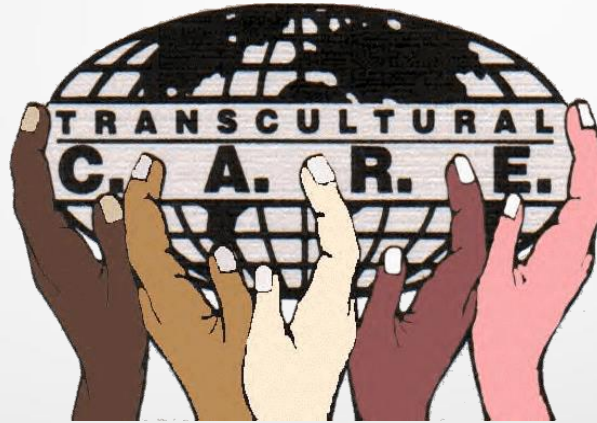


# Addressing the *DATA*: *D*iagnostics, *A*ssessment and *T*reatment *A*pproaches in Caring for African Americans Experiencing Emotional Race-Based Injustices



Josepha Campinha-Bacote, PhD, MAR, PMHCNS-BC, CTN-A, FAAN  
President, Transcultural C.A.R.E. Associates

This PowerPoint presentation is a modification of May 20, 2022 presentation and is copyrighted by Dr. Josepha Campinha-Bacote. These slides cannot be reproduced or copied without written permission from Dr. Campinha-Bacote.

# DISCLOSURES

- No conflicts of interest to report
- No financial disclosures to report

# Objectives

- (1) Explore several types of emotional race-based injustices that African Americans may experience
- (2) Present diagnostic, assessment and treatment approaches to address these emotional race-based injustices among African Americans

# Theoretical/Conceptual Frameworks of Presentation

- The Process of Cultural Competemility in the Delivery of Healthcare Services (Campinha-Bacote,2018).
- Theory of Racialized Emotions (Bonilla-Silva's, 2019)

# The Process of Cultural Competemility in the Delivery of Healthcare Services

\*Campinha-Bacote (2018)

- Cultural competemility is defined as the synergistic process between cultural humility and cultural competence (*both on-going and life-long processes*), in which cultural humility permeates the interrelated constructs of cultural competence:
  - cultural humility,
  - cultural desire,
  - cultural awareness,
  - cultural knowledge,
  - cultural skill; and
  - cultural encounters.

\* Campinha-Bacote, J. (2018). Cultural Competemility: A Paradigm Shift in the Cultural Competence versus Cultural Humility Debate – Part I. *OJIN: The Online Journal of Issues in Nursing*, 24(1).

# Racialized Emotions (RE)

- RE - “Emotions related to race that people experience when they engage in interracial interaction”(Green,2013).
  - Bonilla-Silva (2019) adds that RE need not be the product of social interactions; therefore, racialized emotions can surface from:
    - looking at a picture,
    - reading a newspaper,
    - watching a movie, or
    - walking into—or even thinking about—a location (i.e., a neighborhood) .

Bonilla-Silva (2010) shared:

*“I have been feeling race all my life. I felt race even before I knew what race was and long before I recognized myself as a Black Puerto Rican because, as James Baldwin (1963) wrote in The Fire Next Time, ‘Long before the Negro child perceives this difference [socially imposed White superiority and Black inferiority], and even longer before he understands it, he has begun to react to it, he has begun to be controlled by it.’ “*

# Assumptions

- **Race and Trauma:**

- **Race is a socially constructed concept**

- It was invented as a way to define physical differences between people and used as a tool for oppression and violence. The invention of race as an ethnological human stratification, and the racism that followed it, created a historical chain of dehumanizing and traumatic events that continue to hinder human progress (Gupta, 2007).

- **Intersectionality and Trauma:**

- **Intersectionality is a framework that takes into account how a person's identities combine to create unique forms of discrimination or privilege** ( Kimberlé Crenshaw).

- Trauma does not occur in a vacuum, it occurs within the personal, social, political context of the person and their intersecting identities: race, class, ability, gender identity and expression, religion, etc. (Tiombe Wallace, 2017).

# Emotional Race-Based Injustices

- Emotional Race-Based Injustices: The cluster of **negative mental health consequences** of racism and other social injustices based on race (Campinha-Bacote, 2021).



# History of Implicit Bias

- Implicit bias was coined in 1995 by Greenwald and Benaji. They hypothesized that our social behavior was not entirely under our control.
  - According to their study, the concept of unconscious bias (hidden bias or implicit bias) suggests that: “much of our social behavior is driven by learned stereotypes that operate automatically – and therefore unconsciously– when we interact with other people.”

# Heuristics

- Heuristics are mental short cuts.
- Implicit bias is theorized to be rooted in heuristics—that is, mental shortcuts that help us sum up and respond to situations quickly.
  - Makes life easier or safer and our choices more efficient.
    - Ex: You're in the middle of a street and a car is headed your way, you don't try to determine how fast the car is going, who is driving the car, or whether they will stop to avoid hitting you; rather, you hurry across the street (Narayan, 2019).
    - ***BUT*, our automatic responses can generate subtle discriminatory behaviors,** which in a mental health context can result in negative outcomes (Narayan, 2019).

