Do You Really See Me?

Understanding Trauma in African American Women

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Objectives

- Review risk factors for trauma in African American women.
- Define terms associated with cultural competence.
- Review research related to trauma and microaggressions.
- Apply culture-affirming coping strategies and therapeutic interventions to case studies.
- Identify communication barriers and therapeutic pitfalls that impact treatment.

Trauma Language & Risk Factors

Topics to Cover

The Importance of Language
Multicultural Triples
Trauma Victims & Survivors

The Importance of Language

Language matters.

Words matter.

Context matters.

Connotation matters.

The Multicultural Triplets

Power
- The ability to exercise influence over others.

Privilege
- Unique, preferential treatment that members of the social majority automatically receive just because they are members of that group.

Protection
- unmerited immunity from problems, situations, and circumstances that may result in a poor outcome.

Trauma Victims & Survivors

Victim
- Someone who experienced **and perished** from a crime, accident, or other event.

Survivor
- Someone who has experienced and **lived beyond** a crime, accident or other event that has impacted functioning negatively.

CRISIS VS. TRAUMA

Crisis

- "a condition of instability or danger...leading to a decisive change;"
- "a dramatic emotional or circumstantial upheaval in a person's life" (Dictionary.com).

Trauma

- "a body wound or shock produced by sudden physical injury, as from violence or accident; an experience that produces psychological injury or pain."

Three Trauma Rules

- **Not every crisis results in a trauma reaction.**
  - Getting laid off at work
  - Finding out negative health news
  - Flooding in his basement
  - Not having rent money.
- However, these crises don't necessarily always become traumas.
- What becomes a trauma depends on a lot of things including a person's temperament, history of trauma, personality, social support, and environmental factors.

Three Trauma Rules

- **Sometimes the trauma comes before the crisis.**
  - Attacks on the World Trade Centers in New York City and the Pentagon in Washington DC on September 11, 2001.
  - No crisis that led to those events.
  - After the attacks, the country was in a state of crisis, and lots of people experienced trauma reactions.

Three Trauma Rules

- **Not every trauma produces a trauma reaction.**
  - Every 107 seconds a sexual assault occurs in the United States (rainn.org).
  - Even though sexual assault is a traumatic event, some people don't ever experience lasting trauma symptoms. Other people experience trauma symptoms for years following the traumatic event.

Microaggressions

What are Microaggressions?

Brief and commonplace daily [non physical], verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group

Dr. Chester Pierce

The term was originally created in relation to race by Dr. Chester Pierce.

- Past-president of the American Board of Psychiatry and Neurology
- Major consultant for Sesame Street

- Microassaults
  - Explicit behaviors intending to hurt a person of color such as name calling, avoidance, and discrimination.
- Microinsults
  - Communications conveying a hidden insult that demean a person's racial heritage
- Microinvaldations
  - The denial, exclusion, and invisibility of a person of color's thoughts, feelings, and experiences as they relate to a person's ethnic heritage

Types of Microaggressions: Reloaded

Now, microaggressions can be experienced based on to any cultural identity group.

- Microassaults
  - Explicit behaviors intending to hurt a person of color such as name calling, avoidance, and discrimination.
- Microinsults
  - Communications conveying a hidden insult that demean a person's cultural identity.
- Microinvaldations
  - The denial, exclusion, and invisibility of a person of color's thoughts, feelings, and experiences as they relate to a person's cultural identity.

Social Examples of Microaggressions

I'm Really a Neuroscientist
https://youtu.be/ttZmGU3_n2l

The Black Meryl Streep
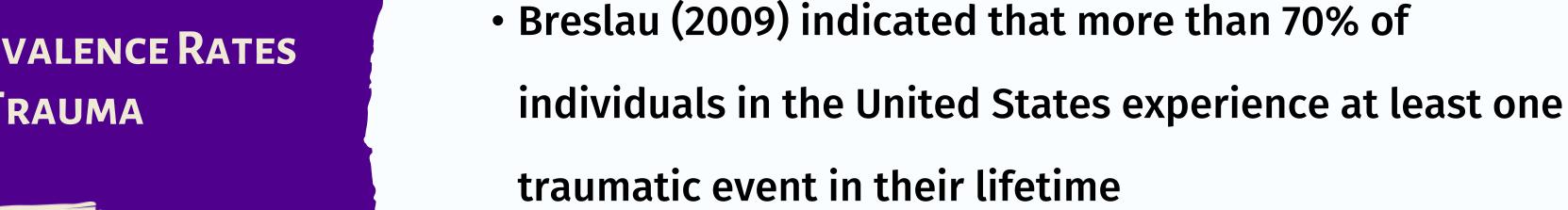https://youtu.be/Sf0kDGVkVzQ
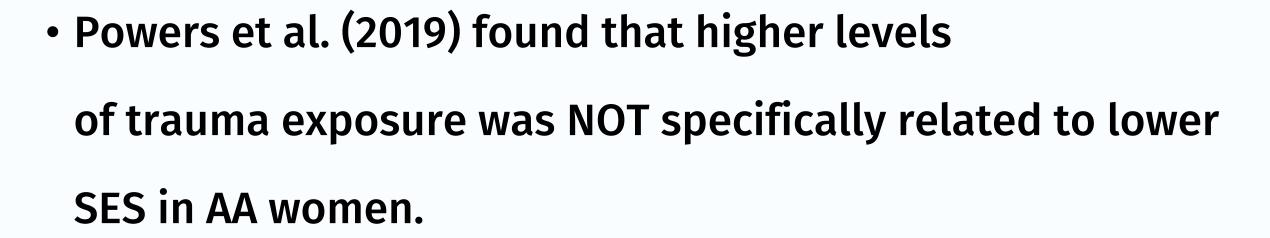
Trauma Research

