#### The Complex Art of Working with Black People: Understanding Their History and Trauma

Based on the work of Jude Mary Cénat (PhD) and Monnica Williams (PhD)

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#### **Racial Disparities Cause Inequitable Access**



Structural Racism Cause Inequitable Barriers to Access Resources May be Used to Combat Structural Racism and Promote Access Removal of Structural Racism Leads to Equal Access without Extra Resources

# Meditative Practice

#### Amazing Grace (Song)

The Lord is my pillar and my fortress, and my deliverer; my God, my rock, in whom I take refuge; my shield, and the horn of my salvation, my high tower (Psalm 18:2)

# Land Acknowledgement and Recognition of African/Black/Caribbean Canadians

• The peoples of the Anishinabe Algonquin Nation have lived in this territory for millennia. Their culture and presence have nurtured and continue to nurture this land.

• As we gather virtually here today, these nations continue to experience ongoing colonization and displacement– where land acknowledgements are offered in place of the land itself.

• This territory is part of 'the Dish with One Spoon' wampum, a Treaty made between the Indigenous people, where nations entered into an agreement to protect the land and responsibly care for its resources in harmony.

• As settlers, newcomers, refugees, and Indigenous peoples, we have all been invited into this treaty in the spirit of peace, friendship, and respect. We are also mindful of broken treaties that persist across Canada today. We recognize our responsibilities to engage in a meaningful, continuous process of truth and reconciliation with all our relations. We remember our ancestors who came here involuntarily, particularly those brought to these lands as a result of the trans-Atlantic slave trade and slavery. This city was built on stolen land and stolen labour of Black, Indigenous, and Racialized people.

• What we now refer to as Canada was also built on the labour of many immigrant and migrant communities. From the transcontinental railroad to farming and food production, the country heavily relied (and continues to rely) on the talent, skill, and hard work of racialized people.

• By being on this land, we are all responsible for upholding its treaties. Treaty agreements were made to last as long as "the sun shines, the grass grows, and rivers flow."

Goal of Presentation: Cultural Competence and Responsiveness in Working with **Black Families** 

#### Benchmark for ethical and effective practice

Your commitment to effectively working with Black Families

Awareness Knowledge Skills

## Critical Skills (Hays, 2008)

- The skills of a culturally responsive professional are similar to those of an effective clinician more broadly
  - Cultural humility (to avoid mistaking difference for inferiority)
  - Compassion (for self and others)
  - Critical thinking skills (the process of continually questioning one's assumptions and biases)
- Clinicians and professionals who attend to these principles achieve the overarching goal of every clinician: client well being.

This presentation may make you uncomfortable This presentation may make you uncomfortable

This talk will include a discussion of race, racism, and trauma

We are socialized not to talk about many of these issues

Many people do not engage with this material because they are afraid of being perceived as racist

We will talk about all of this anyway

You may be upset by some of the material – and if so, that is natural and healthy

#### Overview

- My Origin
- Understanding Racism and Racial Trauma
- Cultural Competence and Responsiveness
- The Big Eight of Diversity
- Barriers to Mental Health Care for Black Families
- The Complex Art of Working With Black Families
- Cultural Formulation Interview
- Recommended Readings

### My Origin

Born in Nigeria	Raised in Ghana	Came to Canada for University	Parents migrated to the US
Come from a big family – I have 7 siblings	Married an Acadian and Canada became my home country	Christian faith and spirituality	Lived in 4 countries – Nigeria, Ghana, US and Canada

#### Lions at the Gate Article

• True Change Requires a Vision, a Map, and Policies With Teeth (Eyes) and Hands). "As the Canadian health care system has failed so many people with serious mental health concerns, it is the responsibility of the profession to work towards meeting this need for all Canadians, with special attention paid to the most vulnerable and underserved communities. We are a diverse group of scientists who are alarmed by these issues (see bios), particularly as it relates to the representation and inclusion of psychologists of colour, and we posit that the field of psychology should play a leading role in solving these problems. We are concerned, however, that psychology itself is part of the problem" (Faber et al., 2023; p. 3).