*Racism is a visceral experience, that dislodges brains, blocks airways, rips muscle, extracts organs, cracks bones, breaks teeth. You must never look away from this.*

**Ta-Nehisi Coates**

**Author of "*Between the World & Me*"**


-

# Racism-Related Stress and RBT

- **Racism-Related Stress:** The pervasive and persistent exposure to racism and discrimination which creates an additional daily stressor for African American people and can acutely or chronically affect their psychological and/or physiological health (APA Office of Ethnic Minority Affairs).
- **Race-Based trauma (RBT):** The cumulative effects of stress, both physical and emotional, due to racism (Comas-Díaz et al., 2019).
- Sources of racism-related stress and RBT (Buyers, et al., 2022; Helms et al., 2010; Carter, 2007) :
  - Daily stress of racial microaggressions; inequities in resources, allocation, access, & acquisition that impact the lives of African American people; ethnic discrimination, racial bias, harassment, and hate crimes; omission or exclusion due to the color of someone's skin, failure to intervene or offer support during overt racism.

# Trauma and Racial Minorities:

- People of color experience **higher levels of trauma** and adverse life experiences compared to Whites.
- Racism and race-based violence are **fundamental causes of health and mental health inequities and poorer outcomes** (Phelan & Link, 2015).
- There is an **increased risk of PTSD, depression, and substance use** due to chronic experiences of stress, threats, and violent events that occur in direct relation to race and aspects of identity.
- Intergenerational and historical trauma can impact ways of interacting and **alter genetic expression** (epigenetics),
  - Neurobiologists have provided data on the intergenerational transmission of **trauma through epigenetics**, identifying **biological risks for mental health issues**.



# **Types of Race-Based Traumatic Stressors and Traumas**

# Direct Traumatic Stressors

- Direct traumatic stressors include all overt and explicit traumatic impacts of living within a society of structural racism or being on the receiving end of individual racist attacks.
- Examples:
  - Being heavily policed,
  - Facing barriers to home ownership due to inequitable policies,
  - Being a victim of individual physical and verbal attacks, or
  - Facing other microaggressions.

# Transmitted Traumatic Stressors

- Transmitted traumatic stressors refer to the traumatic stressors that are transferred from one generation to the next.
- Examples:
  - Stressors from historically racist sources.
  - Personal traumas passed down through families and communities.
- The chattel enslavement of Africans in the U.S. and other countries continues to serve as a source of traumatic stress for African Americans and this sustained collective trauma makes African Americans highly vulnerable to developing mental health disorders.



# Vicarious Traumatic Stressors

- Vicarious Traumatic Stressors: The indirect traumatic impacts of living with systemic racism and individual racist actions, which can have an equally detrimental impact on people of color's mental health as direct traumatic stressors.
  - Example:
    - Viewing videos of brutal police killings of African American people, such as the video associated with the murder of George Floyd, can cause traumatic stress reactions in the people who view them - especially in African American people (Bernstein et al, 2007).

# Cumulative Trauma (CT)

- CT is the accumulation of multiple traumatic experiences over time, and these experiences may include many types of trauma (i.e., sexual assault or natural disaster), which is known as polyvictimization.
  - The additive nature of CT may amplify PTSD symptoms, and polyvictims are more symptomatic in comparison to those with the same type of victimization.
  - African American males are disproportionately afflicted by community violence exposure and racism. Experiences of cumulative trauma can cause difficulties when treating African American male clients, such as potential blunted reactions and inaccurate assessment or diagnosis (Sawyer et al, 2016).

# Invisible Traumatic Stressors

## Racial Microaggressions

- “The brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial, gender, and sexual orientation, and religious slights and insults to the target person or group” (Sue, 2010).
- Three types:
  - **Microassault:** An explicit /overt racial derogation/discrimination.
  - **Microinsult:** To convey rudeness, insensitivity, or racial slights that demeans an individual’s identity or heritage.
  - **Microinvalidation:** To exclude, negate, or nullify the psychological thoughts, feelings or experiential reality of a person of color.

# Oppression-Based Traumatic Stressors

- Oppression, which is the systemic abuse of power, renders people powerless. Powerlessness is the hallmark of traumatic experience.
- Current research in the area of trauma suggests that there is a correlation between systemic oppression and traumatic stress.
  - Example: Good & Cirecie (2008) explored the impact of Hurricane Katrina within the context of institutionalized oppression to discuss the multi-layered context of traumatic stress for low-income African Americans in New Orleans.



# Historical Trauma

- Intergenerational
- Multigenerational
  - Generational
    - Colonial

# Historical Trauma

- Historical trauma is **multigenerational trauma** experienced by a specific cultural, racial or ethnic group.
  - It is related to **major events that oppressed a particular group of people because of their status as oppressed**, such as slavery, the Holocaust, forced migration, and the violent colonization of Indigenous populations.
- Evans-Campbell & Walters (2006) coined the term **colonial trauma response (CTR)** which extends historical group trauma response to include contemporary and individual responses to injustice, trauma or microaggression.
- While many in such a group will experience no effects of the historical trauma, others may experience poor overall physical and behavioral health:
  - **low self-esteem, depression, self-destructive behavior, marked propensity for violent or aggressive behavior, substance use and addiction, and high rates of suicide and cardiovascular disease.**

# Epigenetic Theories of Intergenerational Trauma

- Epigenetics is defined as the study of heritable changes in gene expression that do not require modification in the genomic DNA sequence (environmental, hormonal influences, etc.) .
- Weber (2007) conducted a longitudinal study that revealed exposure of trauma via environmental stimuli such as rape, torture, and murder, caused a transmutation in the manifestation of the genetic makeup in which trauma victims experience. The trauma victims in turn pass on these transmuted traits to their offspring.
- Research on epigenetics supports previous research conducted by DeGruy (2005) and Reid et al (2005) that trauma of chattel slavery has been continually transmitted throughout multiple generations.

# Biological Theories of Intergenerational Trauma

- Additional research on intergeneration trauma includes biological theories that explain the predispositions of the children of traumatized parents based on the symptomatic patterns from one generation to the next.
  - Yehuda et al (2001) research alluded to evidence that children of parents who have been diagnosed with a trauma-based condition have a higher likelihood of developing a similar trauma history regardless if they have experiences trauma firsthand or not.



