Race-Based Stress & Trauma: Review of Part I & Introducing Part II!

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Clinical Psychologist
Disclaimers

• No financial disclaimers to make
  ~ I want everyone to get better
  ~ I really like behavioral treatments
  ~ I like any treatment approach that helps people identify meaning and moves one toward it
  ~ I welcome your questions
    (And I don’t know everything...)

Talk Overview

• List relevant cultural factors for African Americans and other stigmatized minority groups, emphasizing understanding and addressing race-based stress and trauma

• Recognize forms of racism, including racial microaggressions, that contribute to stress and unwellness in people of color (and other minorities)
  – Highlight the challenges within our psychological community

• Provide ideas to assess race-based stress and trauma and how to promote resilience via constructs such as ethnic identity, religious coping, and community.
Sensitive Topic Matter

• Given that all audiences (public, undergraduates, graduates, med students, and even professionals in psychology and medicine) have reported this topic matter to be difficult at times, I make some assumptions

• Assumption #1 – If you experience discomfort during this talk it is because you are one or more of the following groups:
  – Caring, empathetic, least likely to offend others, and wanting to avoid harming others
  – Exposed to racism either personally or in your environment

• Assumption #2 – You are here because you care about your clients/patients and others and want to do even better

http://www.mentalhealthdisparities.org
Psychological Trauma

• What is trauma?
  – An experience involving actual or threatened injury or death, and
  – Typically feeling intense fear, helplessness, or horror in reaction to the event
Psychological Trauma (Criterion A)

• Commonly Recognized Criterion A Situations
  – Natural Disasters, fires, explosions
  – Accidents (e.g., at work, home, in transit, exposure to toxins, etc.)
  – Physical Threat or Assault
  – Sexual Threat or Assault
  – Combat or Captivity
  – Life threatening illness
  – Extreme human suffering
  – Sudden violent death
  – Unexpected Death of someone close to you
  – Serious harm or death caused by you to someone else
  – Extreme human suffering
Psychological Trauma - Criterion A?

• Other (sometimes unexpected) losses?
• Bullying?
• Harassment?
• Leveraging power imbalances?
• Racially-motivated actions?
Trauma Informed Care

• Aims to avoid re-victimization
• Appreciates many problem behaviors began as understandable attempts to cope
• Strives to maximize choices for the survivor and control over the healing process
• Seeks to be culturally competent
• Understands each survivor in the context of life experiences and cultural background
What causes racism?
And what can we do about it?
Colorblind Ideology

Colorblindness is the racial ideology that posits the best way to end discrimination is by treating individuals as equally as possible, without regard to race, culture, or ethnicity.
Colorblind Ideology is a form of Racism

- Acts as if racial/ethnic/cultural differences don’t exist
- Maintains the status quo by not seeing inequities
- Fails to embrace positive qualities in each cultural group
How did we learn to be colorblind?

Mommy, look at that Black girl!
Do clinicians need to be multicultural?

- People of color prefer a multicultural approach
- When race is avoided by therapists, this leads to negative interpersonal perceptions by African American observers, who may believe that such an approach is actually indicative of greater racial prejudice (Apfelbaum, Sommers, & Norton, 2008; Constantine, 2007)
- Being unwilling to acknowledge racial differences, makes it appear as if you do not understand how to interact properly with people from other ethnoracial groups

*Don’t treat people the way you want to be treated. Treat them the way they want to be treated.*
Racial & Ethnic Identity Development

• Racial and ethnic identity development is a process, that can be challenging for both White people and people of color
• People often start at a stage where they don’t think much about their race and ethnicity
• Over time, they decide what this aspect of their identity means to them
• A stronger, positive ethnic identity protects people of color from some of the harms of racism (Williams, Chapman, Wong, & Turkheimer, 2012; Williams, Duque, Chapman, Wetterneck, & DeLapp, 2017)
Minority Identity Theory Model

- This model includes the stages of:
  1. Conformity
  2. Dissonance
  3. Resistance
  4. Introspection
  5. Integrative Awareness
# Social Distance Based on Racial Identity

