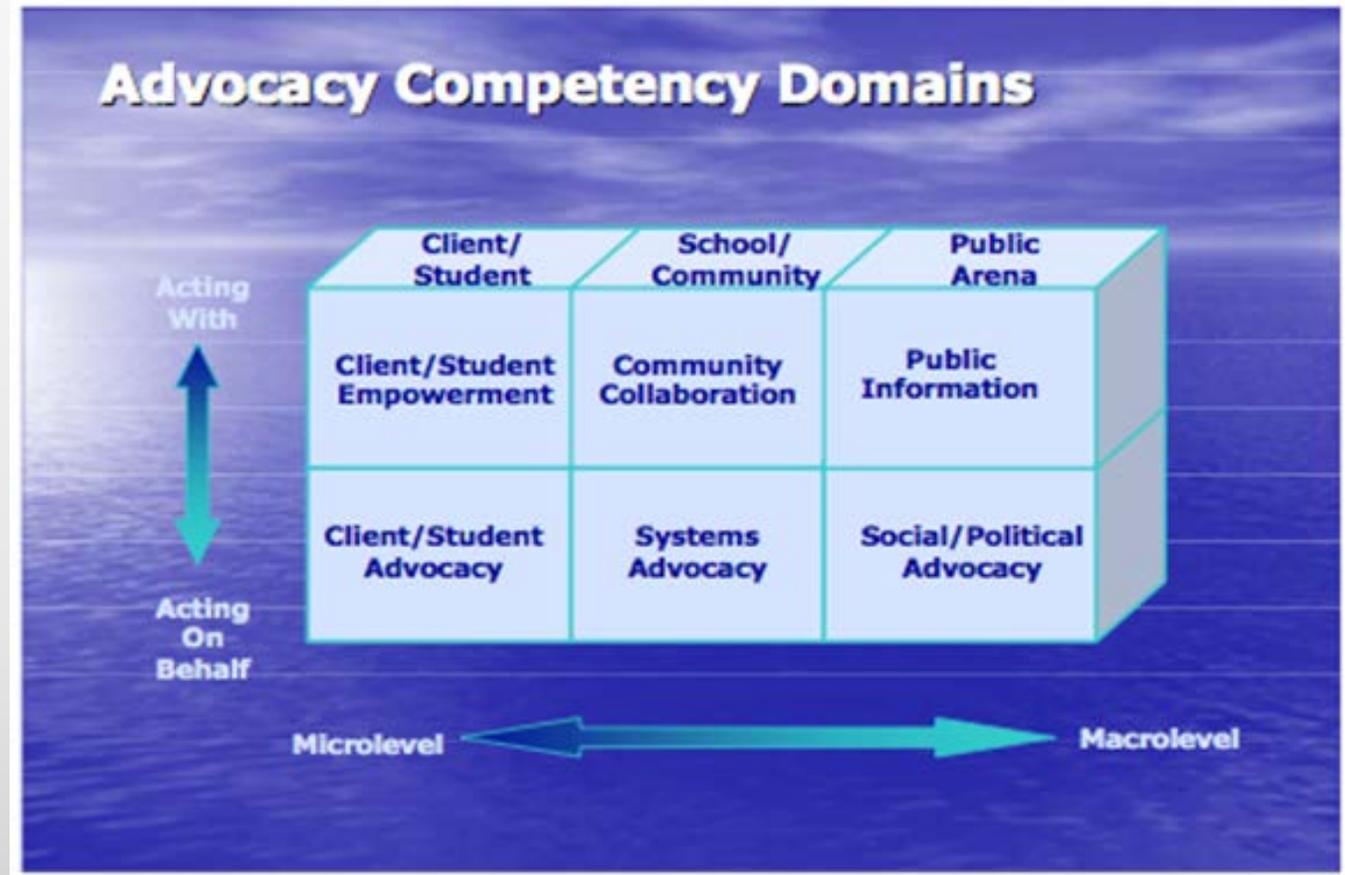
8. Collaborate with community organizations in democratic partnerships

9. Develop system intervention and advocacy skills to promote social change processes within institutional settings, neighborhoods, and communities.

ACA Advocacy
Competencies

ACA Advocacy Competencies

- ▶ Integrated foundations of provided by literature in multicultural counseling and community counseling.
- ▶ Advocacy occurs in two dimensions :
 - with the consumer or on behalf of the consumers.
 - level of intervention: individual, systems, and societal.





Reflections and Questions

Useful Resources:

- ▶ Alvarez, Alvin N. (Ed); Liang, Christopher T. H. (Ed); Neville, Helen A. (Ed). (2016). The cost of racism for people of color: Contextualizing experiences of discrimination., (pp. 249-272). Washington, DC, US: American Psychological Association, xv, 356 pp.
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Useful Resources:

- ▶ Helms, J. E. (2003). A pragmatic view of social justice. *The Counseling Psychologist*, 31(3), 305-313.
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 - ▶ Lee, J. R. S. (2016). A Trauma-Informed Approach to Affirming the Humanity of African American Boys and Supporting Healthy Transitions to Manhood. In *Boys and Men in African American Families* (pp. 85-92). Springer International Publishing.
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 - ▶ Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychological bulletin*, 135(4), 531.
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THANK YOU!

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