Webinar Basics

- All participants are muted with their video off.

- Feel free to enter questions into the Q&A box throughout the webinar.

- Questions will be compiled by the moderator at discussed at the end of the presentation.

- The webinar will last 3 hours, with one 15-minute break around 3pm.

Dr. Char Newton, PhD, LP

Dr. Char Newton is a fully licensed psychologist and in full time practice at Pine Rest Christian Mental Health Services. Dr. Newton also has over 10 years of experience in clinical, academic, and community settings, including teaching experience at both undergraduate and graduate levels of higher education and is a member of the Michigan Board of Psychology, appointed by Governor Gretchen Whitmer.

Presenters

Dr. Janeé Steele, PhD, LPC

Dr. Janeé Steele is a licensed professional counselor, counselor educator, and diplomate of the Academy of Cognitive and Behavioral Therapies. Dr. Steele is also the co-owner and clinical director of Kalamazoo Cognitive and Behavioral Therapy, PLLC, where she provides therapy, supervision, and training in CBT.

Presenters

Disclaimer

- Conversations about race and racism can be difficult. Please take care of yourself!

- If you are a target of racism:

  - Be aware of anything that might be triggering or overwhelming

  - Use mindfulness and breathing skills when you need to

  - Take a break if necessary

- If you are an ally or a learner:

  - Work toward maintaining a non-judgmental stance

  - Recognize defensiveness

  - Seek to understand

Learning Objectives

Broach race and racism in therapy with Black clients and build culturally responsive therapeutic relationships

Conceptualize the role of race and racism in mental health challenges experienced by Black clients

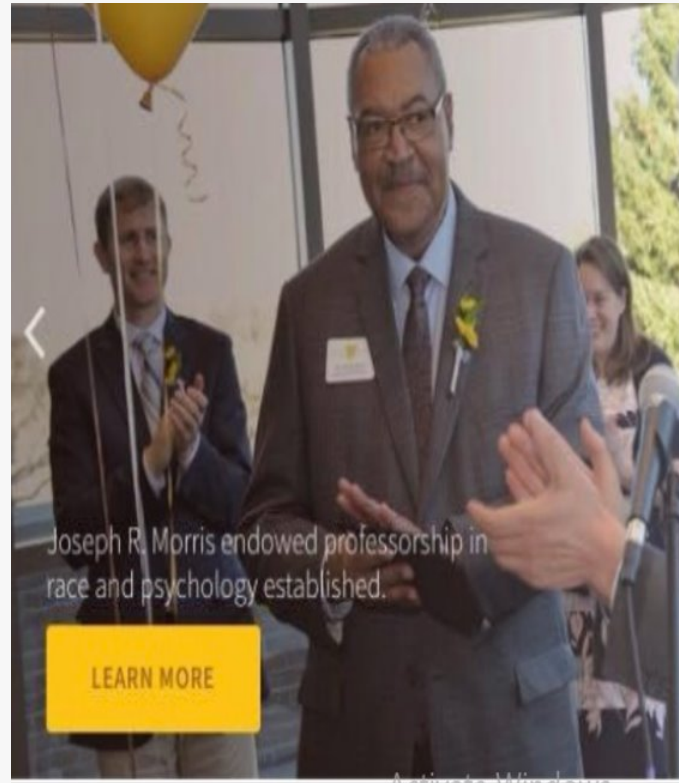Develop theoretically-based, culturally sensitive treatment plans for Black clients

Define key terms relevant to the psychology of race and racism

What Brings You Here Today?

Char

Joseph R. Morris endowed professorship in race and psychology established.

LEARN MORE

Janeé

Things I Bring Into the Room

- I am black

- I am a woman

- I am from the metro-Detroit area

- My parents and grandparents were from the deep south of Baton Rouge, Louisiana

- I am a member of Generation X and the Millennial generation

- I heterosexual

- I am Christian

- I am the middle child

- I am a first-generation college student, and the first Ph.D. in my family

What Do You Bring Into the Room?

Place your name in the center circle to the right. Write an important aspect of your identity in each of the attached circles. These should be identifiers or descriptors you believe are important in defining you. They can include anything, for example, Asian American, Christian, female, mother, athlete, educator, or any descriptor with which you identify.

What is Racism?

- Racism is a system of social structures that provides or denies access, safety, resources, and power based on race categories, producing and reproducing race-based inequities.

- Racism is rooted in a principal of superiority and inferiority.

- Racism affects us individually, is built into our institutions, and is woven into the fabric of our culture.

- White supremacy is the underlying framework that rationalizes racial disparities (DiAngelo, 2018)

  - White supremacy depicts White culture as the ideal for humanity and confers structural power and privileges to White people as a group.

  - Through White supremacy, White people have freedom from the psychic weight of race, to move freely in most spaces, and to be reflected as the norm in nearly all aspects of social life (DiAngelo, 2018)

How is Racism Expressed?

Institutionalized racism: Policies and practices within various institutions allow for a cycle of racial inequity overtly or subtly (i.e., schools, government, housing, media).

Interpersonal racism: Consciously or subconsciously discriminating against a person or group because of race.

Internalized racism: Conscious or subconscious acceptance of a racial hierarchy wherein one group is deemed to be better than another. It is based on beliefs, either conscious or subconscious, that one race is inferior, and another is more superior. Whiteness is assumed to be the norm.

Modern Racism

- **Colorblind racial attitudes:** The perspective that race should not and does matter. While these attitudes may be well-meaning, they ignore the role of race and racism in people of color's lives and are counterproductive to goals for equality (Neville et al., 2001)

- *Example: "When I look at you, I don't see color" "We're all human"*

- **Microaggressions:** A statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority (Sue et al., 2007)