# The secret of slavery in Canada

The Hanging of Angelique: The Untold Story of of Canadian Slavery and the Burning of Old Montreal (Cooper, 2006)



#### Elmina Castle, Ghana

### Canada's best-kept secret of slavery

- "Slavery is Canada's best-kept secret, locked within the national closet" (Cooper, 2006; p. 68).
- Canada was a society with slaves and a common practice in Canada for 206 years.
- From 1562 to 1807, the British enslaved over 3.3 million Africans in the Americas (i.e., the United States, the Caribbean, and Canada). The British dominated Transatlantic Slavery in the 1700s to attain power, wealth, and influence in New America, including Canada. Some may not have been taught this history in primary and secondary education, and Canada's history with slavery has seemingly been silenced or forgotten.
- Let's not forget the British and French colonizers had significant influence in colonizing the Indigenous people here in Canada. These same colonizers were also Slave owners! They used free labour and slavery to accomplish this goal.

#### White Supremacy and Dominance in Canada

- Even though Canada has gained a reputation in the world as a country accepting of immigrants and refugees, it is still a country of White supremacy in that we still come under the British Monarchy with the new King Charles.
- In Canadian Education Take a look at your faculty staff and colleagues – Is your faculty racially diverse?
- The Hospitals and Mental Health Care
- History of Psychology very disturbing (see the book "Even the Rat Was White" by Guthrie, 2004).

## Understanding Racism and Racial Trauma

# What is Racism?

What is Racial Trauma?

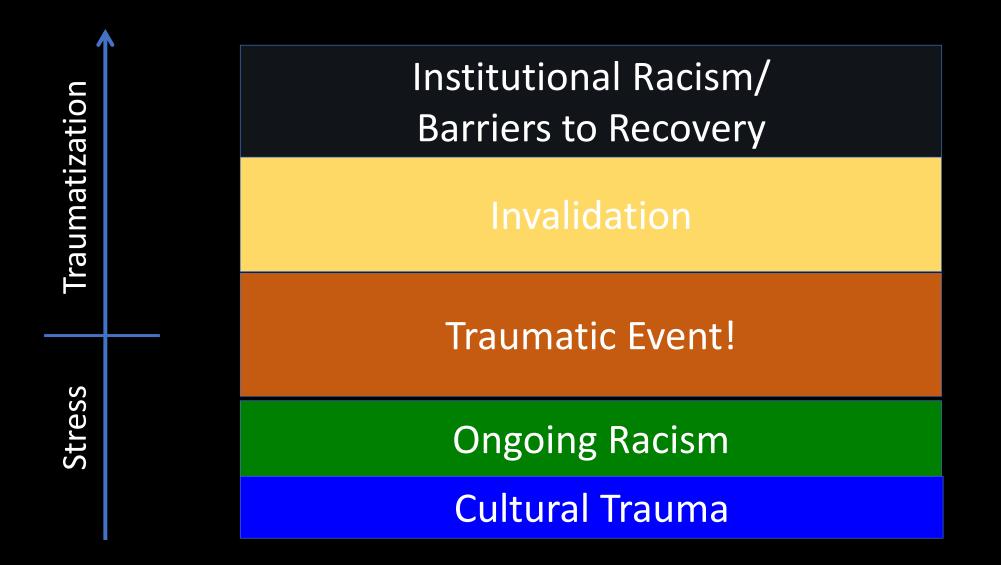
# Racism is systemic

Structural - The development of policies, procedures, laws, and practices to benefit and maintain, White people in power

Institutional - Differential access to goods, services, and opportunities based on perceived racial identity

Environmental – Disproportionate placement of hazardous, material near BIPOC communities while, protecting White, communities

#### Racism & PTSD





# Colourblindness ideology

- Colourblindness 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.
- 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

## Colourblindness

"I don't see you as Black. I just see you as a regular person."

#### EVERYBODY DESERVES TO BE TREATED EQUALLY!



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 ar Black."