<table>
<thead>
<tr>
<th>Client Stage of Identity Development</th>
<th>Client Attitudes</th>
<th>White Therapist Minority Client (different races)</th>
<th>Minority Therapist Minority Client (same race)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conformity</td>
<td>Pro-White Anti-OwnGroup Self-Hatred</td>
<td>![Image]</td>
<td>![Image]</td>
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<tr>
<td>Dissonance/Resistance</td>
<td>Anti-White Pro-OwnGroup</td>
<td>![Image]</td>
<td>![Image]</td>
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<tr>
<td>Introspection</td>
<td>Questions OwnGroup &amp; Dominant Group</td>
<td>![Image]</td>
<td>![Image]</td>
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<tr>
<td>Integrative Awareness</td>
<td>Accepts Self, OwnGroup, &amp; Dominant Group</td>
<td>![Image]</td>
<td>![Image]</td>
</tr>
</tbody>
</table>
What is Whiteness?

• Most white people do not think about their own whiteness, do not define themselves by skin color, and consequently experience themselves as *non-racialized* (Dlamini, 2002; Neville, Worthington, & Spanierman, 2001)

• They also do not see how their whiteness has given them *power and privilege* compared to non-whites, especially if their own experience of their lives has been of hard work and struggle

• This can make developing a positive and prosocial White racial identity challenging
Racial Socialization

- Whites and people of color live in two different Americas.
- Black families tend to teach their children about the realities of discrimination from an early age to prepare and protect them.
- New immigrants may be less likely to engage in this practice.
- This process is called racial socialization.
Who Perpetrates and Suffers from Racism?

- People of any group can perpetrate racism and discrimination
  - Including other ethnoracial minorities, women, sexual minorities (LGBT), disabled persons, etc.
- Anyone of any race can suffer as a result of racism and discrimination
- However, to discriminate the perpetrator must have some degree of power over the victim – for example:
  - White over Black
  - Men over Women
  - Boss over Employee
Who Experiences Racism and Discrimination?

- African Americans most likely to perceive racism (81%), followed by Latino Americans (67%), Asian Americans (61%), and European Americans (11%) (Cokley, Hall-Clark, & Hicks, 2011)
  - Mental health negatively correlated to perceived discrimination (r=-.26; p<.01)
- In a study of racial discrimination and psychopathology across three ethnic minority groups, African Americans (M=22.9) reported significantly more instances of discrimination than either Asian (M=18.7) or Hispanic Americans (M=19.6) (Chao, Asnaani, Hofmann, 2012)
  - Hispanic Americans who experienced racism were significantly more likely to experience symptoms of MDD
  - African Americans who experienced racism were significantly more likely to experience symptoms of PTSD
Mental Health Consequences of Racism

Victims of racially hostile environments may experience diagnosable psychiatric symptoms.

- Stress (Clark et al., 1999; Berger & Sarnyai, 2015)
- PTSD (Pieterse et al., 2012; Williams et al., 2014)
- Anxiety (Soto, Dawson-Andoh, & BeLue, 2011)
- Depression (Banks & Kohn-Wood, 2007; Torres et al., 2010)
- Substance use (Gerrard et al., 2012)
- Alcohol abuse (Blume et al., 2012; Hurd et al., 2014)
- Binge eating (Harrington et al., 2010)
- Severe psychological distress (Chae et al., 2011; Chao, Mallinckrodt, & Wei, 2012)
- Psychosis (Anglin et al., 2014; Janssen et al., 2003; Oh et al., 2014)
- Disability (Carter & Forsyth, 2009)
- Suicide (O’Keefe et al., 2015)
Examples of Racism (1)

• Being followed in stores (shopping while Black)
• Cashiers asking for extra identification
• Insensitive remarks by coworkers and friends
• Profiling by law enforcement
• Racial slurs
• Confederate flags
• Threats
Microaggressions

• Small racist acts that are not clearly racially motivated (Pierce (1970; Sue et al., 2007)

• Create uncertainty and anxiety in ethnic/racial minorities (Torres, Driscoll & Burrow, 2010)
Some Types of Microaggressions
(Sue & Sue, 2008)

