



## TALKING ABOUT RACE AND RACISM WITH CLIENTS: CHALLENGES, BENEFITS & STRATEGIES FOR FOSTERING MEANINGFUL DIALOGUE

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## AM I BREATHING?

Alice J. Washington  
Associate  
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## Overview



Lived Experiences in the Behavioral Health Care System



Community Experiences



BH System vs. Community

Hebrews 13:2  
(NIV)

“Don’t forget to show hospitality to strangers, for by so doing, some people have shown hospitality to angels without knowing it.”

# Racism was not passed on to me



Costano Elementary School



Mountain View High School

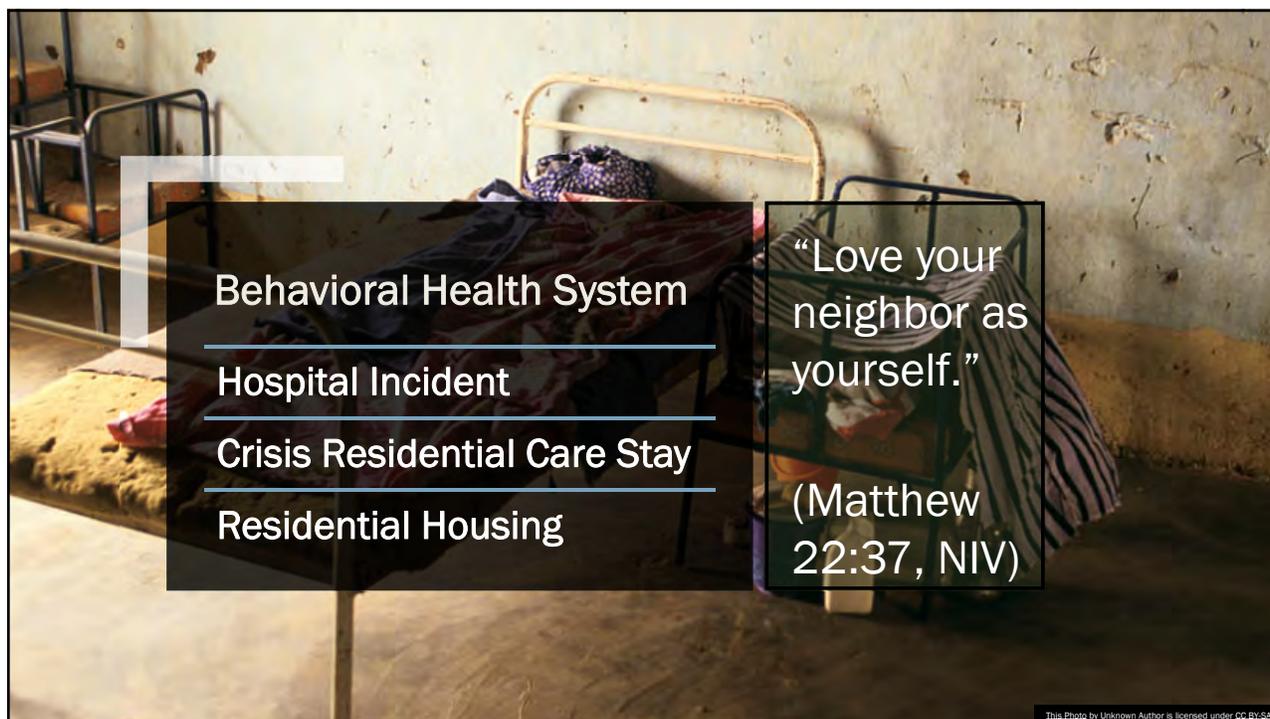
# Stanford University: Sociology 3 Class



Stanford University: On my way to the Sociology Department



Smithsonian National Museum of American History



Behavioral Health System

Hospital Incident

Crisis Residential Care Stay

Residential Housing

“Love your neighbor as yourself.”

