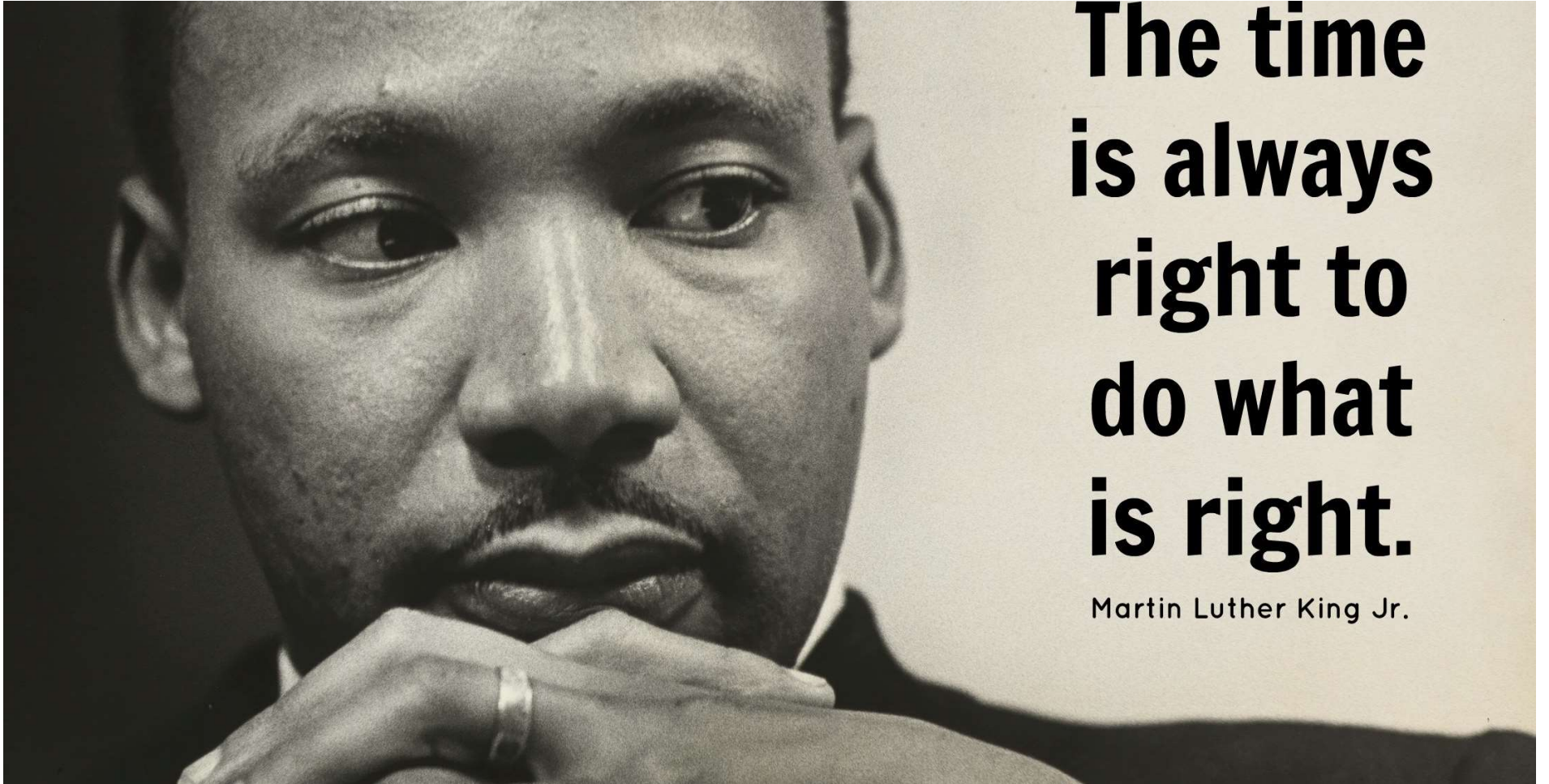# Cultural Considerations When Working with the African American Community through a Trauma Informed Lens.