May be heard as:

- I already understand you
- I am immune from racism



### **Racial Trauma Defined**

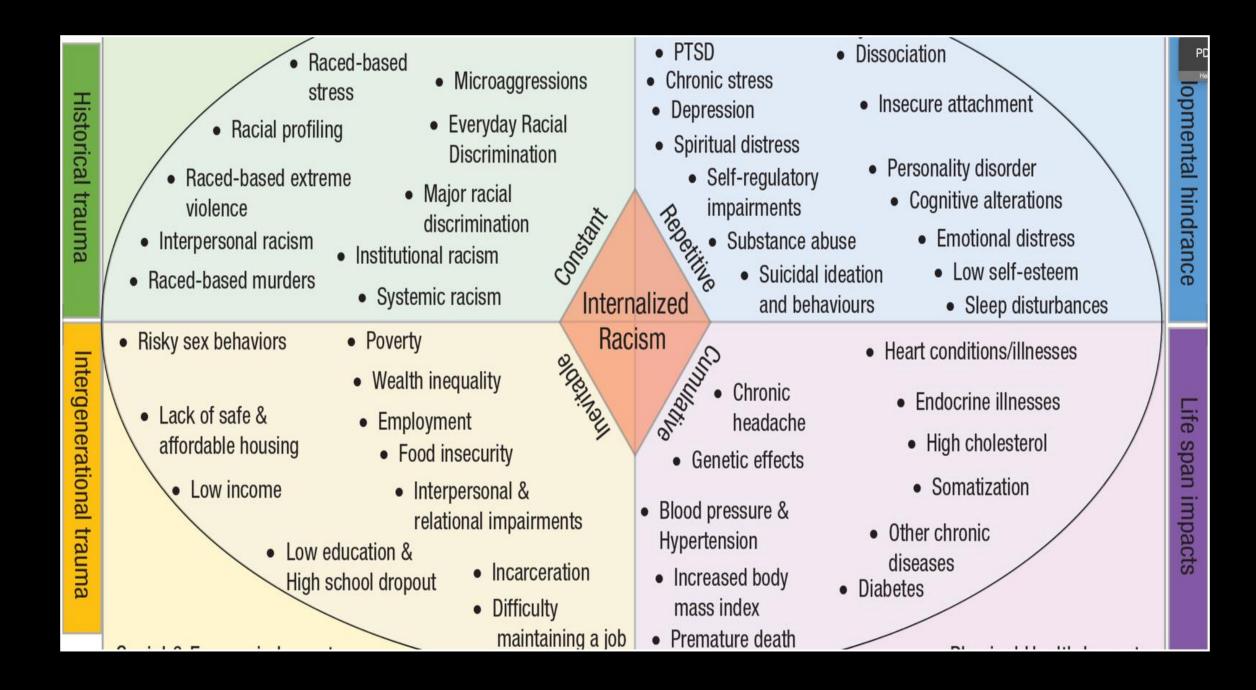
- Racial trauma refers to dangerous experiences related to threats, prejudices, harm, shame, humiliation, and guilt associated with various types of racial discrimination either of victims directly or through witnesses (Comas-Díaz, 2016; Helms et al., 2010).
- See the next slide: "Theoretical framework of the complex racial trauma."