Common Microaggressions Against African Americans

	Category Name	Description
1	Not a True Citizen	When a question, statement, or behavior indicates that a person of color is not a real citizen or a meaningful part of our society because they are not White.
2	Racial Categorization & Sameness	When a person is compelled to disclose their racial group to enable others to attach pathological racial stereotypes to the person; includes the assumption that all people from a particular group are alike.
3	Assumptions About Intelligence, Competence, or Status	When behavior or statements are based on assumptions about a person's intelligence, competence, education, income, social status derived from racial stereotypes.
4	False Colorblindness / Invalidating Racial or Ethnic Identity	Expressing that individual's racial or ethnic identity should not be acknowledged, which can be invalidating for people who are proud of their identity or who have suffered because of it.
5	Criminality or Dangerousness	Demonstrating belief in stereotypes that people of color are dangerous, untrustworthy, likely to commit crimes or cause bodily harm.
6	Denial of Individual Racism	When a person tries to make a case that they are not biased, often by talking about anti-racist things they have done to deflect perceived scrutiny of their own behaviors.
7	Myth of Meritocracy / Race is Irrelevant for Success	When someone makes statements about success being rooted in personal efforts and denial of existence of racism or White privilege.
8	Reverse Racism Hostility	Expressions of jealousy or hostility surrounding the notion that people of color get unfair advantages and benefits due to their race.
9	Pathologizing Minority Culture or Appearance	When people criticize others based on perceived or real cultural differences in appearance, traditions, behaviors, or preferences.
10	Second Class Citizen / Ignored & Invisible	When people of color are treated with less respect, consideration, or care than is normally expected or customary. This may include being ignored or being unseen/invisible.
11	Connecting via Stereotypes	When a person tries to communicate or connect with a person through use of stereotyped speech or behavior, to be accepted or understood. Can include racist jokes and epitaphs as terms of endearment.
12	Exoticization and Eroticization	When a person of color is treated according to sexualized stereotypes or attention to differences that are characterized as exotic in some way.
13	Avoidance and Distancing	When people of color are avoided or measures are taken to prevent physical contact or close proximity.
14	Environmental Exclusion	When someone's racial identity is minimized or made insignificant through the exclusion of decorations, literature, or depictions of people that represent their racial group.
15	Environmental Attacks	When decorations pose a known affront or insult to a person's cultural group, history, or heritage.

Understanding the Psychosocial Context of African American Mental Health

- African American adults are 20% more likely to experience mental health issues than the rest of the population

- 25% of African Americans seek treatment for a mental health issue, compared to 40 percent of White individuals. The reasons for this drop off include misdiagnosis by doctors, socioeconomic factors and a lack of African American mental health professionals.

- Adult Black/African Americans living below poverty are three times more likely to report severe psychological distress than those living above poverty.

- Black/African Americans are less likely than White people to die from suicide as teenagers, Black/African Americans teenagers are more likely to attempt suicide than are White teenagers (8.3 percent v. 6.2 percent).

Understanding the Psychosocial Context of African American Mental Health

- Only 6.2 percent of psychologists, 5.6 percent of advanced-practice psychiatric nurses, 12.6 percent of social workers, and 21.3 percent of psychiatrists are members of minority groups. According to the National Association on Mental Illness (NAMI), only 3.7% of members in the American Psychiatric Association and 1.5% of members in the American Psychological Association are Black.

- African Americans of all ages are more likely to witness or be victims of serious violent crimes. Exposure to violence increases the risk of developing a mental health condition such as post-traumatic stress disorder, depression, and anxiety.

- African American children are more likely than other children to be exposed to violence, which can have a profound, long-term effect on their mental health.

- Some African Americans even see mental illness as a punishment from God. Up to 85 percent of African Americans describe themselves as "fairly religious" or "religious," and they commonly use prayer as a way to handle stress, according to one study cited by the American Psychiatric Association.

Racialized Trauma

- Racialized trauma refers to mental and emotional injury caused by repeated encounters with racial bias, hostility, discrimination, or harassment (Carter, 2007)

- Common ways people are exposed to racialized trauma include:
  - Small, everyday slights such as being followed around a department store
  - Racial slurs
  - Denied opportunities
  - Racial profiling
  - Hate crimes

- Racialized trauma may happen as a result of a direct or indirect encounter with a race-based event
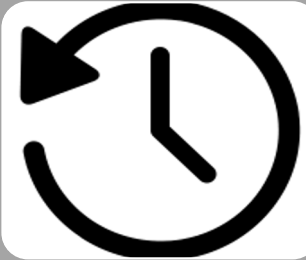
Historical Trauma

- Psychological distress experienced by a group of people over time and across generations (Mohatt et al., 2014)
  - **Example:** Collective pain felt with the murders of Trayvon Martin and Tamir Rice in light of the historical murders of Emmett Till and the four little girls in Birmingham, Alabama
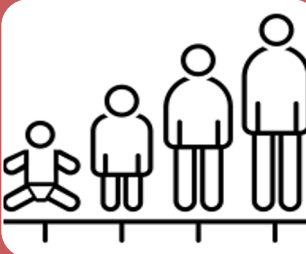
Transgenerational Trauma

- Pain transmitted across generations due to events that occur within an individual family (Bryant-Davis et al., 2017)
  - **Example:** Having a parent or a grandparent who was a victim of police brutality

Vicarious Trauma

- Trauma that occurs as a result of learning about or witnessing racism or prejudice targeted at other Black people (Nadal, 2018)
  - **Example:** Witnessing other Black people being bullied and called racial slurs

Impact of Racialized Trauma

Physical Impact

- Hypertension
- Obesity
- Heart disease

Psychological Impact

- Depression
- Hypervigilance
- Anxiety
- Flashbacks
- Low self-esteem

Affective Impact

- Anger
- Hopelessness
- Fear
- Guilt
- Shame

The Challenge of Talking to Clients About Race

- Issues surrounding race are often sensitive or "hot button" topics in society

- Many therapists fear that initiating conversations around race might offend their clients

- Other therapists lack the training to skillfully guide discussions about race

- Research suggests that White counselors in particular often feel uncomfortable discussing race and may only do so when the topic is initiated by the client Knox et al. (2003)

  - Viewed as less credible by clients

  - May experience ruptures in the therapeutic alliance

  - Have worse therapeutic outcomes

Addressing the Challenge of Talking About Race in Therapy

- In order to address the challenge of talking to clients about race, therapists must:
  - Develop specific dispositions and skills necessary to address race and racism in therapy. Multicultural orientation provides a useful framework for understanding how to do this during therapy (Hook et al., 2016)
  - Integrate constructs concerning race and racism into their treatment planning and conceptualization of client issues

Multicultural Orientation

Cultural Opportunities		•Initiating and taking the opportunity to explore topics related to culture and identity with a client
Cultural Comfort		•Openly acknowledging the impact of race and culture in therapy •Maintaining an attitude of curiosity
Cultural Humility		•Recognizing one's personal values and biases •Managing instances of emotional defensiveness

Cultural Humility

Cultural Humility

An intrapersonal and interpersonal concept

Intrapersonal

Involves having an accurate view of yourself especially one's limitations

Interpersonal

Entails being other oriented rather than self oriented and it involves the removal of superiority stance

Cultural Comfort

- Cultural comfort is the counselor's ability to feel ease, calmness, and security in discussing cultural and racial identity issues.