# Racial Battle Fatigue (RBF)

- Critical Race Theorist Dr. William Smith coined the term, “racial battle fatigue” (RBF) in 2008 to describe the *“cumulative result of a natural race-related stress response to distressing mental and emotional conditions, such as:*
  - constantly facing racially dismissive, demeaning, insensitive and/or hostile racial environments and individuals;
  - attempting to deflect racism, stereotypes, and discrimination in predominately White spaces;
  - being on continuous guard or weary of the next attack you may face, and
  - experiencing the psychophysiological symptoms— from high blood pressure to anxiety, frustration, shock, anger and depression.

# Racial Fatigue: “BBQ Becky” and “Karen”

- “BBQ Becky” and “Karen” memes reference real-world incidents in which Black individuals were harassed by White women in public spaces.
  - “BBQ Becky,” “Permit Patty,” “Bus Berater Brenda,” “Lawn Mower Lucy,” “Pool Patrol Paula,” “Racist Roslyn,” “Burrito Bill,” “Jogger Joe,” “Walmart Mary,” “Airline Amy,” “Road Raging Randy,” “Loud Music Maggy,” and “Candy Bar Cora” **all refer to memeified incidents occurring in the past two years in which White individuals called (or threatened to call) the police on Black individuals for living while Black.**
- Williams (2020) conducted a visual Critical Technocultural Discourse Analysis (CTDA) of Becky and Karen memes and argued that Becky and Karen memes are a cultural critique of White surveillance and White racial dominance.

Citation: Williams, A. (2020). Black Memes Matter: #LivingWhileBlack with Becky and Karen. *Social Media & Society*, 6(4), 1-14.



# “Call-in Black” (Ngugi, 2015) 2 minutes

<https://www.youtube.com/watch?v=cpVeUVcFMAU>

# Impostor Syndrome

- The term, first coined (impostor phenomenon) by Clance and Imes in 1978, describes an “internal experience of intellectual phoniness in people who believe that they are not intelligent, capable or creative despite evidence of high achievement.”
  - To put it simply, impostor syndrome is the voice in your head that tells you you’re not good enough, that you’re a fake on the verge of being found out.
  - The phenomenon was first explored while interviewing highly accomplished women who believed that they did not deserve their success.
  - Anyone can suffer from impostor syndrome.

# Evidenced-Based Research on IP: *Whose Evidence is it Anyway?*

- The Target Population of the Initial Research on IP
  - *“Included in our sample have been 95 undergraduate women and 10 Ph.D. faculty women at a small academically acclaimed private midwestern co-educational college; 15 undergraduates, 20 graduate students, and 10 faculty members at a large southern urban university; six medical students from northern and southern universities; and 22 professional women in such fields as law, anthropology, nursing, counseling, religious education, social work, occupational therapy, and teaching. They were primarily white middle- to upper-class women between the ages of 20 and 45.” (Clance & Imes, p. 242).*

Source: Clance, R. & Imes, S. (1978) The impostor phenomenon in high achieving women: Dynamic and therapeutic intervention. *Psychotherapy: Theory, Research and Practice*, 15(3), 241-247.

# The Question We Must Unpack is:

## *"Do Ethnic Groups, Such as African Americans, Encounter IP Differently?"*

- There is evidence to suggest that for ethnic minority populations **there is a racial component of impostor feelings** (Petee et al, 2015).
- Traditional coping methods, such as "John Henryism"/ high effort over-achieving perfectionism" and the "Grit-Perseverance-Resilience" cycle of working twice as hard to prove one's worth can foster race-based imposter syndrome.
- In 2019, Doggett adds, *"African Americans experience IP in their daily lives. For African Americans, impostor syndrome isn't just an imaginary voice in our heads, we receive almost daily messages from society that we don't truly belong."*

# Maya Angelou

*“I have written 11 books, but each time I think, ‘Uh oh, they’re going to find out now. I’ve run a game on everybody, and they’re going to find me out.’”*

# Michelle Obama

*“I had to overcome the question ‘am I good enough? It’s dogged me for most of my life. “It’s sort of like ‘you’re actually listening to me?’ It doesn’t go away that feeling of ‘I don’t know if the world should take me seriously; I’m just Michelle Robinson, that little girl on the south side who went to public school’.”*



# Research Documenting Themes of Race-Based IP

- There is a plethora of studies documenting Race-Based IP (**Austin et al., 2009; McClain et al., 2016; Bernard et al. 2017; Cokley et al., 2013, 2010, 2020; Bravata et al., 2020; Stone et al., 2019**).
- Bravata et al (2020) conducted a systematic review of the published literature on impostor syndrome and evaluated 62 peer-reviewed studies of 14,161 individuals with impostor syndrome published between January 1966 and May 2018 (\*1990).
  - This review revealed that impostor syndrome **among minority student populations is more common among African-, Asian-, and Latinx American** college students and their impostor feelings are significantly negatively **associated with poor psychological well-being, depression, and anxiety**.

Citation: Bravata, D., Madhusudhan, D., Boroff, M. and Cokley, K. (2020). Commentary: Prevalence, Predictors, and Treatment of Imposter Syndrome: A Systematic Review. *Journal of Mental Health and Clinical Psychology*, 4(3),12-16.