(Matthew 22:37, NIV)

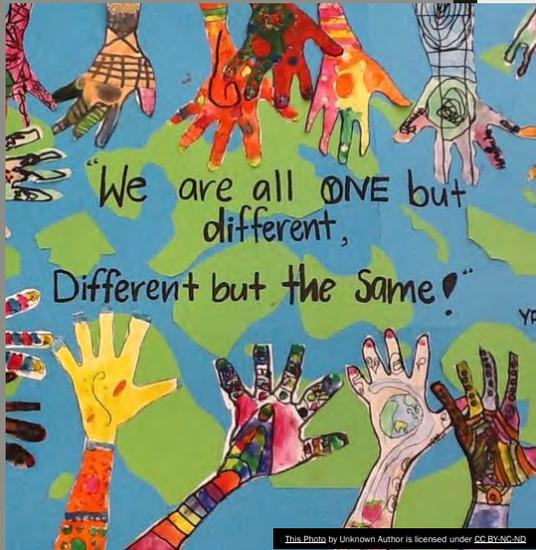
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## Lifelong Lessons

My beliefs were categorized as schizophrenia, delusions and paranoia.

No one asked how the intersection of my race and culture, i.e., faith in God, factored into the diagnosis and medications they gave me.

The system didn't show hospitality to a stranger.



## The conversation could have been...

### A cultural assessment ...

In the World Journal of Psychiatry, published online Dec. 22, 2014, the authors, Robert C. Schwartz and David M. Blankenship, reported that African Americans showed a higher percentage of Schizophrenia (44%) diagnoses compared to the Euro-Americans (32%), with a statistically significant relationship between race and the hospital's admitting diagnosis.

## Working in the field

"Git, go on, git outta of here."

It reminded me of how the KKK speaks to black people when using the N-word.

I needed a Green Book. "What is a Green Book?"

# Today as I work in the Behavioral Health Care

 DSM Diagnosis

 Religion and Pathology

 Encountering Racism and Stigma

# Community and Becoming

 COVID-19

 Facebook Group

 Rancho Cordova City Arts

## Recommendations

01

Use cultural assessments for everyone instead of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM).

02

Find and engage in positive communities in Behavioral Health Care; create safe rooms for these conversations to happen without negative consequences.

03

Break the chains with Good Trouble, but have a Green Book.



## Back to Hebrews 13:2 (NIV)

Positive contact and talking with People of Color is important. Doing so helps you learn who the stranger is in front of you! You never know, you may be talking with an angel!



# Talking about Race and Racism with Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue

Presented by  
Dr. Gloria Morrow

Can you speak to any research  
on other's reactions to racism  
in behavioral health system?

## History of Oppression

- Slavery
- 1851 an alleged mental illness “Drapetomania” was given to slaves who tried to flee their captivity.
- Mental institutions were used for those who stole a loaf of bread.
- The Tuskegee Syphilis Experiment

## Summary of Findings

- Low expectations about counseling outcomes with European American therapists.
- Negative attitudes about seeking help from clinics staffed primarily by European American therapists.
- Lower number of self-disclosures to European American therapists compared to African Americans.
- Higher level of premature termination with European American therapists compared to African American therapists.

Source: Nickerson, Helms, & Terrell, 1994

## ACUTE RACISM REACTIONS

- **Racism-related fatigue.**
- Psychological and physiological exhaustion experienced in response to chronic exposure to racism and oppression.
- **Anticipatory racism reaction.**
- Development of defense mechanisms due to being the victim or recipient of racial discrimination or racially motivated hostility.

Source: Clark, Anderson, Clark, & Williams, 1999; Utsey, Bolden, & Brown, 2001

## ACUTE RACISM REACTIONS

- **Race-related.**
- Acute stressors due to stress/distress encounters with racism and oppression that may manifest physically or psychologically.
- **Racism-related frustration.**
- Frustration resulting from racial incidents.
- **Racism-related confusion.**
- The search for identity due to racist exchanges, causing confusion, bewilderment, and psychological and physical fatigue.