- Cultural comfort is developed by experiences inside and outside of therapy. Furthermore, it is here that the therapist must be aware of transference and countertransference issues and seek supervision or consultation to address these issues (Davis et al., 2018)

Cultural Opportunities

- Cultural opportunities are markers in therapy in which the client's beliefs, values, and racial identity come into the room and provide opportunities for exploration (Owen et al., 2016)

- Therapist follows the client's cultural statements

- Taking advantage of cultural opportunities signals the client's culture is an important part of the client's life and should be addressed in therapy
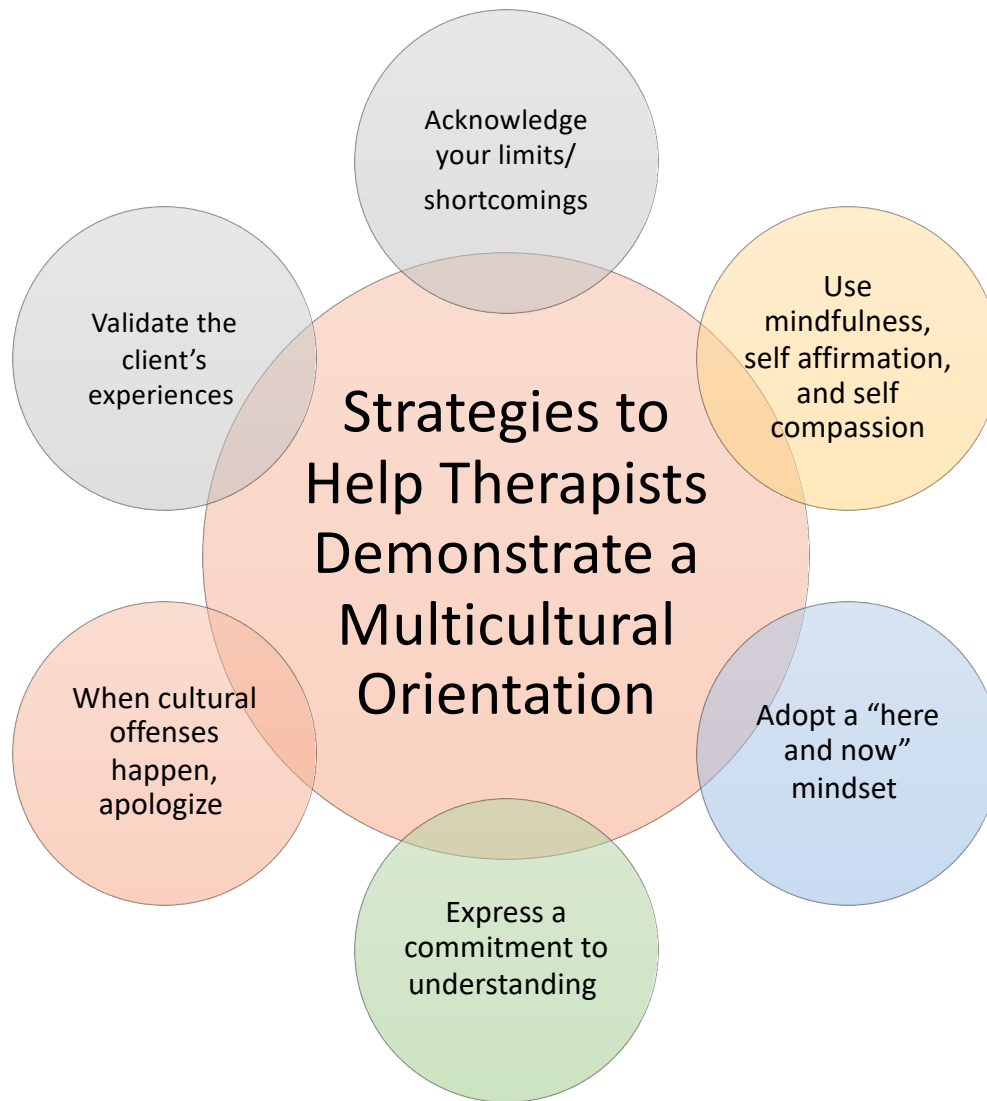
More Strategies for Cultural Opportunities: Broaching

- **Broaching:** Day-Vines et al. (2007, 2020) developed the concept of *broaching* and defined it as a counselor's deliberate and intentional efforts to discuss the racial, ethnic, and cultural (REC) identities of the client and the impact of these identities on the client's presenting concerns.

Example of Broaching

- "I'm wondering if you would describe what your experience has been like as a Black American and the first member of your family to go to college."

  - This Socratic question allows the client to discuss issues of racial concerns and allows them to talk about race in the counseling dyad.

Benefits of Broaching

Allows clients to make connections between racial issues and their presenting problem

Gives permission to talk about a taboo topic within the safety of the counseling dyad

Provide a catharsis, moving the client toward more effective problem resolution

Multidimensional Model of Broaching Behavior (MMBB)

Intracounseling: The counselor acknowledges similarities and differences; explores interpersonal processes with the therapeutic alliance.

Intraindividual: The counselor acknowledges the multiple dimensions of the client such as race, gender, class, socioeconomic status, religious affiliation, sexual orientation, immigrant status, and occupation.

Multidimensional Model of Broaching Behavior (MMBB)

Intra-REC: The counselor acknowledges areas of concerns of within-group members, exploring concerns that may arise between the client and people with whom they share group membership.
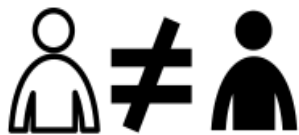
Inter-REC: The counselor acknowledges encounters with racism and discrimination that client has experienced, as well as other forms of oppression that may create psychological distress for the client.

Broaching Involves Getting Curious

Ask Questions Like:

I wonder how did that feel?

What was that experience like for you?

How did your family or community respond?

What did this mean for you?

Broaching Race in the Early Stages of Therapy

- Consider the following questions and think about how you might develop a narrative to include in your intake/informed consent process:
  - How does culture influence the relationship between the client and the therapist?
  - What are your most salient cultural identities? How would you explain these identities to the client?
  - How would you invite clients to share about their own cultural identities?
  - In what ways does culture influence clients' presenting concerns broadly?
  - How would you invite clients to explore how culture influences their presenting concerns specifically?
  - How would you inform your clients of your intent to explore culture throughout therapy?