# Research Documenting Themes of Race-Based IP

- Cokely (2020) states that unlike White students who may experience impostorism, the ethnic minority student experience of impostorism is **often racialized because they are aware of the stereotypes about intelligence that exist about their racial/ethnic groups.**
- Stone's et al (2019) study looking at African American graduate students found five themes related to impostor feelings:
  - **Questioning intelligence,**
  - **Awareness of low racial representation,**
  - **Expectations,**
  - **Psychosocial costs, and**
  - **Explaining success externally.**

# Stop Telling Women They Have Impostor Syndrome: Fixing Bias, Not Women

Tulshyan & Burey (2021)


- *Impostor syndrome puts the blame on individuals, without accounting for the historical and cultural contexts that are foundational to how it manifests in women of color and directs our view toward fixing women at work instead of fixing the places where women work.*

# The Biracial African American: Another Take on Racial Impostor Syndrome

- The percentage of African Americans reporting 2 or more races continues to increase and little research is being done on the effects of racial discrimination on biracial African Americans.
- Some research suggests biracial African Americans have distinct difficulties due to their challenges in the development of a clear ethnic identity. Some have been referred to as “racially ambiguous.”
  - Mixed; mixed race; biracial; multiracial. What is an appropriate term?
- Research suggests microaggressions from their own family and other African Americans who question their allegiance (Williams et al, 2018).

# The Biracial African American: Another Take on Racial Impostor Syndrome

- There may be a feeling of self doubt when one's internal racial identity doesn't match with others' perception of their racial identity.
- Racial Impostor Syndrome can also refer to a feeling where someone of mixed race doesn't believe they have the right to truly claim any of the races within them.
  - "It's a feeling of not being 'black' enough, or 'Asian' enough or 'Latino' enough and so on . . .
- At times people of mixed race will try various means to find acceptance in their chosen race (e.g. they may take a heightened interest in studying and appreciating the culture of one of their races, even more so than a monoracial person would).
- Some monoracial Blacks say they also experience a form of IP:
  - ...."When I was growing up, I was too white for 'black folks' and too 'black' for 'white folks'".



People who identify as being two or more races (24.9%) are most likely to report any mental illness within the past year than any other race/ethnic group.

Source: Substance Abuse and Mental Health Service Administration. (2015). *Racial/Ethnic Differences in Mental Health Service Use among Adults*.

# Code-Switching

- Code-switching deals with switching dialects in different social contexts. Specifically, African Americans will speak standard English instead of African-American Vernacular English in professional or social settings with White individuals.

*"It is a peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity. One ever feels his two-ness, an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder."*

**- W. E. B. Du Bois (1903)**

*The Souls of Black Folk*



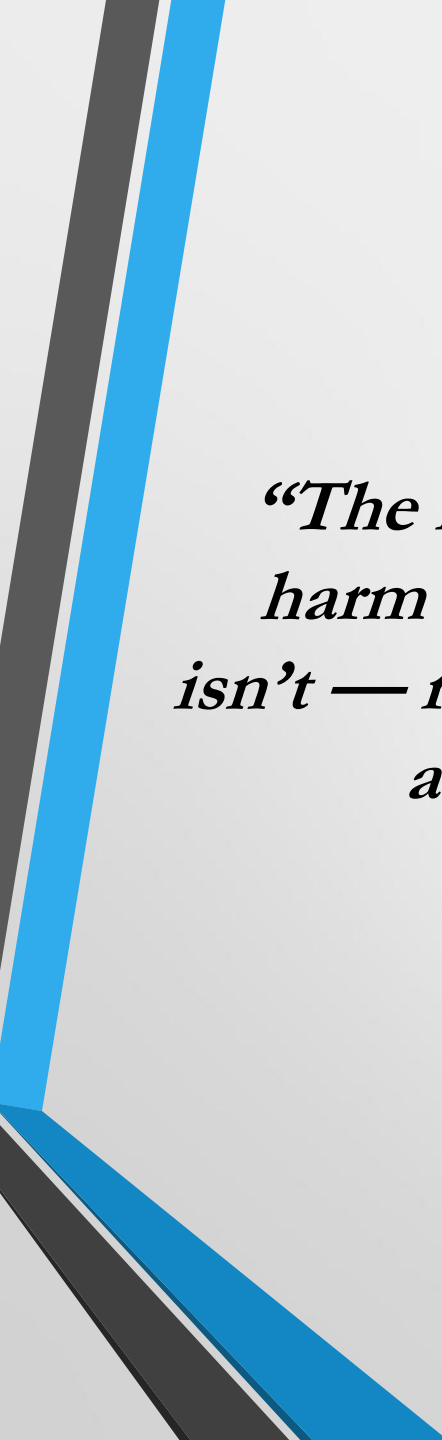


# Code-Switching

<https://www.youtube.com/watch?v=QNbdnoyuUw8>

# Code-Switching Expanded

- Code-switching not only deals with verbal or linguist switching, but also the non verbal switching and switching of mannerisms, behaviors and even clothing.
  - Examples:
    - TED Talk , “The Cost of Code Switching,” by Chandra Arthur talks of several types of “code switching” that African American find themselves doing to thrive and even to survive, for it can be a “life or death” decision (see <https://www.youtube.com/watch?v=Bo3hRq2RnNI>)
    - Many African American parents have discussion with their children to warn them of, and prepare them for potential encounters with law enforcement, an element of code-switching. The conversation involves clear directives on how to switch up behavior when approached by police.
      - “Turn down loud music.”*
      - “Adjust your posture.”*
      - “Keep your hands visible.”*
      - “Exercise good manners.”*
      - “Speak properly.”*



*“The notion that racism is a stressor that can harm or injure its targets was not — and still isn’t — recognized in psychological or psychiatric assessment or diagnostic systems.”*

- Carter (2020)

# A Mental Health Manifestation of Historical Trauma: Post Traumatic Slave Syndrome

- In 1996, Akbar spoke about the effects of slavery among African Americans and referred to it as “**Residual Effects of Slavery.**”
- Poussaint and Alexander (2000) was the first to coin “**post-traumatic slavery syndrome.**” They insisted that through intergenerational trauma transmission, many African Americans continue to be impacted by the legacy of collective trauma of slavery & racial oppression.
  - Their research included documentation of high rates of homicide and suicide, suicidal ideation, self-loathing, self-devaluation, anger, hopelessness, and self-destructive behavioral tendencies present amongst *some* members of the African American community.