Hannah Counter, MA, LPC, EMDR Trained
SCRP
March 2024

The time is always right to do what is right.

Martin Luther King Jr.

Statistics

United States® Census Bureau

14.4%

AFRICAN AMERICAN POPULATION IN THE UNITED STATES (2019)

POPULATION STATISTICS

- African American communities across the US are culturally diverse, with immigrants from African nations, the Caribbean, Central America, and other countries.

- About 27% of African Americans live below the poverty level compared to about 10.8% of non-Hispanic whites

- Approximately 30% of African American households are headed by a woman with no husband present, compared with about 9% of white households.

- Approximately 11% of African Americans are not covered by health insurance, compared with about 7% for non-Hispanic whites.

United States® **Census** Bureau

14.4%

AFRICAN AMERICAN POPULATION IN THE UNITED STATES (2019)

MENTAL HEALTH STATISTICS

- Only one-in-three African Americans who need mental health care receives it.

- Compared with non-Hispanic whites, African Americans with any mental illness have lower rates of any mental health service use including prescriptions medications and outpatient services, but higher use of inpatient services.

- Rate of opioid overdose among African Americans (6.6%) is less than half of that for non-Hispanic whites (13.9%)

- Compared with the general population, African Americans are less likely to be offered either evidence-based medication therapy or psychotherapy.

- Compared with whites with the same symptoms, African Americans are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders.

- Physician-patient communication differs for African Americans and whites. One study found that physicians were 23% more verbally dominant and engaged in 33% less patient-centered communication with African American patients than with white patients.

- Research suggests that Black men have more adverse life experiences than men of other racial/ethnic groups, and consequently, experience poorer mental health.

DEFINITIONS

Trauma Informed Care

Strengths based approach to caring for individuals mindfully, with compassion and clarity regarding boundaries and expectations.

Acknowledges the impact of trauma on an individual

Recognizes that unique individual and previous life experience, including physical, social, and cultural environments, may influence how people respond to traumatic events.

Requires structuring each client encounter in a way that facilities healing and resilience.

Grounded in empowerment, choice, collaboration, trustworthiness, safety, and a person-centered approach.

Awareness of the power dynamics between the client and the provider.

Operates under the core principle of safety.

Should be implemented in all care settings: crisis, inpatient, residential, and outpatient

(Ranjbar et al., 2020)

CULTURAL COMPETENCE:
Six Core Assumptions

Cultural competence is not an individual responsibility. It must be sustained by the support and commitment of the overall organization.

One must understand race, ethnicity, and culture (including their own) to treat clients effectively.

Incorporation of cultural competence into treatment improves therapeutic decision-making and offers alternative treatment planning options pointed toward healing and recovery as designed by the therapist and the client.

Consideration of culture is important at all levels of operation and in all activities at every treatment phase.

Achieving cultural competence is an organization requires the participation of racially and ethnically diverse groups and underserved populations in the development and implementation of all organizational practices.

Public advocacy of culturally responsive practices can increase trust among the community, agency, and staff.

(TIP 59: Improving Cultural Competence, 2015)

CULTURAL HUMILITY

Cultural humility is a generic approach to understanding that does not necessarily require a study of what is, in some respects, ineffable.

Cultural humility entails admitting that cultural experience is something one cannot fully analyze or understand but can seek to appreciate and respect.

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Clients should be considered as embedded within a cultural context and to have the humility to learn from patients about resources that their cultural context might contribute to the healing journey.