Topics to Cover

Prevalence Rates of Trauma
Cultural Identity Factors

Prevalence Rates of Trauma

- Breslau (2009) indicated that more than 70% of individuals in the United States experience at least one traumatic event in their lifetime
- People living in low-income urban environments are at greater risk for exposure to multiple traumatic events
- Pietrzak et al. (2011) estimate that the general population prevalence for PTSD is 6.4%
- Gillespie et al. (2009) found rates as high as 30–50% in African Americans living in areas with high violence

Cultural Identity Factors

- Powers et al. (2019) found that higher levels of trauma exposure was NOT specifically related to lower SES in AA women.
  - AA women with higher education endorsed the highest number of traumas.
- Hampton & Gillotta (2006) AA women experience higher rates of trauma by 35% when compared to EA women
- Rosen et al. (2007) examined mental health services and found that AA women are less likely to receive treatment.

Ethical Application

Topics to Cover

Microaggressions in Treatment

Microaggressions in Treatment

Microaggressions happen everywhere, but they have a prominent impact on the therapeutic relationship when they happen in treatment.

- Hook et al. (2016) researched 2,212 racial/ethnic minorities (REM)
  - found that over 80% of patients reported experiencing at least one racial microaggression in counseling.
- Common Racial Microaggressions
  - Denial or lack of awareness regarding stereotypes or bias about cultural issues (i.e., "My counselor seemed to deny having any cultural biases or stereotypes")
  - Avoidance of discussion of cultural issues (i.e., "My counselor avoided discussing or addressing cultural issues in our session[s]").

Microaggressions in Treatment

Frequency of Racial Microaggressions
- Found no differences in across REMs.

Impact of Racial Microaggressions
- Black patients were more impacted by racial microaggressions than Asian patients

Racial Matching
- Asian and Hispanic patients found racial microaggressions to be more impactful when the patient and therapist race matched.
- Black patients didn't find racial microaggressions to be as impactful when the patient and therapist race matched.

Microaggressions in Treatment

"White counselors might [unconsciously] offer African American patients therapeutic assistance that is inappropriate or unneeded in an attempt to mask racism."

- Identifying instances in which they point out a connection with or allegiance to African American people or black culture.
  - "My best friend is Black."
  - "I love Black music."
- Making suggestions that are counter-culture for African Americans.
  - "I don't know why you just don't speak up for yourself and tell your parents how you feel?"
  - Have you considered removing this negative person from your life permanently?
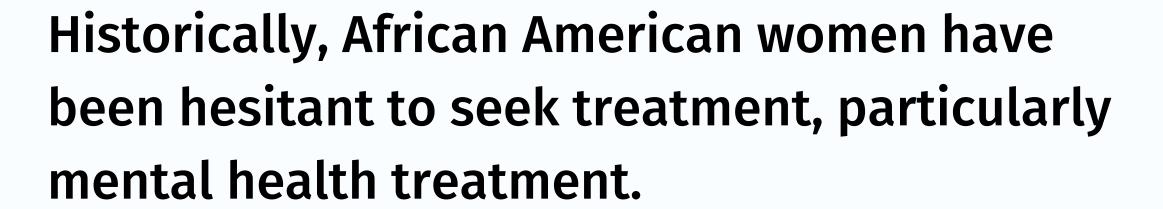
Microaggressions in Treatment

- Claiming to understand the "black" experience because of your history and experience working with African American women.
- Assuming that all Black people are politically liberal.
  - Making jokes about DJT.
- Comas-Díaz & Jacobsen (2001) found that self-righteous assertions of being nonracist impacted African American patients poorly.