# Post Traumatic Slave Syndrome

- Dr. Joy DeGruy (2001), in her dissertation, developed the theory **Post Traumatic Slave Syndrome (PTSS)** and defined it as , *“The complex matrix of “cognitions, thoughts, emotions that exist within the African American community, or even Black communities throughout the Diaspora, that are rooted in slavery or the oppressive history that African American communities have experienced over time.”*

[https://www.youtube.com/watch?v=BGjSday7f\\_8](https://www.youtube.com/watch?v=BGjSday7f_8)

# Race-Based Trauma and Post Traumatic Stress Disorder (PTSD)

- Many symptoms of racial trauma, such as hypervigilance to threat; flashbacks; nightmares; avoidance; suspiciousness; and somatic expressions such as headaches and heart palpitations, among others, are similar to PTSD symptoms.
- However, it differs from PTSD. For instance, racial trauma involves ongoing injuries due to the exposure (direct and or vicarious) and reexposure to race-based stress. In addition to psychological and physical effects, racial trauma causes hidden wounds.

# Brief History of Post Traumatic Stress Disorder (PTSD)

- PTSD has attracted controversy since its introduction as a psychiatric disorder in the DSM-III (Pai et al., 2017).
- In 1980, APA added PTSD to DSM-III, which stemmed from research involving returning Vietnam War Veterans, Holocaust survivors, sexual trauma victims, and others
- The most substantial conceptual change in the DSM-5 was the removal of the disorder to from the anxiety disorders category. In the DSM-V, PTSD was placed in a new diagnostic category named “Trauma and Stressor-related Disorders”
- Although they expanded on its previous conceptualization of traumatic events to include some indirectly experienced traumatic encounters, DSM-V failed to account for intergenerational traumas & indirect traumatic experiences targeted at specific racial-ethnic, cultural, or sexual identity groups.

# DSM-V Criteria for PTSD

:

- (1) exposure to a perceived life-threatening event or sexual violence;
- (2) re-experiencing the trauma (typically as intrusive memories and/or nightmares);
- (3) avoidance of trauma reminders (attempts to escape from or avoid external stimuli that appear to match components of the trauma, including thoughts or feelings associated with the trauma);
- (4) changes in mood and cognition (e.g., a more depressed outlook, a sense of a shortened future or of the world being inherently dangerous, losing trust in oneself/others, and self-blame for the trauma); and
- (5) trauma-related arousal and reactivity (e.g., hypervigilance [feeling “on edge”], increased irritability, an exaggerated startle response, and difficulty sleeping).



# Cultural Concerns of DSM-5

- Sometimes justified Criterion A events are missed by mental health service providers because they are unaware of the impact of discrimination, fail to recognize experiences of racism as traumatic, or fail to inquire about experiences of racism at all.
  - For example, being bullied at school for being "different," racial profiling by police, and workplace racial harassment can all be DSM-5 Criterion A events, but these are rarely included in conventional checklists and batteries for trauma.

# Culturally Relevant Conclusions About PTSD in DSM-5?

Dr. James Phillips (2015), a Clinical Professor of Psychiatry at Yale School of Medicine, concludes that:

*"Despite the efforts of a dedicated Work Group, DSM-5 has not fixed such major concerns of DSM-IV as complex PTSD and cultural variance; and these issues are in turn related to the DSM-5 insistence on a universal response to trauma as framed by the PTSD diagnostic criteria."*

# Additional Concerns of DSM-5

- Further, assessing discriminatory distress in patients of color during a **clinical encounter may be uncomfortable for therapists who have not had practice discussing racial issues.**
  - Many White people are socialized to demonstrate non-racist values by not talking about race. However, this approach leaves such clinicians ill-equipped to have conversations about race with their clients of color, and so it is even less likely they will be able engage in productive conversations surrounding traumatic experiences of racism.

# Options in Addressing PTSS

- *Formulate a new diagnosis* in the next version of the DSM that specifically addresses oppression-based trauma
  - Authors have argued that PTSD does not sufficiently capture the effects of long-term trauma and that, consequently, a new diagnosis Complex PTSD (C-PTSD) should be added to the DSM (Herman, 2015).
- *Include, in PTSD criteria*, oppression as a traumatic event within the framework of Complex Post Traumatic Stress Disorder (CPTSD); (e.g., Disorders of Extreme Stress Not Otherwise Specified)
  - CPSP has become a formal ICD-11 diagnosis in 2019 (Moore-Lobban, Espinola, & Powdrill, 2022).

# The Validity of PTSS Diagnosis?

- While scholars such as Akbar, Poussaint & Alexander, DeGruy, Phillips and others have called for the validity of historical trauma/PTSS meeting the DSM-V criteria for PTSD, others have questioned and/or even consider it a racist position.
- Hicks (2015) studied the question, "*Is PTSS a valid diagnosis and conceptualization of the lasting legacy of slavery evident in contemporary African Americans?*"
  - Findings from this research suggest that it may be more accurate to assess the effects of racism (e.g., harassment, discrimination, and discriminatory harassment) as a psychological and emotional injury rather than as a mental health disorder(s) and concluded **that caution must be taken to not erroneously ascribe pathology and diagnostic labeling to 21<sup>st</sup> century African American descendant survivor.**
    - She recommended that future research should explore intergenerational legacies of healing that have demonstrated survival, strength, dynamism, spiritual depth, vitality, and resilience amongst African Americans.
  - Carter et al (2017) **boldly state that unlike PTSD, RBTS/PTSS is not considered a mental health disorder, but rather a "mental injury"** that can occur as the result of living within a racist system or experiencing events of racism.