Source: Utsey, Bolden, & Brown, 2001

PHYSIOLOGICAL EFFECTS OF  
RACISM

- Physiological Arousal
- Hypertension
- Cardiovascular Reactivity
- Increased Susceptibility to Minor and Major Illness
- Birth Outcomes

Source: Harrell, 2000.

What are strategies that behavioral health clinicians can use to initiate dialogues with their clients about their own experiences of racism in behavioral health?

## Strategies for Discussing Racism with Clients

- Create and healthy and trusting environment.
- Become competent to engage in conversations about racism through cultural competency trainings.
- Address your own implicit biases and work on developing cultural humility.
- Understand your own racial/cultural identity.
- Allow the client to bring up and/or agree to discussing their experiences with racism.

## Strategies for Discussing Racism with Clients

- Listen, empathize, validate, and facilitate discussion of their feelings.
- Control the process, not the content.
- Explore racial consciousness.
- Connect to client's concerns.
- Psychoeducational and new experiences.
- Validate, encourage and express admiration and appreciation to clients when they share their experiences.

## Addressing Racism: A Model for Clinical Practice

- **Stage I – Counselor Multicultural and Racial Competencies**
  - Cultural Competency Training
- **Stage II - Use Appropriate Counseling Framework**
  - Framework, such as mental health framework that is biopsychosocial in nature (Ridley, 2005) which recognizes the influence and interplay between the client's environment and emotional and social status. This approach allows for the examination of the effects of contextual factors like racism. Another framework is the trauma informed approach.

Source: Malott and Scharfle (2015)

## Addressing Racism: A Model for Clinical Practice

- **Stage III – Skills in Initiating the Conversation**
  - Strategies such as eliciting (which is an invitation from the counselor to explore racism) and broaching can help counselors to open the discussion of racism when appropriate.
- **Stage IV – Interventions**
  - Interventions are divided into two categories: one is a preventive approach and the other teaches the client strategies for addressing racist events or effects. The goal here is to help to strengthen the client's racial and cultural identity and help them to see their resilience, and to not allow their experiences to affect them negatively.

Source: Malott and Scharfle (2015)

Do the strategies for initiating dialogue on race, racial identity and racism differ between white clinicians and clinicians that are Black, Indigenous and People of Color?



## Racial Disparities Continued

Black, Indigenous and People of Color (BIPOC) are:

- Less likely to have access to mental health services;
- Less likely to seek out services;
- Less likely to receive needed care;
- More likely to receive poor quality of care;
- More likely to end services prematurely; and,
- Misdiagnosed (i.e., Black men are over-diagnosed with schizophrenia (4 times more likely than white men) while they are underdiagnosed with PTSD and mood disorders.

Most mental health services are provided in prison which presents complex issues.

Source: Perzichilli, (2020)

Do you have any suggestions for our clinicians that want to learn more about historical trauma, its impact on individual's and community's mental health and wellbeing, and what they can do to support healing?



## The Trauma of Racism

- "Racism is considered a fundamental cause of adverse health outcomes for racial/ethnic minorities and racial/ethnic inequities in health" (Williams, Lawrence, & Davis, 2019).
- The experience of individual, institutional and cultural racism has [been found](#) to be uniquely predictive of [post-traumatic stress](#) symptoms (Facemire, 2018).
- [Racial trauma](#) can involve a "negative, sudden and uncontrollable experience or crisis." Alternately, it can involve an "ongoing physical or psychological threat that produces feelings of [fear](#), anxiety, [depression](#), helplessness, and [post-traumatic stress disorder \(PTSD\)](#)" (Ponds, 2013).
- "[Acts of aggression](#) are not only examples of interpersonal trauma but also the trauma of racism, which is examined through the lens of intergenerational trauma, racist incident-based trauma, and complex trauma" (Bryant-Davis, Adams, Alejandre, & Gray, 2017).