Example

To help you understand me and my approach to therapy a little better, I'd like talk to you some about my cultural background. Culture is an important part of the counseling process for many reasons. First, our cultural identities influence the way we see and experience the world. I identify as a heterosexual, African American woman, and this may affect how I understand your problems. However, it's really important that I understand the issues you discuss with me during therapy from your cultural worldview as much as possible. How do you identify your race/ethnicity? Sex? Gender? Sexual orientation? Religious or spiritual background? What are the most important aspects of your background or identity? At times, I may ask you how the aspects of your culture influence the problems you experience. Additionally, many people experience discrimination because of their cultural identities, which may also contribute to their difficulties. In these cases, we may also explore strategies to help you achieve a greater sense of empowerment. Do you have any questions?

Broaching Race During Later Sessions

Example:

Andre is a 40-year-old cisgender, African American man who is seeking counseling due to feelings of anxiety and depression after being fired from his place of employment. Andre, who was employed as a plant supervisor, explained that he was fired from his job 1 month ago due to low ratings on back-to-back performance evaluations. Since that time, Andre has experienced an overwhelming sense of sadness and worry and has made little effort to find new employment.

Therapist: It sounds like you're pretty overwhelmed by this situation. What goes through your mind when you think about looking for a new job?

Andre: I guess I just don't see a point. I thought I would do well as a plant supervisor, but as soon as I got the position, I started second guessing myself. Whenever my operations manager observed me on the floor, I had a hard time remembering things and had to ask for help. I don't know if I can handle being a supervisor, but my family can't survive on a lower paying job. It seems like things never work out for me.

Therapist: Andre, I hear that you're feeling defeated in your search for a new job.

Andre: Yes.

Response: *It also sounds like you felt so nervous when being observed by your operations manager that you even had problems with your memory. Tell me, how did your feelings in this situation reflect your experience as an African American supervisor at the plant?*

Mindfulness Strategies

- Trauma experts believe that since trauma lives in the parts of the brain that activate the body in the face of danger, thinking or talking about your trauma isn't enough to promote healing alone (Menakem, 2017)

- Because there is such a strong connection between the body and trauma, the body can be one of the most powerful tools for coping with the pain of racialized trauma

- Caution: in the Black community, there has been some stigma associated with mindfulness and meditation practices.

  - Some people believe meditation involves subscribing to certain religious philosophies or communicating with spirits

  - Other people believe meditation is incompatible with prayer or reliance on God

- Use language to frame mindfulness in a culturally sensitive way, such as describing meditation as awareness or even relaxation focused on non-judgmental attention to your thoughts, emotions, and physiological sensations
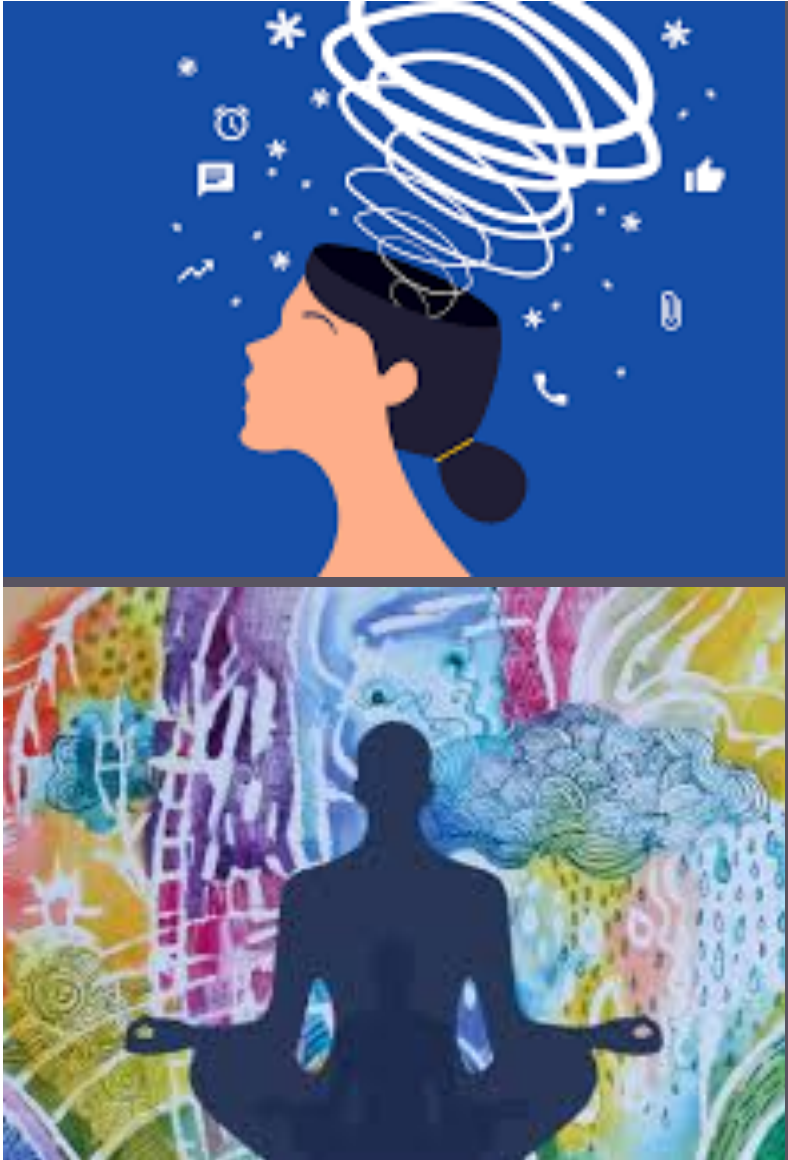
Mindfulness Strategies

- Specific mindfulness techniques include:
  - Body scan
  - Meditation
  - Grounding (e.g., the Five Senses Grounding technique)
  - Breathing and relaxation exercises (e.g., diaphragmatic breathing, progressive muscle relaxation)
- Questions to help clients process these activities include:
  - How can self-compassion (acceptance, love, kindness, etc.) help you deal with your racialized trauma?
  - What else do you need to say to express compassion (acceptance, love, kindness, etc.) toward yourself?
  - What goal-directed behavior can you engage in now? For example, what can you do to feel accomplished or to help someone else?