(Ranjbar et al., 2020)
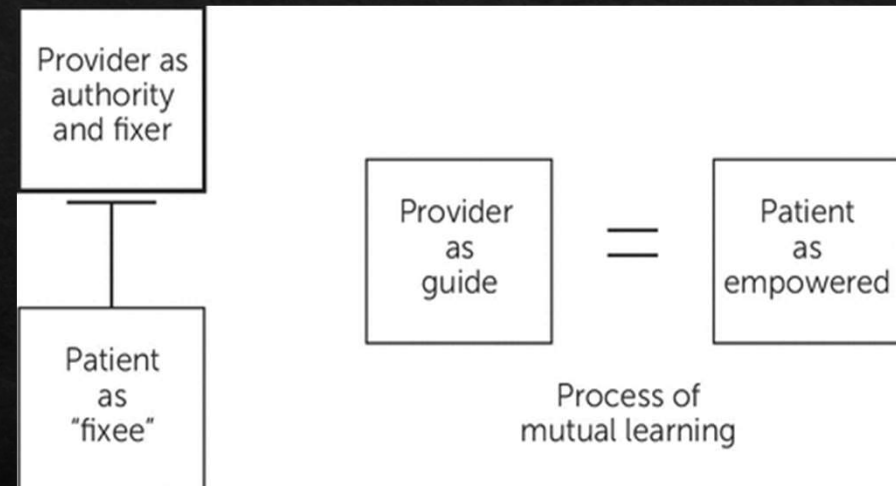
Intersectionality

"Intersectionality is the interconnected nature of social categorizations such as race, class and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage."

"Through an awareness of intersectionality, we can better acknowledge and ground the differences among us"

– Kimberlé Crenshaw

Intersectionality

https://www.criaw-icref.ca/publications/everyone-belongs-a-toolkit-for-applying-intersectionality/
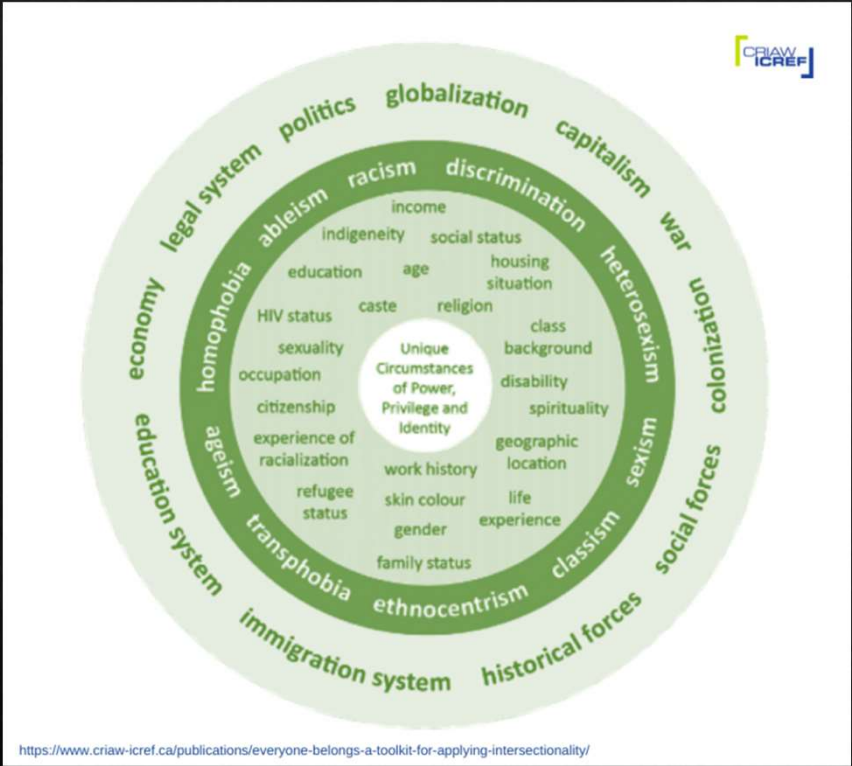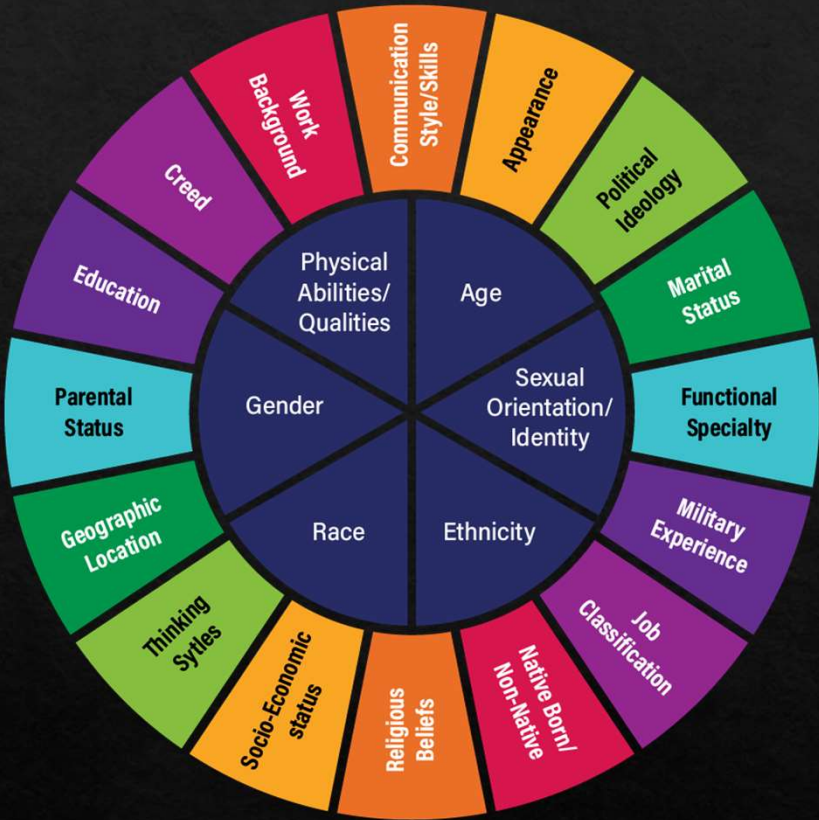
Social identities are not unidimensional but multiple and intersecting