Clinical Application

Topics to Cover

On the Couch
Rapport vs. Relationship
Tend to the Relationship
Helping AA Women Cope
Clinical Pitfalls

Getting African American Women on the Couch

Historically, African American women have been hesitant to seek treatment, particularly mental health treatment.

- External Concerns:
  - Concerns that current MH professionals **CANNOT** control.

- Internal Concerns:
  - Concerns that current MH professionals **CAN** control.

Getting African American Women on the Couch: External Concerns

- General lack of trust for the medical field
  - Tuskegee Syphilis Experiment
- Spiritual Concerns
  - What does it say about me if I can't handle all of my problems within the church and my faith?
- Personal Experiences
  - Negative experiences with the MH profession
- Cultural Rules around sharing private information

Getting African American Women on the Couch: Internal Concerns

- Lack of MH awareness in the African American community
- Secrecy
  - How do we lift the veil?
- Cultural Competence
  - Decrease the number of negative experiences that patients have that are rooted in their identities

RAPPORT ≠ RELATIONSHIP

FOR AFRICAN AMERICAN WOMEN

Rapport vs. Relationship

- Rapport (Dictionary Definition)
  - a close and harmonious relationship in which the people or groups concerned understand each other's feelings or ideas and communicate well.
- Rapport (for African American women)
  - a good working experience between people where communication flows
- Relationship (for African American women)
  - a close and harmonious connection between people or groups where vulnerability and trust exists

Rapport vs. Relationship

- For this group, all relationships start with rapport.
- They typically follow three paths:
  - Progress onto a relationship
  - Remain at rapport consistently
  - End before establishing the relationship
- The therapist has a lot to do with how the relationship progresses, but is not 100% responsible.

Tend to the Relationship: EEPA

Start building your relationship from the point of first contact

- African Americans respect educational achievement, so don't be afraid to use your title. They want to know that they are in good hands.
- Make sure that you are genuine. Being phony is a cultural no-no.
- Build this relationship using EEPA

Rules - Relationship = Rejection

Relationship + Rules = Respect

for African American women

Tend to the Relationship: Explore

- Explore
  - How did you make the decision to come to therapy?
  - What prompted you to make this appointment?
  - How difficult was it to make that call?
  - After you made it, how did you feel?
  - Why now?

Tend to the Relationship: Examine

- Examine her concerns about coming to therapy.
  - What would it look like if things went really well today?
  - What would it look like if things didn't go so well?
  - Tell me about any urges to cancel this appointment.

- Process the Here and Now
  - What made you show up in the face of those urges?
  - How do you feel now that you are here?
  - What's your biggest concern as you sit here right now?

Tend to the Relationship: Acknowledge

- Acknowledge the Process and Effort to Come
  - Point out how hard it was to follow-through with the decision
    - I asked you these questions because...
    - I noticed that you seemed a little jumpy, and I wanted to understand your experience so far.
  - Provide examples of what other women have said about making this step.
  - Thank her for coming.

WARNING!!!

- The amount of data collected during the intake process may be significantly decreased if you EEPA.
  - However, you will pick up speed later because you built a foundation of trust.
  - Information will more freely flow between therapist and patient in subsequent sessions if you can sacrifice the need to get as much information as possible on that first intake day.

Helping AA Women Cope: Self esteem

- Molloy & Herzberger (2002) found that AA women generally have higher self-esteem than EA women despite racial, sexist, and economic oppression.
  - Twenge & Crocker (2002) and Adams (2010)
- Fisher & Shaw (1999) found that self esteem buffered the relation between stress and mental health outcomes.
- Patterson (2004) correlated high self esteem in AA women to sustained social and familial ties. In other words, self-esteem is wrapped up in UBUNTU.