Questions to Deconstruct Race

- Socratic questioning can help clients deconstruct the role of race in their thinking and restructure negative thoughts into more adaptive and functional ways of thinking. Some examples include:
    - When did you first realize yourself as a racial being?
    - What did being Black mean for you at that time?
    - What are the advantages and disadvantages of being Black?
    - What are the stereotypes associated with being Black?
    - How did you learn these stereotypes?
    - Where did these stereotypes come from?
    - How do these stereotypes affect the way you see yourself and people in your racial group?
    - What are some alternative explanations for these stereotypes?
    - What would you like to believe about yourself outside of these stereotypes?
    - What evidence is there to support these beliefs?
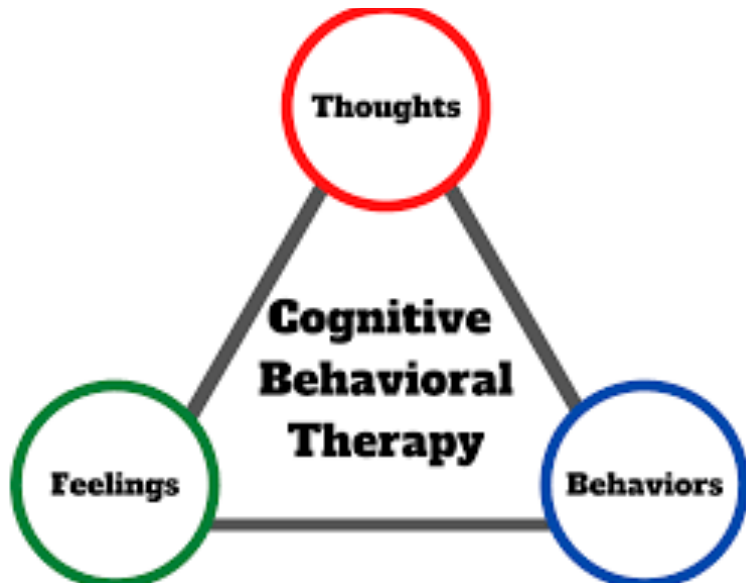
What is CBT?

- The approach to CBT utilized in this presentation is based on the *cognitive model* developed by Aaron Beck, which states that it is not what happens to us that determines our emotional, behavioral, or physiological responses, but how we think about what happens to us

The Cognitive Model
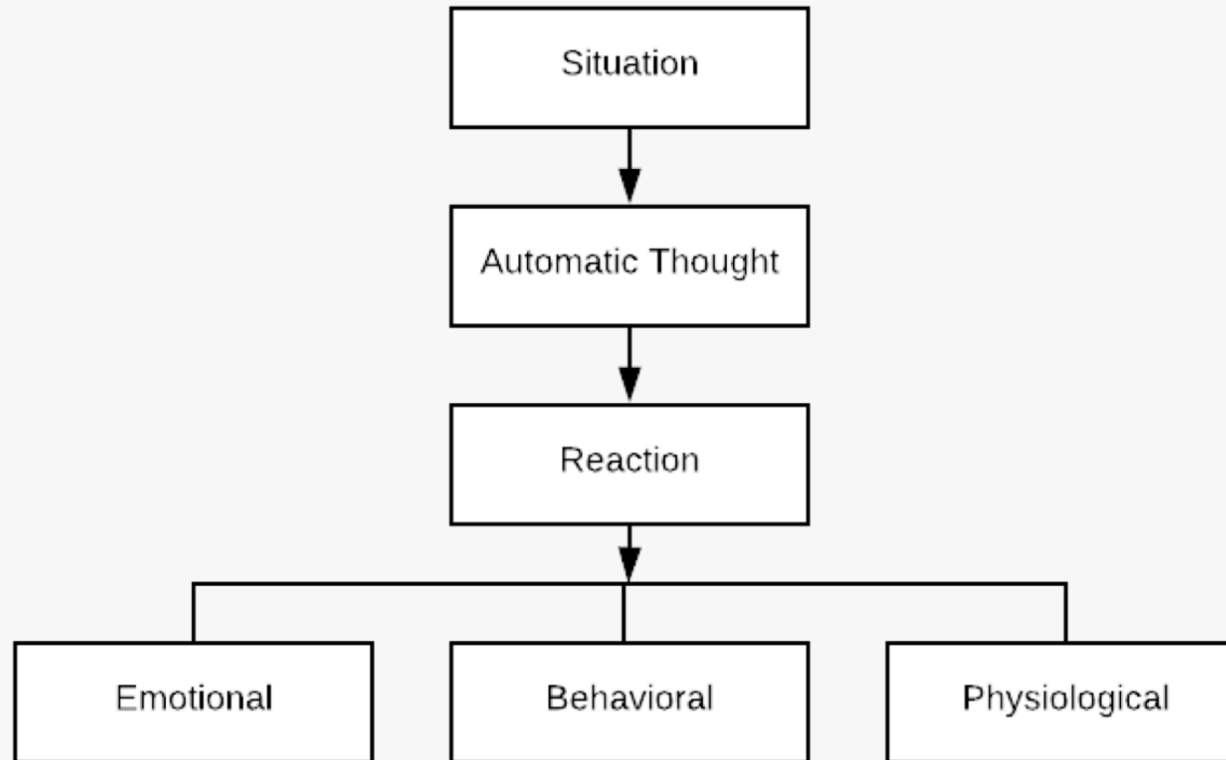
Intermediate Cognitions

- Within CBT, the automatic thoughts that cause our reactions in daily situations are thought to be influenced by our core beliefs, which in lead to the development of conditional assumptions and negative compensatory strategies
  - **Core beliefs:** specific thoughts about oneself
  - **Conditional assumptions:** attitudes and rules that help individuals cope with their core beliefs
  - **Compensatory strategies:** specific strategies used to follow the conditional assumptions

Common Core Beliefs and Compensatory Strategies Associated With Internalized Racism