# Dismantling PTSS

*"I must confess I was a PTSS theorist for most of my intellectual life. So in pinpointing their racist ideas, I am pinpointing my own racist ideas. DeGruy's well-intentioned Post Traumatic Slave Syndrome hit bookstores the year I began my graduate school reading binge. I did not confront my own beliefs in PTSS until I started self-reflecting and self-censuring as I wrote my new book, Stamped from the Beginning: The Definitive History of Racist Ideas in America" (Kendi, 2016). "I am hoping that the believers in PTSS realize that their theory is premised on racist notions of degenerate Black people. I am hoping that the believers in PTSS realize that any idea that suggests any group of Black people are inferior in any way is a racist idea" (Kendi).*



# **Is PTSS a Valid Diagnosis...**

*“Should We Attempt to Classify it as a Valid DSM-V Diagnosis?”*



# What We Might Be Missing - Listening for Racial Stress in Session

- According to Usha Tummala-Narra, PhD, a client's experience of racial stress will usually come up much more subtly - and it could be easy to miss if we aren't listening carefully.
  - <https://www.nicabm.com/listening-for-racial-stress-in-session/> (3 minutes)
    - Reactions to video



# Limitations of Existing Tools to Assess Race-Based Trauma

- Current psychological assessments used to evaluate trauma often fail to include racism and discrimination as trauma among the response choices (Malcoun et al., 2015).
  - For example: PTSD assessments tend to focus on a single traumatic event, which is limiting because many minorities experience recurrent racist events.
    - The Clinical Administered PTSD Scale (CAPS) currently the gold-standard assessment for PTSD and used widely, can only assess for one trauma (one Criterion A event).
      - Also, the CAPS was constructed using data from military veterans. It is used in non-veteran populations and there may be differences in traumatology and symptoms between these populations.

# Brief Overview of Culturally Relevant Assessment Tools Race-Based Stress and Trauma

- The University of Connecticut Racial/Ethnic Stress and Trauma Scale (UnRESTS)
- The General Ethnic Discrimination Scale (GEDS)
- The Prolonged Activation and Anticipatory Race-Related Stress Scale (PARS)
- The LGBT People of Color Microaggressions Scale (LGBT - POC)
- The Racial Microaggressions Scale modified (RMAS)
- The Experiences of Discrimination (EOD)
- The Race-Based Traumatic Stress Symptom Scale (RBTSSS)
- Trauma Symptoms of Discrimination Scale (TSDS)

# \* UConn Racial/Ethnic Stress & Trauma Survey (UnRESTS)

- UConn Racial/Ethnic Stress & Trauma Survey (UnRESTS), developed by Williams et al (2017), a clinician administered semi-structured interview designed for clients who are part of stigmatized racial and ethnic groups.
- The UnRESTS collects information about a client's racial and ethnic group and ethnic identity, and then guides the clinician.
- The following guided questions may be particularly helpful for clinicians who are unsure how or what to ask about racially charged topics.
  - experiences surrounding explicit and obvious racism,
  - racism experienced by loved ones,
  - being vicariously impacted by racist experiences that were learned about, and
  - Experiences with subtle forms of racism or microaggressions.

\* **Note: Authors highlight racism toward Latinx**

# Prolonged Activation and Anticipatory Race-Related Stress Scale (PARS)

- Developed by Utsey et al. (2012), the PARS is a 17 item, four subscale instrument to examine the participant's self-perceived stress responses to a singular, specific encounter with racism (whether indirect or direct)
- Four subscales:
  - Perseverative Cognition – Persistent, vivid memory of a stressor
  - Anticipatory Race-Related Stress – Expectation of a stressor as a result of a previous negative experience
  - Anticipatory Bodily Harm – The person experiencing a race-related event experiences somatic symptoms
  - Secondary Appraisal – Self-evaluation that assesses the stressor, one's response and one's available coping mechanisms and available resources.

# The General Ethnic Discrimination Scale (GEDS)

- The General Ethnic Discrimination Scale (GEDS) developed by Landrine et al (2006), consists of 18 self report items which measure the frequency of events of perceived racial discrimination.

# The Racial Microaggressions Scale (RMAS)

- The Racial Microaggressions Scale modified (RMAS) developed by Torres-Harding & Turner (2015), measures the frequency of racial offenses or slights faced by people of color and the distress associated with those experiences.
  - It consists of 32 items which have a Likert scale format which inquire about 6 types of microaggressions.
    - The distress subscales include criminality distress, low achieving/undesirable culture distress, sexualization distress, invisibility distress, foreigner distress, and environmental distress.

# The LGBT People of Color Microaggressions Scale (LGBT-POC)

- The LGBT People of Color Microaggressions Scale (LGBT-POC) developed by Balsam et al (2011), considers the increased vulnerability which comes with the intersectionality of multiple minority identities.
  - This measure includes 18 items and includes 3 subscales: “racism in LGBT communities,” “heterosexism in racial/ ethnic minority communities,” and “racism in dating and close relationships.”
  - Similar to some of the other measures, it queries about microassaults, microinvalidations, and microinsults.

# The Experiences of Discrimination Scale (EOD)

- The Experiences of Discrimination scale (EOD) developed by Krieger et al (2005), is a self-report measure designed to ask about experiences of discrimination and the person's reactions or beliefs about why they were being discriminated against.
  - Strengths of this assessment are that it allows the examinee to provide other responses aside from race about why they were being discriminated against, it asks for reactions to discrimination, and it assesses whether the person has been concerned about being discriminated against since they were a child.
  - Limitations are that it provides very little information about distress and psychopathology, and it does not obtain details about the events.