## The Role of Trauma/PTSS

Dr. Joy Degruy

### “WHAT IS P.T.S.S.?”

P.T.S.S. is a theory that explains the etiology of many of the adaptive survival behaviors in African American communities throughout the United States and the Diaspora. It is a condition that exists as a consequence of multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery. A form of slavery which was predicated on the belief that African Americans were inherently/genetically inferior to whites. This was then followed by institutionalized racism which continues to perpetuate injury.

Thus, resulting in **M.A.P.:**

**M:** Multigenerational trauma together with continued oppression;

**A:** Absence of opportunity to heal or access the benefits available in the society; leads to

**P:** Post Traumatic Slave Syndrome.

## The Role of Trauma/PTSS

Dr. Joy Degruy

Under such circumstances these are some of the predictable patterns of behavior that tend to occur:

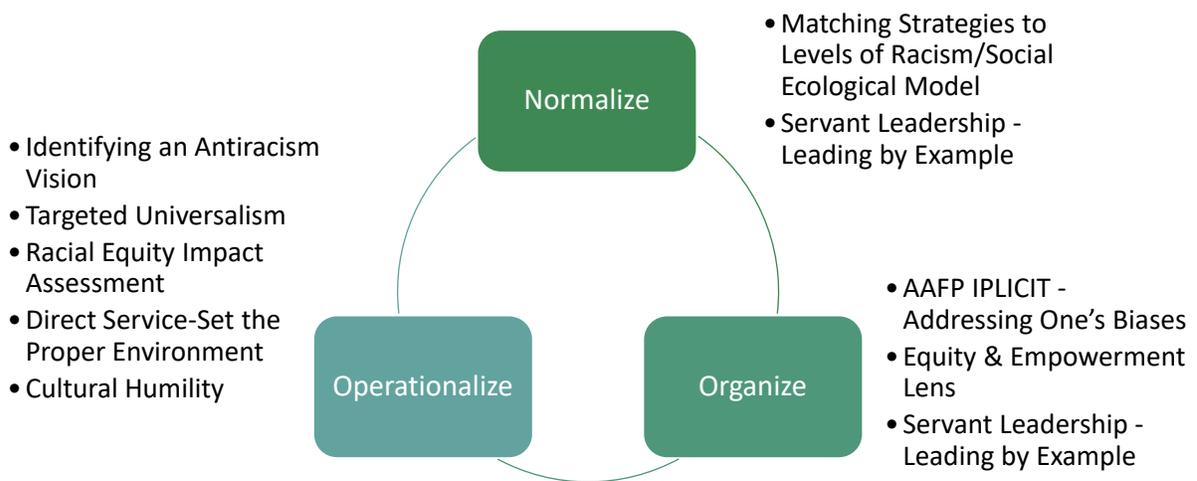
### KEY PATTERNS OF BEHAVIOR REFLECTIVE OF P.T.S.S.

- **Vacant Esteem**  
Insufficient development of what Dr. DeGruy refers to as primary esteem, along with feelings of hopelessness, depression and a general self-destructive outlook.
- **Marked Propensity for Anger and Violence**  
Extreme feelings of suspicion perceived negative motivations of others. Violence against self, property and others, including the members of one's own group, i.e. friends, relatives or acquaintances.
- **Racist Socialization and (Internalized Racism)**  
Learned helplessness, literacy deprivation, distorted self-concept, antipathy, or aversion for the following:
  - The members of ones own identified cultural/ethnic group;
  - The mores and customs associated ones own identified cultural/ethnic heritage; and,
  - The physical characteristics of ones own identified cultural/ethnic group.

Can you remind our participants about the 3 stages of GARE?



## GARE Model: A Framework for Confronting Racism & DHCS Webinar Series Tools



Do you have any suggestions for our participants about where they can go from here to eliminate inequities in their own organizations?



**Call to  
Action:  
Have a  
Conversation in  
Your  
Organization  
About**

Expectations and norms of racial scripts you were taught.

How our racial scripts were revised and reinforced through racial privilege, stigma, discrimination, and/or oppression.

Implicit bias and a racial equity outcome you would like to work towards, including outcomes and how you would test the steps.



## Questions



### Contact Information

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