Core Beliefs/Schema	
Inferiority	Believing, either consciously or unconsciously, in the supremacy of White culture (Bailey et al., 2014). "Being Black is at times embarrassing or shameful."
Inadequacy	Ascribing to personal inferiority beliefs surrounding being Black (Bailey et al., 2014). "I'm not good enough." "I can't be successful unless I adopt certain interests, communication styles, and standards of beauty."
Personal blame	Taking complete responsibility for failures or difficulties even when prejudice and discrimination are factors (Prilleltensky & Gonick, 1996). "All of my difficulties in life are my own fault."
Powerlessness	Perceiving the inability to initiate change to be greater than the actual limitations of one's social context (Prilleltensky & Gonick, 1996). "Things will always stay the same." "Nothing I do matters."
Belief in a just world	Believing there must be just reasons for the inequalities among racial groups, such as low morals or inferior intellectual abilities (Prilleltensky & Gonick, 1996). "Everyone gets what they deserve."
Compensatory Strategies	
Avoidance	Attempting to cope with feelings of shame, embarrassment, and alienation by distancing oneself from aspects of one's racial group membership, for example, concealing the neighborhood one is from or isolating oneself from individuals and social settings perceived to confirm negative stereotypes (Watts-Jones, 2002).
Conformity	Adjusting one's speech, appearance, and behavior to be more similar to the dominant culture, ranging on a continuum from code-switching to overt stigmatization of one's own cultural norms (Bailey et al., 2014).
Overperformance	Overperforming in occupational, academic, or social settings to meet real or perceived expectations greater than those held for members of the dominant racial group (Palmer & Walker, 2020).
Learned helplessness	Doing nothing when challenged by racism in response to the belief that one has no control over what happens (Bivens, 2005; Prilleltensky & Gonick, 1996).

Steele & Newton, in press

CBT and African Americans

- CBT shares basic tenets with multicultural counseling that make this form of therapy particularly well suited for individuals from culturally diverse backgrounds (Hays & Iwamasa, 2006)

- Some of these tenets include:

  - Emphasis on personal empowerment

  - Attention to client strengths and support systems

  - Affirmation of one's own sense of identity

- Findings show the effectiveness of CBT in managing behavioral difficulties, anxiety, depression, PTSD, and suicidality (Huey & Polo, 2008; Wilson & Cottone, 2013)

Cognitive Developmental Model of Internalized Racism

- Describes the role early life experiences and social influences have on the development of core beliefs and conditional assumptions

- Emphasizes the connection between exposure to interpersonal interactions that reinforce messages inferiority, shame, and powerlessness, and the ultimate development of negative cognitions
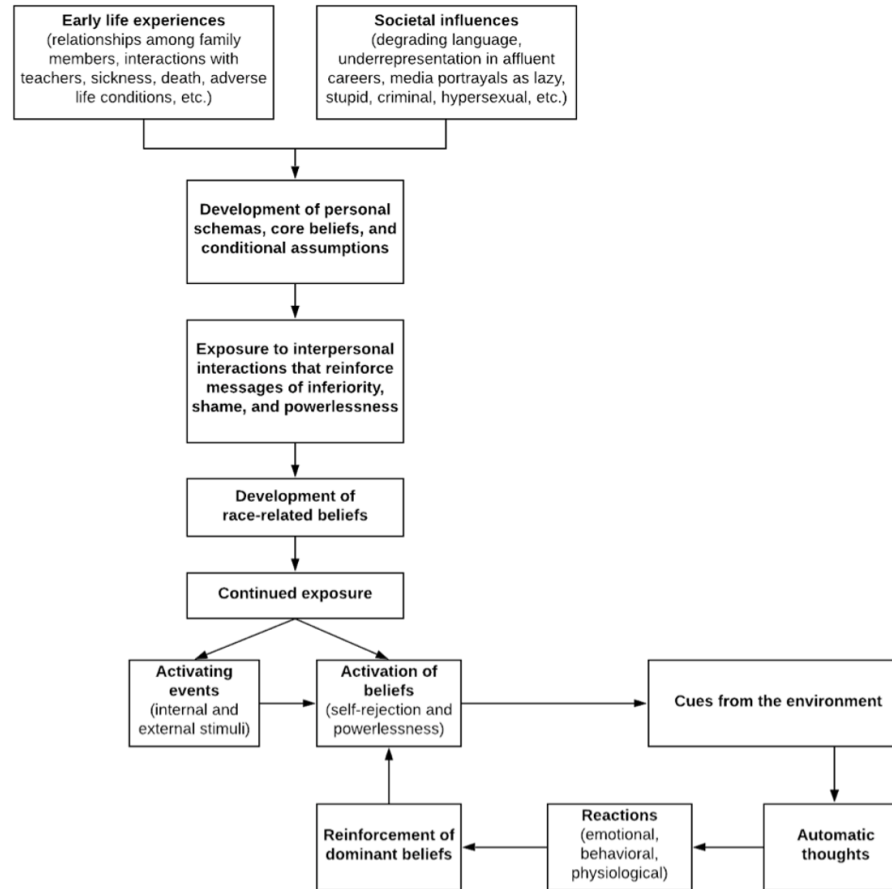
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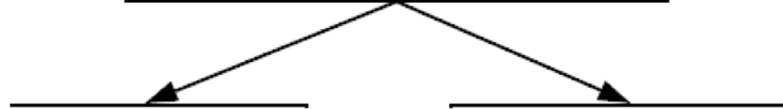
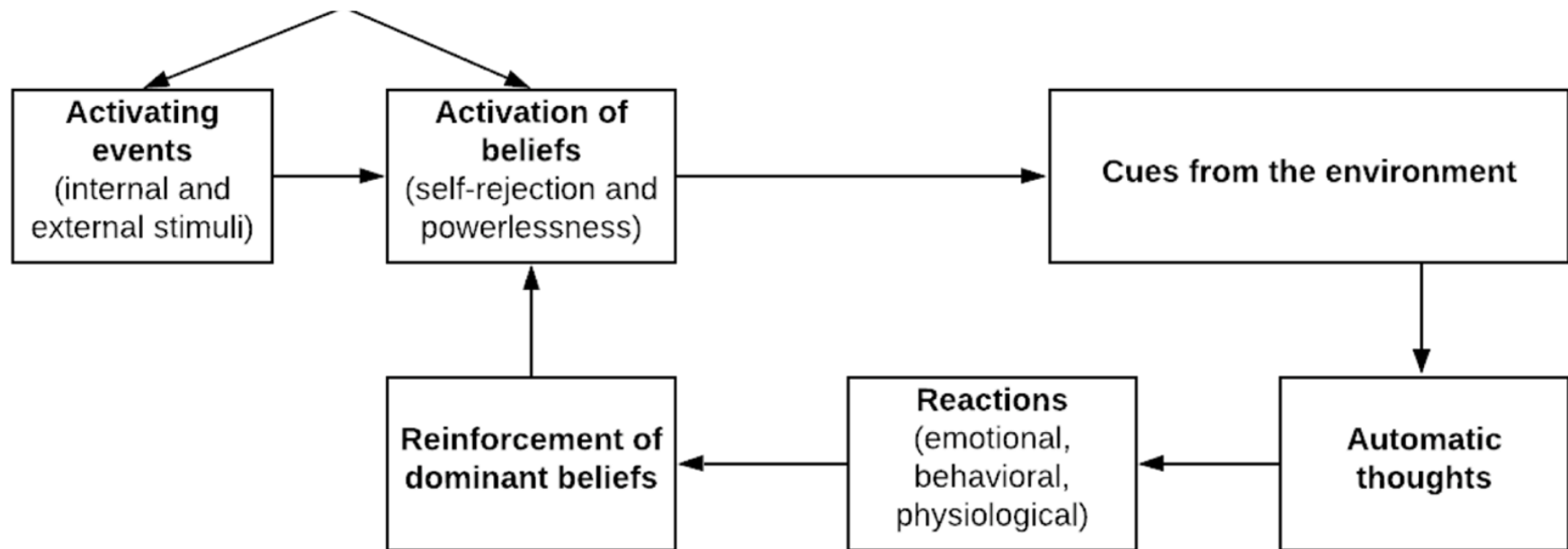Exposure to interpersonal interactions that reinforce messages of inferiority, shame, and powerlessness