# Race-Based Traumatic Stress Symptom Scale (RBTSSS)

- Developed by Carter et al, 2013), the Race-Based Traumatic Stress Symptom Scale (RBTSSS) is a tool designed to assess the psychological and emotional stress reactions to racism and racial discrimination.
  - Items on this tool were derived from existing measures of race-related stress models of trauma and tested on 330 racially heterogeneous adults (African Americans, White, Asians, Latinx).
- The RBTSSS begins with an open-ended section in which participants are asked to describe in their own words three of the most memorable events of racism they had experienced in their lives.
  - Participants are then instructed to select one of the three events that was the most memorable and asked to answer a series of yes/no questions: was the most memorable incident (1) negative (i.e., emotionally painful), (2) beyond your control, and (3) sudden in its occurrence.

# Trauma Symptoms of Discrimination Scale (TSDS)

- There remains a need for a short but effective screener for discrimination-related trauma symptoms that includes symptoms that may be the result of cumulative insults.
- Developed by Williams et al (2018), the TSDS is designed to capture trauma reactions to any type of discrimination.
  - Research on the TSDS may be particularly sensitive to capturing racial trauma in African Americans and reveals excellent reliability on monoracial and biracial African Americans (Williams et al., 2018)

# Effective Encounters for Addressing The Racial Stressor of Microaggressions

- Upon receiving a microaggression, one must deal with the psychological impact of what was said or done, determine the intent and meaning of the statement or action, and then decide how to respond.
  - This cognitive load, cumulatively and over time, wears down mental function, impairs productivity, and erodes relationships.



# Treatment Approaches

# Overview of Treatment for Race-Based Trauma

- “Treatment for race-based stress and trauma has not been well researched: thus, **there is not yet an empirically supported gold standard protocol for treatment**” (Williams et al., 2017)
- **The lack of sufficient diagnostic criteria and research focusing on racism as a factor of race based trauma** evidences a lack of resources for professional mental health providers (Hemmings, 2016).

# Trauma-informed Care

Trauma-informed care is an approach to engaging individuals with histories of trauma (crisis, marginalization, and oppression) that recognizes the presence of trauma (adaptations to extreme stress) and acknowledges the role that trauma has played in their lives, self concept, behavior, and wellbeing.

**Question: Is Trauma-Informed Care Culturally Relevant to African Americans Experiencing Race-Based Trauma?**

Answer: While the overarching tenets of trauma-informed care remain the same, the tenets of trauma-informed care must be viewed through a lens that is sensitive to racial trauma.

# Cultural Considerations for Delivering Race-Based Trauma-Informed Care

Resler (2019)

- *Trauma Awareness*: Trauma awareness when addressing racial trauma may include:
  - Self Education: Learning about the impacts of systemic racism and white supremacy and how it causes racial trauma provides context when working with people of color with trauma symptoms.

# Race-Based Trauma Informed Care

- *Safety*: Trauma survivors often feel unsafe and may be in danger (e.g. victims of racial violence).
  - Physical Safety when addressing racial trauma may include creating and supporting environments where people of color feel safe.
    - Consider and acknowledge how those environments may be different to people of different races and cultures
      - For example: Police presence in an organization may provoke a trauma response in populations who disproportionately experience police brutality.
  - *Emotional Safety*- create and support environments where people feel safe to discuss emotionally charged issues such as racism and white supremacy.



# Anger & Empathy:

## Therapeutic Approaches to Racialized Emotions

Bonilla-Silva states that the emotions of *anger and empathy* are two examples of emotions that are key in dealing with racialized emotions (RE).

### Anger

- While anger, must not be glamorized, and at times can be an all-consuming force that contributes to trauma, leads to depression, and lowers people of color's sense of wellbeing (Pittman 2011),
  - it can also be an indispensable emotion for the cognitive and emotional liberation of racially oppressed groups that increases group identification and solidarity.
  - As eloquently expressed by bell hooks (1995) regarding her stand on anger - *“anger is potentially useful when connected to “a passion for freedom and justice that illuminates, heals, and makes redemptive struggle possible.”*

# Anger & Empathy:

## Therapeutic Approaches to Racialized Emotions

- Empathy is the ability to emotionally understand what other people feel, and share in the feelings of others; it's an emotional essential for altering RE, for without empathy, mutuality and respect are impossible.
  - However, Bonilla-Silva cautions against, "passive empathy."
- Author Zembylas (2012) calls for "strategic empathy" as a pedagogical tool that can open up affective spaces to disrupt the emotional roots of troubled knowledge.
  - ***Strategic empathy*** is the social and emotional skill that helps us understand the emotions, conditions, intentions, thoughts, and needs of others, in order to offer sensitive, insightful, and appropriate communication for an antiracist pedagogy.

# Culturally Relevant Trauma-Informed Care: The HEART Approach to Ethno-Racial Trauma

- Chavez-Dueñas et al (2019), developed a framework to stimulate healing from ethno-racial trauma titled, *HEART* (Healing Ethno And Racial Trauma), for the Latinx population.
  - HEART is grounded in the principles of Liberation Psychology and trauma-informed care and the framework is composed of four phases.
    - The main objective of each phase is for Latinx immigrants to find relief, gain awareness, and cope with systemic oppression while encouraging resistance and protection from the external forces that cause ethno-racial trauma.