• Unintentional behaviors or verbal comments conveying rudeness or insensitivity
• Blatant verbal, nonverbal, or environmental attacks intentionally discriminatory or biased
• Verbal comments or behaviors that exclude, negate, or dismiss experiences, often unconscious
<table>
<thead>
<tr>
<th>Microaggression Category</th>
<th>Example</th>
</tr>
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<tbody>
<tr>
<td>1. Forcing a racial/ethnic category</td>
<td>“What is your nationality?” to a person of color</td>
</tr>
<tr>
<td>2. Counter-stereotypical surprise</td>
<td>“How did you get so good at science?” to an African American</td>
</tr>
<tr>
<td>3. Negative color blindness</td>
<td>“I don’t think of you as Hispanic.”</td>
</tr>
<tr>
<td>4. Assumption of dangerousness</td>
<td>“Be careful, that guy looks like a thug to me.”</td>
</tr>
<tr>
<td>5. Denial of personal bias</td>
<td>“I would never treat a minority person differently.”</td>
</tr>
<tr>
<td>6. Denial of structural racism</td>
<td>“Discrimination against Whites has gotten bad too.”</td>
</tr>
<tr>
<td>7. Pathologizing cultural differences</td>
<td>“Why are Black people are so loud?”</td>
</tr>
<tr>
<td>8. Ignored and invisible</td>
<td>Waitress forgets to take order of customer of color.</td>
</tr>
<tr>
<td>9. Environmental microaggressions</td>
<td>No people of color depicted in clinic artwork or brochures.</td>
</tr>
<tr>
<td>10. Connecting via stereotype</td>
<td>“What’s your favorite basketball team?” to an African American</td>
</tr>
<tr>
<td>11. Expert in other's culture</td>
<td>“The real problem is lack of parental role models.”</td>
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<tr>
<td>12. Exoticization</td>
<td>“Can I touch your hair?”</td>
</tr>
<tr>
<td>13. Eroticization</td>
<td>“You are one sexy jungle bunny!”</td>
</tr>
<tr>
<td>15. Fragile race avoiding</td>
<td>“We shouldn’t talk about race – it’s not polite.”</td>
</tr>
</tbody>
</table>
Can Well-Meaning Professionals Commit Racism?

- Most of us go into helping professions because we care about people
- Many microaggressions seem positive at face value
- Clinicians may not realize how comments have affected patient
COLORBLINDNESS

“I don’t see you as Black. I just see you as a regular person.”

The Message
– You are abnormal
– I will politely ignore your abnormality

It doesn’t matter if you are black or yellow or brown or normal!
Denial of Individual Racism

“I’m not racist because some of my best friends are Black.”

The Message
– I already understand you
– I am immune from racism
Accused Hypersensitivity

“Don’t be too sensitive about the racial stuff. I didn’t mean anything bad/offensive.”

The Message

– You are the problem – not me
– If you point out my racism I will attack you
Meritocracy Myth

“If Black people just worked harder, they could be successful like other people.”

The Message

– People like you deserve to fail because you are lazy

I HAVE THE PRIVILEGE OF

BEING TOTALLY UNAWARE OF MY OWN PRIVILEGE
Minimization

“I’m not sure we need to focus on race or culture to understand your depression.”

The Message

– I know better than you
– Racism is not harmful
Over-Identification

“As a gay person, I know just what it’s like to be discriminated against because of race.”

The Message
– My problems are just like yours
– I cannot be a racist!
Denial & Dismissal

“Let’s hope you weren’t treated that way due to racism.”

The Message

– Your experience upsets me, and I don’t want to hear it
– Maybe the problem was not racism but just you
Microaggressions Impact Satisfaction with Treatment

• Microaggressions impacted perception of general and multicultural counseling competence through AA clients’ perceptions of the therapeutic working alliance

• The nebulous nature of microaggressions may contribute to frustration and anger by African American patients

• African American clients may find it difficult to respond to racial microaggressions in medical situations due to self-doubt and power dynamics

• Harm clinicians may cause by microaggressions could be unknown or underestimated
Cumulative Trauma
(Bresleau et al., 1999)

• Previous Exposure to Trauma and PTSD Effects of Subsequent Trauma: Results From the Detroit Area Survey of Trauma