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Development of race-related beliefs
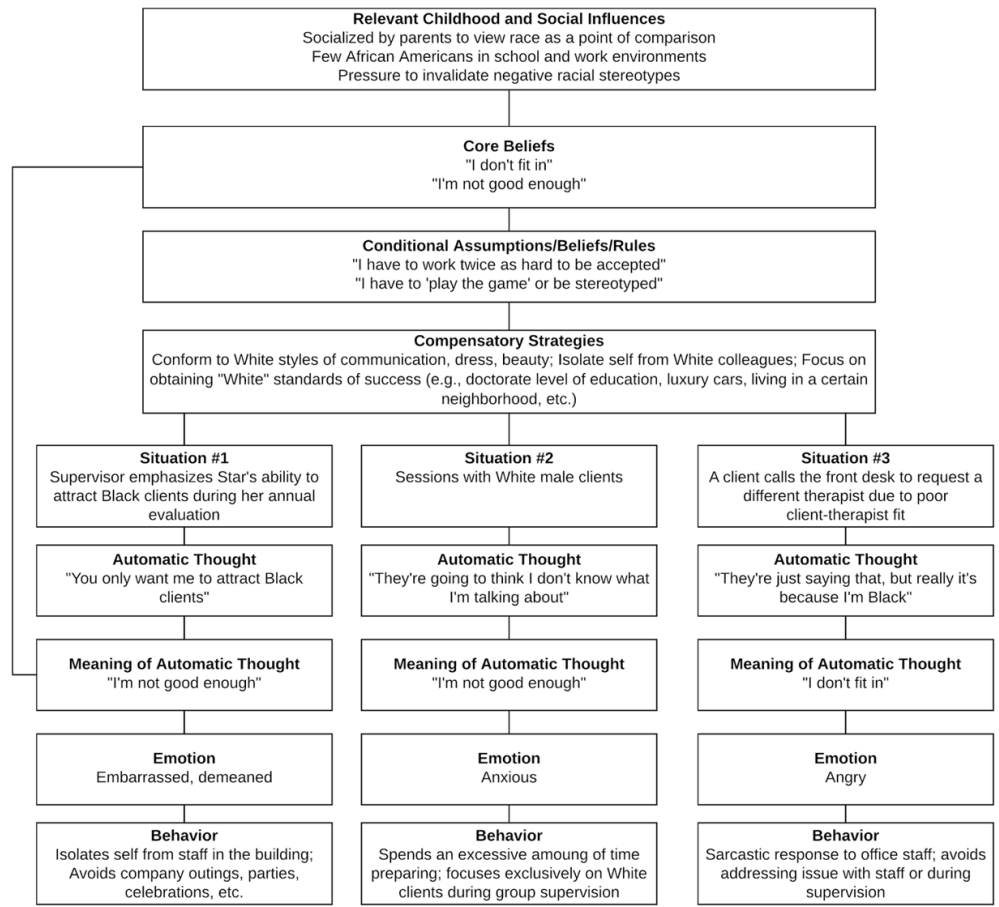
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Continued exposure

The Case of Star

Star is a 29-year-old cisgender, Black American woman who grew up in a lower-middle class neighborhood outside of the metro Detroit area. She was raised in a two-parent household where the value of education was strongly emphasized. Her parents sacrificed so she and her siblings could attend predominantly White private schools and have the same opportunities as their White peers (e.g., summer camps, family vacation, a college education). As a child, Star's parents were vocal about race matters and often told her, "You have to work twice as hard as Whites" and "Never let White people define you." After high school, Star became a first-generation college student and went onto pursue an advanced degree in the counseling profession. She recently entered her first full-time job and has noticed that it is very much a White male dominated environment where the voices of people of color are not regularly heard. During staff meetings, Star is often ignored, except on rare occasions when issues of race are discussed. In these instances, Star is looked to as an expert and treated as the representative for all people of color.

The Case of Star

Star initiated counseling after her last performance evaluation with her supervisor. During the evaluation, he highlighted her contributions when examining race issues, but did not acknowledge other ways in which Star contributes to the office work environment. As a result, Star has started to question her ability to work effectively with White clients. At times, Star has private closed-door meetings with another Black colleague where she finds support and validation, but these interactions are far and few between due to Star's need to be productive and get work done. Star finds herself becoming disconnected from her work environment and does not seek to socialize with her co-workers because she feels unheard and devalued. During her appointments with White, middle-class men, Star feels incompetent and questions her ability to connect and make an impact with these clients. "Maybe I'm not smart enough" or "They will not hear me" are message that Star begins to tell herself. Star enters therapy to address increasing symptoms of anxiety and depression.

Relevant Childhood and Social Influences
Socialized by parents to view race as a point of comparison
Few African Americans in school and work environments
Pressure to invalidate negative racial stereotypes

Core Beliefs
"I don't fit in"
"I'm not good enough"

Conditional Assumptions/Beliefs/Rules
"I have to work twice as hard to be accepted"
"I have to 'play the game' or be stereotyped"

Compensatory Strategies
Conform to White styles of communication, dress, beauty; Isolate self from White colleagues; Focus on obtaining "White" standards of success (e.g., doctorate level of education, luxury cars, living in a certain neighborhood, etc.)