People from multiple historically oppressed and marginalized groups are the focal or starting point

People can experience privilege and oppression simultaneously

Multiple social identities at the micro level intersect with macrolevel structural factors to illustrate or produce disparity.

Barriers to Health Equity

Mistrust of Medical Practitioners

- James Marian Sims (1840)
  Used three enslaved black women, Anarcha, Betsy, and Lucy, for gynecological experimentation

- Tuskegee Experiments (1932)
  Syphilis study on 600 black men for the promise of housing, food, and shelter

- Henrietta Lacks (1951)
  Cell tissue stolen and used to create vaccinations and other medical advancements

Mistrust of Mental Health Practitioners

Social Work & Counseling

Progressive Era social workers including Jane Addams, mother of social work, built and ran segregated settlement houses

White Social worker suffragists prevented African Americans from gaining the right to vote

Social workers helped recruit Black men into the infamous Tuskegee Experiment as well as participated in intake teams at Japanese internment camps during WWII

Social workers participated in the removal of Native American children from their families and placement in boarding schools.

Early Psychologists were outspoken about their racist beliefs and supported eugenics, including Granville Stanley Hall (1st president of the APA), Paul Popenoe (founding practitioner of marriage counseling) and Lewis Terman who is best known for developing the Stanford Binet IQ test. These psychologists held beliefs that Black people were "inferior, & less intelligent