• History of any previous exposure to traumatic events associated with a greater risk of PTSD from the index trauma

• Multiple previous events had a stronger effect than a single previous event

• Results consistent with a sensitization hypothesis
Racism-Related Trauma is Cumulative (Carter, 2007)

• For most traumatic experiences, people show signs of re-experiencing (intrusion) the event(s). In the case of race-based traumatic stress, encounters may be clustered or cumulative, and a “last straw” event may serve as the trigger for the trauma
  – e.g., one may be stressed, but the level of stress may not reach threshold for being traumatic until the trigger or last straw – trigger may be a major or minor event

• Many minorities report their stress is not because of one event, but a series of emotional wounds and blows experienced
Trauma Can be Inherited

- Environmental information registered by an ancestral generation can be passed down to descendants via two routes: social transmission and biological inheritance (Dias & Ressler, 2014)
Cultural Trauma Can be Inherited (1)

• Children and grandchildren of Holocaust survivors more susceptible to PTSD
  – biological/inherited mechanisms identified (Bierer et al., 2014)

• Cultural trauma in descendants of Japanese WWII incarceration
  – negative consequences for the identity of those imprisoned and their offspring (Nagata, Kim, & Nguyen, 2015)

• Native American experience
  – high rates of addiction, suicide, mental illness, sexual violence, etc. might be influenced by historical trauma
Cultural Trauma Can be Inherited (2)

• African American traumatic cultural history
  – Kidnapping from Africa, slavery, socially sanctioned rape, Jim Crow & segregation, marginalization, and discrimination into current times (Williams, Gooden, & Davis, 2012)
  – Also called post-traumatic slave syndrome (Leary, 2005)
• Social Learning Theory (what we see and what we hear)
• Identity, ongoing, and cumulative trauma (Kira, 2010)
Criticisms of Cultural Trauma Data

• Level of scientific data must be extraordinary
  – Decipher = infallible, microaggression?

• There are always other explanations
Physicians’ Recommendation of Coronary Artery Bypass Graft Surgery by Patients’ Race-Gender Group

"I send you this beautiful photograph, this is one who died by the unwritten law yesterday."

Unarmed Terence Crutcher is shot and killed by police. Helicopter cop: “That looks like a bad dude too. Could be on something.”
Police Violence
(Turner, Giacopassi & Vandiver, 2006)

• One primary factor in the development of the police force in America was the institution of slavery and the desire to control indigenous populations
  – accomplished in the form of “slave patrols” and “night watches”

• Many southern police departments began as slave patrols to wealthy landowners, recovering and punishing slaves who tried to escape
  – considered a forerunner of modern American law enforcement

• Abuses by police extends to violence against peaceful Civil Rights protesters in the 1960’s and into modern times with brutality and killing of unarmed people of color

Dr. David Dao injured and dragged off of plane by law enforcement because he refused to surrender his seat to a United employee.
PTSD in Ethnoracial Minorities

- PTSD is a severe and chronic condition that may occur in response to any traumatic event
- National Survey of American Life (NSAL) found that African Americans show a prevalence rate of 9.1% for PTSD versus 6.8% in non-Hispanic Whites (Himle et al., 2009)
- Increased rates of PTSD have been found Hispanic Americans, Native Americans, Pacific Islander Americans, and Southeast Asian refugees (Pole et al., 2008)
How Racism Causes Trauma
(Helms et al., 2012)

• Racist incidents are traumatic
• They affect survivors in ways that are analogous to the effect that rape and domestic violence have on their victims
• Similar to traumatization by bullying or sexual harassment
• Act is a violation of an individual’s personhood
• The victim feels disempowered/powerless
• Event is unpredictable and uncontrollable
• May be challenged or ridiculed by others
Racial Trauma Model

Racist event

Traumatic Reaction

Shock, disbelief, fear, shame, humiliation, confusion

Symptom Clusters

A negative, unexpected, uncontrollable violation, assault to one's personhood

May be exacerbated by cumulative small assaults

Re-experiencing

Distressing memories, Nightmares, Intrusive thoughts, Flashbacks, Distress over reminders of event