i am

because WE are

Helping AA Women Cope: Spirituality

- African Americans are more religious than other racial groups
  - 76% report engaging in prayer at least once per day.
  - More than half (53%) attend weekly religious services
- Newlin (2002) et al. asserted that spirituality has been connected to positive adjustment, which is helpful for people who experience trauma and microaggressions daily.
- Chatters et al. (2008) found that many African Americans first attempt to seek counseling from the church before they get to a secular counselor
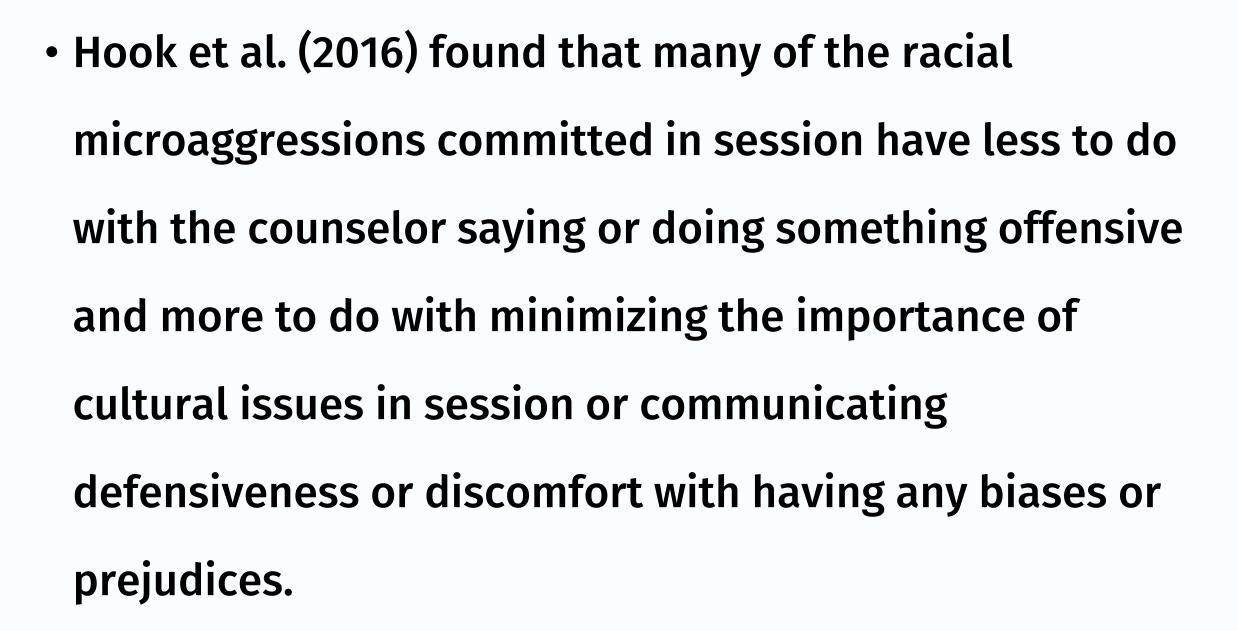 - You're at the bottom of the list.

Helping AA Women Cope: Spirituality

- Boyd-Franklin (2003) acknowledged that church specifically offers the opportunity to try out interpersonal skills with trusted people, receive feedback from others, develop leadership skills, and engage in political discourse (Boyd-Franklin, 2003).
- Alim et al. (2008) found that existential well-being (EWB) creates resilience AA trauma survivors.
  - EWB refers to having a sense of purpose in life
- Fowler & Hill (2004) found that spirituality had no protective impact from PTSD among AA woman who had experienced IPV.

Clinical Pitfalls: Avoiding Race

- Bring race into the room; it is likely already there for your patient.
  - Thompson & Jeneal (1994) found that African American patients became frustrated when counselors avoided racial issues in a counseling situation
  - African American college students rated low racially conscious counselors, regardless of race, less favorably than high racially conscious counselors.

Clinical Pitfalls: Avoiding Race

- Hook et al. (2016) found that many of the racial microaggressions committed in session have less to do with the counselor saying or doing something offensive and more to do with minimizing the importance of cultural issues in session or communicating defensiveness or discomfort with having any biases or prejudices.

Clinical Pitfalls: Denying Your Bias

- Infants as young as 3 months old perceive ethnic and racial features and prefer to stare at someone of their own race/ethnicity (Bar-Haim et al., 2006)
- Meissner & Brigham (2001) uncovered that when adults are asked to recognize previously seen faces, they more accurately identify faces of their own race/ethnicity more often than faces of other races/ethnicities
- Know that you are socialized to think more favorably about certain groups of people

Clinical Pitfalls: Maintaining the Silence

- One of the worst things that you can do when working with African Americans, particularly women, is remain silent.
  - Privileged silence speaks loudly.

Clinical Pitfalls: Ignoring Ruptures

- Microaggressions are ruptures in the therapeutic relationship. They must be:
  - acknowledged
  - owned
  - processed
- Not doing all of these things could lead to:
  - premature termination
  - negative experiences that set up barriers to future treatment
  - harm to a patient

Clinical Pitfalls: Remaining Unaware

- Take an assessment of your power and privilege
  - Do you know how African American women see you?
    - As problem-free?
    - As perfect?
    - As emotionless?

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Reflective questions

- Identify a microaggression that you have experienced in your personal/professional life.
- How did this experience impact you emotionally, cognitively, interpersonally, etc.?
- How did you cope with it?
- Are there consistent microaggressions that you face?
- How are you coping with them?

Reflective questions

- Identify a microaggression that you have committed in your personal/professional life.
- How did this experience impact you emotionally, cognitively, interpersonally, etc.?
- How did you resolve it?
- Are there consistent microaggressions that you commit?
- How are you addressing them?