Poor racial representation among mental health providers. APA center for Workforce Studies reported that in 2015 about 86% of psychologists were white, 5% Hispanic, 5% Asian and just 4% were Black.
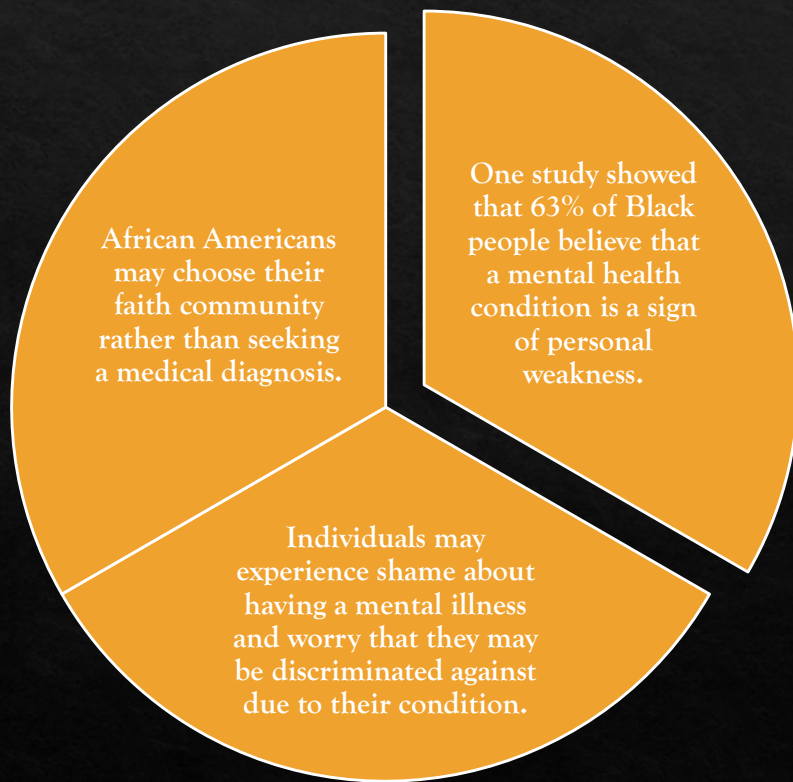
Mistrust of Medical Practitioners

- Half of medical students and residents held one or more false beliefs about biological difference (higher pain tolerance).

- AMA issued apology in 2008 for "more than 100 years of reinforcing and passively accepting racial inequalities"

- Black patients are given lower triage scores from same complaint in ER record studies and experience longer wait times
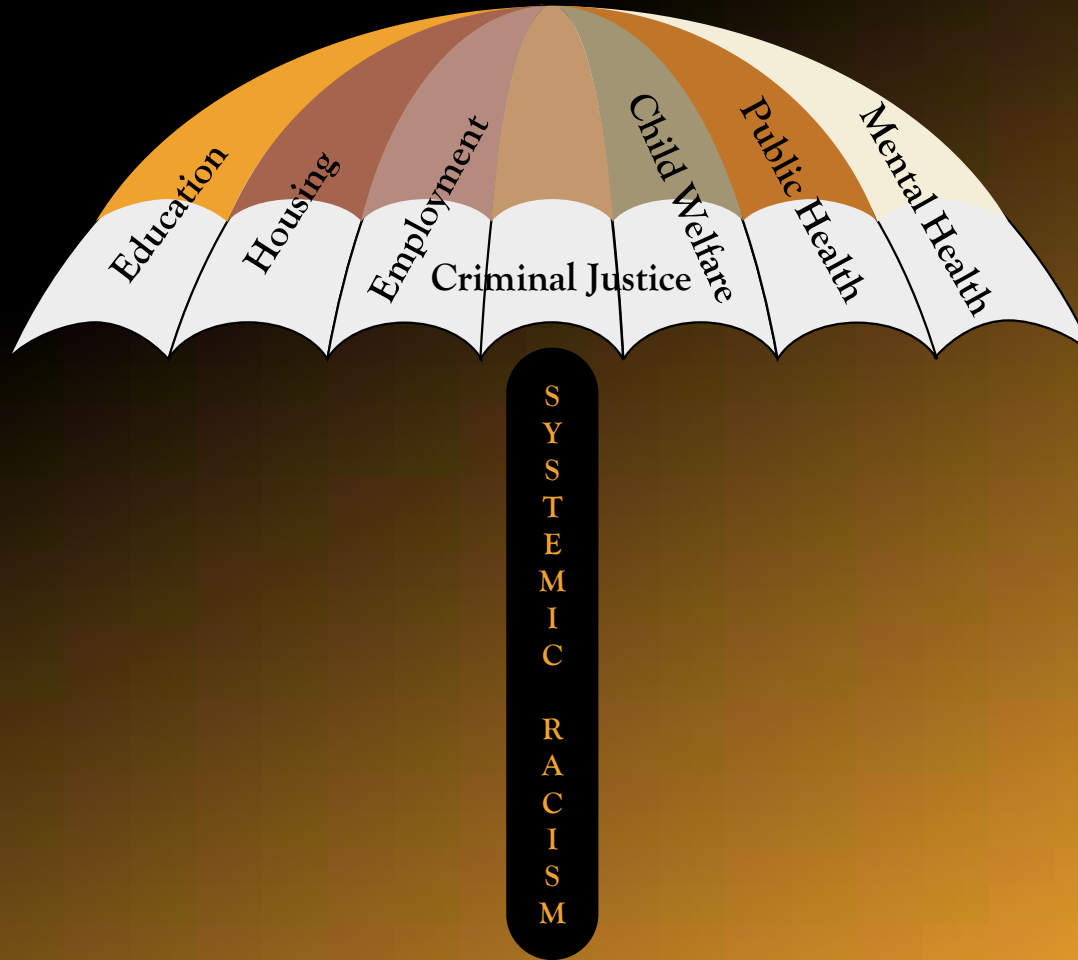
STIGMA