Avoidance

Trying not to think about it, Avoiding White people, Agoraphobia/Isolation

Negative Mood & Cognitions

Depression, Anxiety, Belief that world is unsafe, Self-blame/ doubt, Guilt, Anger

Physiological Arousal

Hypervigilance, Increase startle, Poor sleep, Concentration problems
Case Example

• 45-year-old Black Male
• Referred from Medical Center
  – Assessment of Trauma Event(s) and Race-related Trauma
  – Recommendation for treatment
  – Consultation with physicians
  – Outcome
Addressing Race-Based Stress & Trauma (1)

- **Problem 1**: Existing PTSD measures aimed at identifying an index trauma typically fail to include racism among choice response options, leaving such events to be reported as “other” or squeezed into an existing category that may not fully capture the nature of the trauma (Malcoun, Williams, & Bahojb-Nouri, 2015)

- **Problem 2**: Minorities may be reluctant to volunteer experiences of racism to White clinicians, who comprise the majority of mental health care providers (US Department of Labor, 2013)
Addressing Race-Based Stress & Trauma (2)

• **Problem 3**: Clients may worry that the clinician will not understand, become defensive, or express disbelief

• **Problem 4**: Clients may not link current PTSD symptoms to cumulative experiences of discrimination if queried about a single event *(Kira, 2010; Helms et al, 2011)*
Racism & PTSD

Stress

Traumatization

Institutional Racism/Barriers to Recovery

Invalidation

Traumatic Event!

Ongoing Racism

Cultural Trauma
Assessing Cultural Constructs

- Race-Based Traumatic Stress Symptom Scale (RBTSSS; Carter et al., 2013)
- General Ethnic Discrimination Scale (GEDS; Landrine et al., 2006)
- Experiences of Discrimination Scale (EOD; Krieger et al, 2005)
- Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992)
- Stephenson Multigroup Acculturation Scale (SMAS; Stephenson, 2000)
- Duke University Religion Index (DUREL; Koenig & Bussing, 2010)
- Racial Microaggressions Scale-Modified (RMAS; Torres-Harding & Turner, 2015)
Clinical Interviews (1)

- **DSM-5 Cultural Formulation Interview (APA, 2013)**
  - Cultural Definition of the Problem
  - Cultural Perceptions of Cause, Context and Support
  - Cultural Factors affecting self coping and past help seeking
  - Cultural Factors affecting current help seeking

- **DSM-5 CFI Supplementary Modules**
  - Explanatory Model
  - Level of Functioning
  - Social Network
  - Psychosocial Stressors
  - Spirituality, Religion & Moral Traditions
  - Cultural Identity
  - Coping and Help-Seeking
  - Clinician-Patient Relationship
  - School-Age Children and Adolescents
  - Older Adults
  - Immigrants and Refugees
  - Caregivers
Clinical Interviews (2)

- UConn Racial/Ethnic Stress & Trauma Survey (UnRESTS; Williams, Peña & Mier-Chairez, in press)
  - Demographics
  - Six questions to assess ethnoracial identity development
  - Semi-structured interview to probe for a variety of racism-related experiences
    - Direct Overt Racism
    - Racism Experienced by Loved Ones
    - Vicarious Racism
    - Covert Racism (e.g., Microaggressions)
  - Checklist to help determine whether the individual’s racial trauma meets DSM-5 PTSD criteria
Treatment for Racial Trauma

- Treatment for racial trauma has not been well researched, thus there is not yet an empirically-supported gold standard for treatment.
- However, because of the similar development of pathology to other kinds of stress and trauma-related disorders, good treatment options for people color are probably culturally-adapted variations of empirically supported treatments for PTSD (Comas-Diaz, 2016)
Diversity in Treatment Trials

Figure 1: Ethnoracial Makeup of PTSD Studies (US only; Kusch, Wetterneck, et al., 2018)
Diversity in Treatment Trials

Figure 2: 2010 United States Census Data on Population by Race
Diversity in Treatment Trials

Figure 3: Reasons for Missing Data on Ethnoracial Makeup (Kusch, Wetterneck, et al., 2018)

- Did not report race
- Reported only majority or "other" category
- Combined ethnic/racial groups (i.e. Latino and Asian)
This is not the time for Socratic questioning!
Validate Reports of Experiences of Oppression

• When client discloses perceived discrimination/oppression, avoid:
  – Automatically looking for alternative explanation (e.g., Could it be that he/she meant something else?)