Situation #1	**Situation #2**	**Situation #3**
Supervisor emphasizes Star's ability to attract Black clients during her annual evaluation	Sessions with White male clients	A client calls the front desk to request a different therapist due to poor client-therapist fit
Automatic Thought	**Automatic Thought**	**Automatic Thought**
"You only want me to attract Black clients"	"They're going to think I don't know what I'm talking about"	"They're just saying that, but really it's because I'm Black"
Meaning of Automatic Thought	**Meaning of Automatic Thought**	**Meaning of Automatic Thought**
"I'm not good enough"	"I'm not good enough"	"I don't fit in"
Emotion	**Emotion**	**Emotion**
Embarrassed, demeaned	Anxious	Angry
Behavior	**Behavior**	**Behavior**
Isolates self from staff in the building; Avoids company outings, parties, celebrations, etc.	Spends an excessive amoung of time preparing; focuses exclusively on White clients during group supervision	Sarcastic response to office staff; avoids addressing issue with staff or during supervision

Conceptualization: Core Beliefs and Schema

- As a result of her experiences, Star has developed several core beliefs:

  - "I'm not good enough"

  - "I don't fit in"

- These core beliefs reflect societal messages and schema commonly associated with internalized racism, namely, schemas of:

  - Inferiority

  - Inadequacy

Conceptualization: Rules and Compensatory Strategies

- To compensate for her core beliefs, Star has adopted several rules and compensatory strategies:

  - "I have to work twice as hard to be accepted"

  - "I have to play the game or be stereotyped"

  - Conform to White norms and standards success

  - Isolate self from White colleagues to manage anxiety

Treatment Planning: The Therapeutic Relationship

- *Cultural responsiveness*, or a therapist's ability to accurately communicate understanding of the client's cultural worldview, as well as the extent to which the therapist takes the client's cultural context (e.g., cultural stressors, interpersonal supports) into account during assessment and treatment planning is essential in the therapeutic relationship (Hays & Iwamasa, 2006).

- Broaching should include the addressing the cultural dynamics in the counseling relationship as well as the client's presenting concerns.

Treatment Planning: The Therapeutic Relationship

- Cultural humility should be illustrated by:

  - acknowledging the therapist's own cultural values and biases,

  - recognizing gaps in cultural knowledge pertaining to Star's concerns, and

  - maintaining an attitude of openness and curiosity towards Star's cultural beliefs and values.

Treatment Planning: The Therapeutic Relationship

- Cultural opportunities can be taken by:

  - exploring opportunities to dive deeper into culture when they are presented by the client

  - initiating cultural opportunities

- Psychoeducation component of CBT with Star should include discussions on race, racism, internalized racism, and their effects on the mental health and identity development of African Americans

- When utilizing techniques common to CBT such as weekly action plans or coping cards, the therapist should ask Star to identify cultural strengths that may assist her such as spirituality, adaptability, resilience, and community/familial support.

Treatment Planning: Goals

- Goals should focus on cognitive restructuring as well as addressing the oppression in Star's presenting concerns:

    - (a) identify the impact of racism and internalized racism on Star's current difficulties with anxiety and depression;

    - (b) articulate an individualized set of values not based on imposed Eurocentric ideals and standards;

Treatment Planning: Goals

- (c) increase Star's sense of power in addressing the microaggressions and discrimination in her work environment, especially in terms of describing their impact on her relationships with clients and co-workers; and

- (d) help Star replace her negative compensatory strategies with strategies that have been found to be effective in dealing with racial and gender discrimination, including prayer, a positive racial identity, and connections with social supports such as the church or family

Treatment Planning: Interventions

- In consideration of Star's goals, interventions during individual therapy sessions would consist of:

  - culturally sensitive psychoeducation,

  - cognitive restructuring, and

  - behavioral exercises focused on the reduction of her symptoms of anxiety and depression

Treatment Planning: Interventions

- Culturally sensitive psychoeducation would include:

  - (a) providing additional psychoeducation on the nature of racism and its mental health effects, and

  - (b) being direct in helping Star to view the microaggressions that occur in her work environment as discriminatory acts rather than personal inadequacies on her part

Treatment Planning: Interventions

- Cognitive restructuring to challenge negative cognitions would include:

  - Exploring the cognitive model of CBT, teaching her about the connection between her automatic thoughts and their corresponding emotional, behavioral, and physiological reactions

  - Assigning a thought record to keep track of her automatic thoughts outside of session

  - Teaching Star to look for evidence for and against her automatic thoughts, and to develop alternative ways of thinking through strategies such as Socratic questioning

  - Exploring underlying meanings surrounding core and intermediate beliefs using the cognitive conceptualization diagram

Treatment Planning: Interventions

- Modifying core beliefs by identifying new, more positive beliefs and looking for evidence to support the belief

  - "I'm not good enough" might be "I have strengths and weaknesses, just like everyone else" (Beck, 2020).

  - Evidence to support this belief might include her ability to complete graduate training, obtain a job, give and receive feedback on client cases, and to assist during conversations on difficult topics such as race.

Treatment Planning: Interventions

- Utilizing behavioral strategies designed to help Star think more flexibly and discover new viewpoints

- Breathing exercises, for example, may help Star reduce the stress she experiences in various work and social situations

- Mindfulness interventions such as meditation (e.g., a self-acceptance meditation)

- Affirmations may also be beneficial in terms of helping Star interrupt cycles of worried and self-critical thinking. Examples of affirmations Star might develop in response to her situation include: "I add value," "I matter," "My voice matters"

Resources

- Steele, J.M. (2020). A CBT Approach to internalized racism among African Americans. *International Journal for the Advancement of Counselling, 42,* 217–233.

- Wallace, D. D., Carlson, R. G., & Ohrt, J. H. (2021). Culturally adapted cognitive-behavioral therapy in the treatment of panic episodes and depression in an African American woman: A clinical case illustration. *Journal of Mental Health Counseling, 43,* 40-58.

- Invincible Black Women: https://forms.office.com/Pages/ResponsePage.aspx?id=yd4c5R2BHUe75t09jVTCi8MlT_kysjJLgvphfGjwCbtUQVIwRVQ2SjhIU09YQzIwMTA3SFBOMFdTWS4u

- https://www.abct.org/docs/factsheets/RACE_BASED_TRAUMATIC_STRESS.pdf

- Black Lives Matter Meditation for Healing Racial Trauma by Dr. Candice Nicole (soundcloud.com)

THANK YOU

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