African Americans may choose their faith community rather than seeking a medical diagnosis.

One study showed that 63% of Black people believe that a mental health condition is a sign of personal weakness.

Individuals may experience shame about having a mental illness and worry that they may be discriminated against due to their condition.

Systemic Structures at the Root of Inequity

Systemic Structures that Contribute to Health Inequity

Education

Black children are disproportionately likely to be suspended from preschool than their White peers (U.S. Department of Education, 2014)

School to Prison Pipeline: Black girls were six times more likely to be suspended as their white counterparts. Only 2 percent of white females were subjected to exclusionary suspensions in comparison to 12 percent of Black girls. (The Center on Poverty and Inequality)

Schools serving mostly students of Color have lower quality or fewer resources than schools serving largely White populations, even within the same district ("U.S. Department of Education," 2016).

Housing

In 2022, the Black homeownership rate stood at 45 percent, only modestly higher than the level at the passage of the 1968 Fair Housing Act.

Redlining, discriminatory practice in which services (financial and otherwise) are withheld from potential customers who reside in neighborhoods classified as 'hazardous' to investment; these neighborhoods have significant numbers of racial and ethnic minorities, and low-income residents. Outlawed in 1968; however, its lasting effects are pervasive in nature

Employment

Although black women have a longer history of sustained employment compared with other women, in 2017, the median annual earnings for full-time year-round black women workers was just over $36,000—an amount 21 percent lower than that of white women, reflecting black women's disproportionate employment in low-wage service and minimum and sub-minimum wage jobs. (Banks, 2019)

Black workers are not just twice as likely to be unemployed as similarly educated white workers, but they are often more likely to be unemployed than less-educated whites.

Systemic Structures that Contribute to Health Inequity

Criminal Justice

Nationally, the imprisonment rate for Black women is twice that of White women

Black men comprise about 13% of the male population, but about 35% of those incarcerated.

Black women comprise 44% of incarcerated women, but only make up about 13% of the female U.S. population

Over 7% of the adult Black population are disenfranchised in the United States. In Florida, Kentucky, Tennessee, and Virginia, that figure is over 20% (U.S. Commission on Civil Rights, 2019)

Child Welfare

Child welfare involvement, specifically out-of-home foster care placement, is one of the top contributors in increasing the chances of sex trafficking.

Black children are overrepresented in the foster care system. Although they make up fourteen percent of children in the U.S., Black children make up twenty three percent of the foster care system.

In the United States, 5 percent of all children spend some time in foster care and 37 percent are involved in a maltreatment investigation by a child protective services agency by age 18. The percentage of Black children involved in such investigations is nearly double the percentage of White children

Public/Mental Health

The chattel enslavement of Africans in the U.S. and other countries continues to serve as a source of traumatic stress for black people today. In fact, this sustained collective trauma makes Black people highly vulnerable to developing mental health disorders.