• Validate experiences and feelings (Hays, 2009)
  – You weren’t there – as a stigmatized minority who was present for the event, your client is in the best position to determine if a racist event occurred (McKinnon, 2016)
Helping People of Color Cope (1)

- Place the blame where it belongs (on the perpetrator and, secondarily, our cultural dysfunction)
- Seek social support within one’s community (e.g., close friends, family, people who “get it”)
- Limit exposure to cues of racism, as needed while recovering (e.g., signing off social media)
- Utilize religious or spiritual practices for comfort (e.g., prayer, meditation)
Helping People of Color Cope (2)

• Seek positive distraction from cues of racism (e.g., engaging in pleasurable activities)
• Participate in restful and relaxing activities (self-care)
• Engage in peaceful activism (making meaning from pain)
• Educate others – and be patient! (facilitate mutual understanding)
The Strong Black Woman

- The “Superwoman” syndrome imposed on many African American women has been found to contribute to the depression, exhaustion, and stress-related illnesses experienced by this group.

- This comes from the “Strong Black Woman” persona, which derives from slavery when women had to be strong to survive and protect their children in a brutal environment of forced servitude.
Look for Harmful Coping

- Denial
- Substance use
- Aggression
- Self-blame
- Self-harm / suicide

Activists gather at the Ohio statehouse to remember organizer MarShawn McCarrel, who took his own life.
Help Make an Escape Plan

• Is the trauma still happening?
• Victims need space to heal
• Identify the major sources of stress
• Make a plan to change the environment
  – Find a new job
  – Move to a new neighborhood
  – Remove toxic people as close friends
• Not easy but often necessary
# Therapeutic Approaches to Racial Trauma
*(adapted from Comas-Diaz, 2016)*

<table>
<thead>
<tr>
<th>Phase</th>
<th>Goals</th>
<th>Method</th>
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<tbody>
<tr>
<td>Assessment</td>
<td>Racial Stress/Trauma Centrality of Event</td>
<td>Interview, measures Testimony</td>
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<tr>
<td>Desensitization</td>
<td>Self-Regulation</td>
<td>Ethnic healing Mind-body approaches</td>
</tr>
<tr>
<td>Reprocessing</td>
<td>Meaning Making Cultural Resilience</td>
<td>Racial stress inoculation Exposure-based therapy Racial socialization Ethnic/Cultural pride</td>
</tr>
<tr>
<td>Decolonization</td>
<td>Internalized Racism Challenge Agency, identity reformation, posttraumtic growth, transformation</td>
<td>Critical Consciousness Power imbalance awareness</td>
</tr>
<tr>
<td>Social Action</td>
<td>Collective agency Social change, racial equality</td>
<td>Story-telling, advocacy, activism Psychoeducation, solidarity</td>
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</tbody>
</table>
Functional Analytic Psychotherapy (FAP) (Miller, Williams, Wetterneck, Kanter, & Tsai, 2015)

- Behavioral and experiential
- Awareness, courage, and therapeutic love
- Five rules
  1. Watch for CRBs (be aware)
  2. Evoke CRBs (be courageous)
  3. Reinforce CRB2s (be loving)
  4. Observe your effect on clients (be aware)
  5. Interpret and generalize (be a good behaviorist)
Cultural Life Problems in Therapy (1)

**Daily Life Problem**
- Minority client coping with invalidating comments
  - i.e., many White people not understanding what they’re saying can be hurtful

**In Session Response**
- Problem (CRB1): Failure to bring up feeling “microaggressed” against by therapist and avoiding conflict.
- Goal (CRB2):
  - Small: Expressing anger toward therapist for microaggression.
  - Larger: Expressing thoughts and concerns about being misunderstood without allowing anger to take over.
Cultural Life Problems in Therapy (2)