# ***HEART* Applied to African Americans**

## Phase I: Establishing Sanctuary Spaces for African American People Experiencing Ethno-Racial Trauma

- **Providers must develop an in-depth understanding** of the phenomenological experience of African American people in the United States, including the **impact of racism**.
- Mainstream, trauma-informed care suggests that clinicians working with survivors of trauma attend to physical and emotional safety ` however, “sufficient stability” may not be attainable for survivors of ethno-racial trauma who experience insidious and ongoing attacks on their personhood.
- Create spaces of safety

## Phase II: Acknowledge, Reprocess, and Cope with Symptoms of Ethno-Racial Trauma

- Integrate elements of Trauma-Focused Cognitive–Behavioral Therapy (TF-CBT), the process whereby individuals locate their experiences within a historical context of oppression and marginalization.
  - Serves as a way for clients to give themselves *permission not to self-blame for experiencing symptoms that result from living in an oppressive environment.*

# Phase III: Strengthen and Connect Individuals, Families, and Communities to Survival Strategies and Cultural Traditions That Heal

- The goal of this phase is to develop African Americans to develop a healthy racial and ethnic identity by:
  - Stressing how developing a more mature racial identity status could serve as a protective factor against ethno-racial trauma.
    - Evidence suggests that a negative relationship between racial identity status and race-based traumatic stress exists (Carter et al, 2017),
  - Grounding oneself in cultural strengths
    - Examples (Wallace):
      - Strengthen their connection with their culture, or build a connection if one does not exist.
      - Recall their beginnings as “survivors supporting other survivors.” (underground railroad)
      - Recognize long traditions of mutual support and sharing (sister circles, underground shelters, spirituality, healers, elders...).

# Phase IV: Liberation and Resistance

- Promote a social justice orientation guided by a Liberation Psychology paradigm, which encourages oppressed groups to *view their struggles through a collectivist lens, thus requiring collective social action.*
- From this perspective, healing takes place when people:
  1. Gain awareness of the systemic roots of the challenges;
  2. Learn strategies to act in ways that resist oppression and lead to social change.
- Engagement in social justice work has been associated with positive mental health and faster recovery from presenting problems for people of color (Comas-Díaz, 2015).



# Mind-Body Interactions

- Racism is an embodied experience for most African Americans and interventions should attend to the somatic experiences (Nia Campinha-Bacote, 2022).  
Ex.
  - Dance
  - Drumming
  - Meditation
  - Singing



# Expressive Arts Therapy

- Burrowes (2019) suggests the expressive arts aids in tapping into the suffering involved as a result of PTSS.
- EX: Creating Songs
  - Taylor Fagins' original song "We Need More" (American Idol, 2022)
    - <https://etcanada.com/news/871632/taylor-fagins-belts-out-powerful-black-lives-matter-ballad-on-american-idol/>
    - 51 marker – 5:42 (less than 4 minutes)

# Self-Critique of Professional Counselors' Competency Related to Race Based Trauma

- Hemmings (2016) conducted a study that investigated 106 counseling professionals' experiences with identifying and treating race-based trauma and the relationship between training and treatment.
  - Competency was assessed with the Race-Based Trauma Survey for Counselors, which consists of 28 questions rated on a Likert scale, multiple choice, multiple response, or open-ended addressing discrimination and race based trauma, Examples:
    - "I have been prepared to identify race based trauma, "I have been prepared to treat race based trauma," "I am comfortable addressing race based trauma in session."

# Findings

- The majority of participants, 75 (70.8%) reported that they had worked with clients who had experiences with race based trauma, and 31 (29.2%) indicated they had not.
- The majority of participants indicated they had not received training to identify race based trauma 71 (67%), while 35 (33%) indicated that they had.
- Finally, the majority of respondents 93 (87.7%) indicated their professional practice did not have a professional policy on race based trauma that includes treatment recommendations, while 13 (12.3%) indicated it did.

# Attending to Racial Trauma in Clinical Supervision

- Pieterse (2018) urges supervisors to engage in thoughtful reflection guided by the following questions taken from various approaches for elevating racial awareness gleaned from the training literature :
  - When did I first become aware of my racial group membership?
  - How do I identify racially, and what is the identification based on? (e.g., physical features? cultural values?)
  - How has my racial background influenced my life experiences?
  - What beliefs do I have about myself and others based on my racial group membership?
  - How do I feel about my racial group membership?
  - How do I acknowledge racial difference and similarity when beginning the work with my supervisee?
  - How do I explore race-related experiences with my supervisee?
  - Am I comfortable discussing race-related topics with my supervisee?
  - What is my discomfort/comfort level based on?
  - How might my racial background facilitate or impede interactions with my supervisee?
  - Do I allow my supervisees to address their clients' experience of racism?
  - How am I attentive to potential experiences of racism that my supervisees might be experiencing?

# My Personal Growth as a Therapist:

## Reflection & Discussion Questions

- How can I do a better job at having clients/families/communities feel comfortable talking to us about emotional race-based injustices (e.g., racial stressors, and racial traumas)?
  - For ex.: Are there things in my therapy space that communicate racial/cultural sensitivity/ awareness?
  - Do I intentionally inform the client that the therapeutic relationship is one in which it is safe to discuss issues that may often be felt unsafe to discuss, such as sexual orientation, race, and religion.
    - This indicates to the client that I am open to dialogues on race and racism.
- Have I discussed race and/or racial trauma incidents in therapy, if so what worked?
  - If not, what do I think would be effective?

# Contact Information

- ▶ Phone: 513- 469-1664
- ▶ E-mail: [meddir@aol.com](mailto:meddir@aol.com)
- ▶ Fax: 513-469-1764
- ▶ Web: [www.transculturalcare.net](http://www.transculturalcare.net)
- ▶ Mailing: Dr. Josepha Campinha-Bacote  
President, Transcultural C.A.R.E. Associates  
11108 Huntwicke Place  
Blue Ash, OH 45241