Black women have the highest maternal mortality rate in the United States – 69.9 per 100,000 live births for 2021, almost three times the rate for white women, according to the Centers for Disease Control and Prevention

Culturally Relevant Practice Considerations

Direct Practice Considerations

- Value of Oral Traditions
- Eldership
- Black Spirituality
- Collectivism
- Time Orientation
- Sensitivity to Affect and Emotion
- Verve & Rhythm
- Balance & Harmony with Nature
- Historical Oppression and Trauma of Slavery
- Continued Economic, Social and Political marginalization experienced by Black People

Case Study

59 y.o. African American female

Survivor of Commercial Sexual Exploitation via Prostitution

Physical & Intellectual Disability as a result of multiple strokes

Oldest of four children

Experienced history of verbal/emotional/physical/sexual abuse via intimate partners

Completed 7th grade Education

125% or below of the Federal Poverty Line

Threat to Housing Stability

Devout Christian

Anti-Racist Practice Considerations

Anti-Racism

"Anti-racism is the policy or practice of opposing racism and promoting racial equality. It is the active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably"

– NAC International Perspectives: Women and Global Solidarity

Anti-Racist Practices
Young's Five Faces of Oppression

- **Cultural imperialism**: means of universalizing the experience of White people, centering them as the norm and the cultural standard.

- **Exploitation**: the ability to dominate another group and benefit from their work.

- **Powerlessness**: refers to those who have influence and those who do not.

- **Marginalization**: causing a whole group or category of people from having any meaningful participation in a social structure

- **Violence**: not just the act of violence but also the context in which it happens. Violence occurs in places and in ways for specific groups in which it will not for other groups.

- **Decolonization**: realizing that whiteness is seen as the default, including in our helping profession and responding accordingly.

- **Equity**: recognizing that there is an inherent power differential, and we must address this and create a level playing field.

- **Empowerment**: comes from advocacy but also from boosting and centering opportunities for individuals that differ from us.

- **Elevation**: elevating voices of color is an active choice. It means creating and opening seats at the table.

- **Compassion**: practicing generosity and kindness is essential in a world that for so many is unsafe. This allows us to lean into the reality that we do not know it all and practice cultural humility.

Anti-Racist Practices

Young's Five Faces of Oppression

IN SESSION

- **Decolonization**: cultivate cultural humility, be curious as opposed to defensive when discussing race and culture. Be aware of your own potential to use microaggressions on clients and recognize the harm of this.

- **Equity**: refrain from neutralizing topics about race. Acknowledge that your client has very real and very different experiences than you.

- **Empowerment**: empower clients with choices, no matter how small or nuanced they may seem to you. Acknowledge the reality that your clients live in systems made to disempower them.

- **Elevation**: Acknowledge your privilege and power without making the interaction about you. Let your client hear that you recognize these things and want them to feel comfortable in owning how they feel about your inherent power and privilege in the space.

- **Compassion**: Validate the emotions that clients experience from these systems, avoid pathologizing their distress and recognize the marginalization of the systems.

OUT OF SESSION

- **Decolonization**: challenge whiteness & concepts of cultural imperialism, organize and support institutional changes that do this.

- **Equity**: be aware & mindful of the socio-political landscape that continues to enable the exploitation of black people. Support organizations that align with anti-racist values, whether it be through your time, your resources or your patronage.

- **Empowerment**: Identify, continue assessing and manage your own internal biases to reduce the chances of inadvertently disempowering your clients.

- **Elevation**: BIPOC affinity spaces are necessary. Allow for or create trainings where POC can teach, and participants of color can exist without the fear of microaggressions or lack of freedom to openly discuss white supremacy and white fragility.

- **Compassion**: Work on your own defensiveness, challenge your biases, privilege and own white fragility. Learn about the necessity of anti-racism and ask hard questions and be willing to receive and integrate difficult answers. Do not create dynamics in which POC around you are responsible to teach you.