Daily Life Problem

• Fear of being perceived in terms of negative stereotypes associated with race

In Session Response

• Problem (CBR1): Avoid opening up or connecting intimately.
• Goal (CRB2): Openly voicing fears with therapist.
Daily Life Problem

• Racial minorities who have had adverse racial experiences may have deep mistrust for White individuals

In Session Response

• Problem (CRB1): Engaging only to a superficial extent.
• Goal (CRB2): Openly voicing fears with therapist.
  – Small: Allowing self to open up, and trust therapist with difficult information.
  – Larger: Expressing apprehension, stating potential problems, opening up with intimate info.
Cultural Life Problems in Therapy (4)

Daily Life Problem

• Internalized shame associated with minority racial and ethnic group
  – Low self-esteem and self-hatred

In Session Response

• Problems (CRB1): Reject/avoid discussing race or mocks own race. Avoids therapist of own ethnicity due shame towards ethnic group.
• Goals (CRB2): Exploring feelings towards own culture and expressing shame in session. Choosing a therapist of same or similar ethnicity to better connect with culture.
### Therapist’s TRBS in session

<table>
<thead>
<tr>
<th>Daily Life Problems</th>
<th>TRB1s:</th>
<th>TRB2s:</th>
</tr>
</thead>
<tbody>
<tr>
<td>White counselor trainees expressed anxiety, agitation, and confusion in response to racially provocative material in a focus group context</td>
<td>Referring a client to another therapist for their ethnic background</td>
<td>Expressing the feelings openly with client and also recognizing potential bias or lack of understanding</td>
</tr>
<tr>
<td>Belief that discussing racial issues beyond a superficial level are still considered taboo</td>
<td>Avoiding topics about race or culture. OR Redirecting to a different topic when it is culturally sensitive</td>
<td>Asking client if the difference in race is something they’d be willing to discuss, while recognizing that it might be uncomfortable.</td>
</tr>
<tr>
<td>White therapist denying benefits they experience as a member of the white racial group because they’ve not considered this for themselves</td>
<td>Denying or invalidating client when this topic or problem arises</td>
<td>Considering benefits of being a white ethnic member and validating client if the topic arises</td>
</tr>
<tr>
<td>Daily Life Problems</td>
<td>TRB1s:</td>
<td>TRB2s:</td>
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</tr>
<tr>
<td>White therapist ashamed of his/her own ignorance on cultural topics</td>
<td>Avoiding topics related to race in order to hide own shame</td>
<td>Expressing feelings openly and asking the client if/how they would like to address the topic</td>
</tr>
<tr>
<td>White therapist generalizing norms of cultural minorities based upon assumptions and research</td>
<td>Making assumptions in session about problems and not allowing client to explain problems in his or her own words</td>
<td>Exploring problems with an open mind and allowing client to express how he or she faces problems associated with race</td>
</tr>
<tr>
<td>Black therapist having the belief that white people think they are superior</td>
<td>Experiencing countertransference and allowing it to be there (whether known or unknown)</td>
<td>Express the feelings of countertransference and reaching out to better understand the client</td>
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TRBs based on diversity

• For white, male, or heterosexual
  – Increase openness; welcome discussion about diversity and privilege; increase validation

• For Specific Religion
  – Openness, understanding and acceptance of other religious/spiritual views

• For People of Color, Women, Sexual Minority
  – Willingness to bring up privilege and discrimination

• For Atheist
  – Openness and tolerance of other religious/spiritual views
Summary

• Racism does play a role in mental health, trauma, and PTSD
  – Our understanding is growing
• We have barriers to overcome and they both systematic and ideographic
• We have methods that can move us forward & need to adopt & disseminate
Questions?

ABOUT RACE, RACISM, OR TRAUMA
Recommended Reading


Download these at www.mentalhealthdisparities.org/workshops.php
Popular Press


- Williams, M. & DeLapp, R.C.T. (2016, July 14). Tuning Out: Repeated exposure to racial violence can trigger the same symptoms as PTSD. Slate Magazine. http://www.slate.com/articles/health_and_science/medical_examiner/2016/07/when_racial_violence_happens_it_s_just_as_important_to_tune_out_as_it_is.html


Thank You!

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