Micro/Mezzo Level Intervention Strategies

Micro-Level Interventions

Fostering of Kinship networks provide a lifeline of intergenerational care in addressing family and community social problems

The incorporation of value systems such as Spirituality or Eldership help to create safety and alignment in the therapeutic relationship

Strength's based approaches such as Motivational Interviewing foster authenticity, rapport building, and personal agency

(Nichols, Edmond, Heil, 2018)

Mezzo-Level Interventions

An Afrocentric analysis of high-crime, drug-infested, poverty-stricken neighborhoods requires a collectivist approach by social workers and a partnering with key community stakeholders to hold slum landlords, redlining financial institutions, discriminatory employers and corrupt law enforcement personnel accountable and to ensure equitable and unbiased distribution of housing, financial, and employment opportunities and law enforcement services

Service providers can join coalitions and collaborate with organizers at the local level, e.g. Black Lives Mater, NAACP, the Urban League, the Children's Defense Fund, the National Congress of Negro Women

Systemic review of organizational policies, practices, and processes within agencies that offer mental health services to identify potentially racist and oppressive practices

(Nichols, Edmond, Heil, 2018)

Implementation of Culturally Informed Care

SAMSHA Treatment Intervention Protocol

◈ Step 1: Engage clients.

◈ Step 2: Familiarize clients and family members with the evaluation and treatment process.

◈ Step 3: Endorse a collaborative approach in facilitating interviews, conducting assessments, and planning treatment.

◈ Step 4: Obtain and integrate culturally relevant information and themes.

◈ Step 5: Gather culturally relevant collateral information.

◈ Step 6: Select culturally appropriate screening and assessment tools.

◈ Step 7: Determine readiness and motivation for change.

◈ Step 8: Provide culturally responsive case management.

◈ Step 9: Integrate cultural factors into treatment planning.

(TIP 59: Improving Cultural Competence, 2015)

Mental Health of America Policy Protocol

• Have a formalized, written cultural and linguistic competency plan

• Appoint planning and advisory councils and governing boards with diverse and culturally and linguistically competent membership

• Provide enrollment and educational materials in different languages and accessible formats that are responsive to the diversity and needs of the communities being served.

• Pre-test the reader-friendliness of enrollment and education materials with a diverse audience.

• Ensure availability of providers with language skills that complement the languages used by the communities being served

• Develop and implement standards for recruitment and hiring of culturally and linguistically competent leadership and staff

• Have a regular quality-monitoring program with indicators that separately evaluate both the quality of services and the outcomes

• Provide regular cultural and linguistic competency training for leadership and providers.

• Ensure that providers have an understanding of the cultural attitudes about healing systems, functional and environmental limitations, family dynamics, sexual orientations, and gender identities of people they serve.

• Ensure that providers are skilled in specialized assessment and treatment techniques to serve diverse populations.

(Cultural and Linguistic Competency in Mental Health Systems, n.d.)
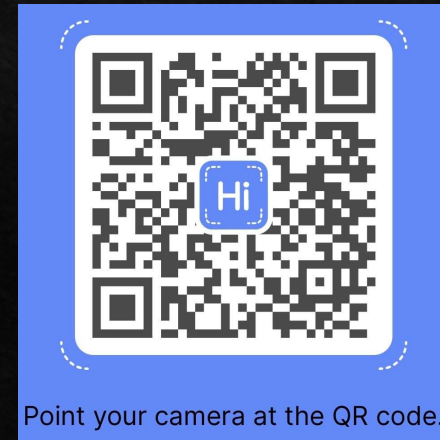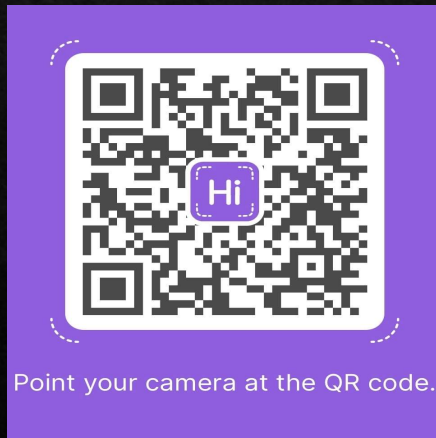
Questions?

Hannah Counter, M.A., LPC, EMDR - Trained

Owner + Founder
The Counter Collective, LLC
469-478-8340
h.counter@thecountercollective.org

Youth Program Director
New Friends New Life
214-433-3236
hcounter@newfriendsnewlife.org

NEW FRIENDS
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