#### Ill-Intentioned Research on Black People





#### Black Women's Lives Traded for Biomedical Advances



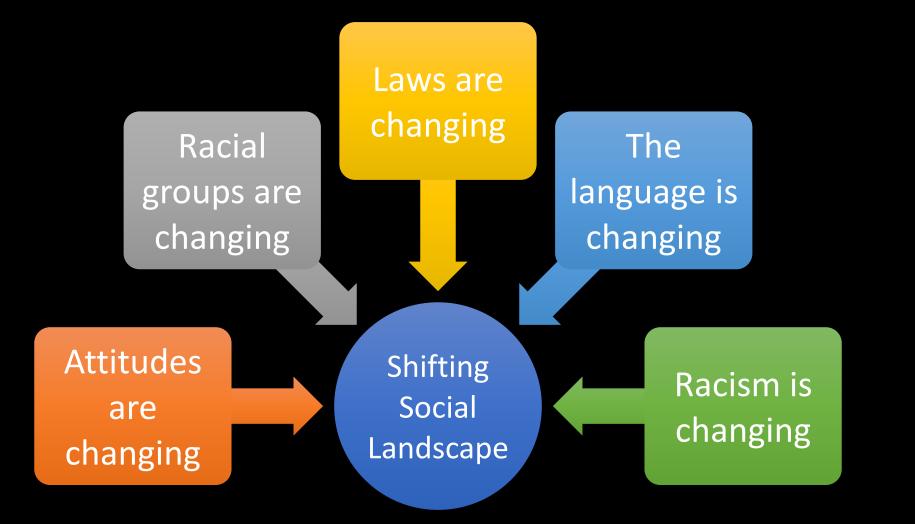
#### PTSD in Racialized Communities

- 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 in Black families (Pole et al., 2008)
- Black Canadians are at risk for racial trauma due to prejudice and discrimination (Williams, Khanna Roy, MacIntyre, & Faber, in press)
- History of any previous exposure to traumatic events associated with a greater risk of PTSD from the index trauma (Bresleau et al., 1999)
- Traumatization is also passed down generationally through *social* and *epigenetic* mechanisms

#### Cultural Competency and Responsiveness

- 1. Cultural competency and responsiveness have become a benchmark for ethical and effective assessment and diagnostic processes.
- 2. Each of us is born into a culture of beliefs, values, and practices that influence identity development that play a role in our understanding of clients' presenting concerns.
- 3. The first step is to develop awareness of our own assumptions, values, attitudes, and biases as they relate to our identities and those of our clients.
- 4. Each client's cultural context is equally valuable, and it is important to work within clients' values and belief systems in the assessment and diagnostic processes.
- 5. Clinicians should attend to the contextual issues of power, privilege and marginalization in clients' lives.

#### Cultural Competence is a Process



#### **Racial Disparities Cause Inequitable Access**



Structural Racism Causes Inequitable Barriers to Access Resources May be Used to Combat Structural Racism and Promote Access Removal of Structural Racism Leads to Equal Access without Extra Resources

## The Big Eight of Diversity

- 1. Culture
- 2. Race & Ethnicity
- 3. Gender
- 4. Sexual Orientation
- 5. SES
- 6. Age
- 7. Disability
- 8. Religion





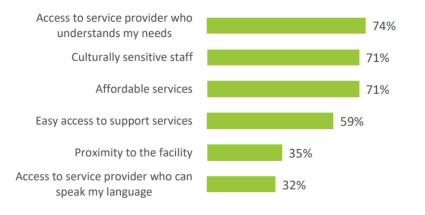


#### **Access to Mental Health Services**

ACB participants pointed to a range of factors that can facilitate or act as barriers to services. The main hurdles are financial, in addition to the availability of culturally competent providers who have a shared identity and experience. Wait times were also noted as a barrier, which can further exacerbate the situation for an individual with a mental health issue.

#### **Facilitators of Access**

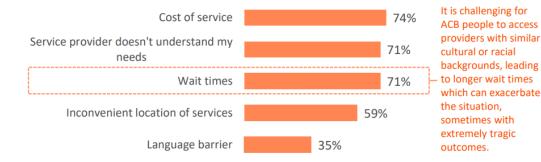
What would make your experience and access to mental health services easier? Respondents who tried to access a mental health service for themselves or a loved one (n=35)



Having the financial burden greatly reduced by permanent employment with benefits was very helpful. I have no idea what people who don't have the type of work that I have do when they need to access mental health services. (Female, 40-49)

#### **Barriers to Access**

What did you find most challenging about your experience trying to access a mental health service? Respondents who tried to access a mental health service for themselves or a loved one (n=35)



They understand that sometimes, maybe folks will feel comfortable with the counselor of a certain gender but completely erase the fact that there is a different reality for folks of color to want access to mental health services from someone with similar life experience and a similar path within this society as well. (Male, 20-29)

9:05 PM

 $\times$ 

#### My Mission

 Eliminating race-based mental health disparities helps all Canadians not just BIPOC because whether we like it or not Canada is diverse. Canada needs people to fill the land and help each other. This country can only flourish with diverse immigrants (Bhatt, Tonks, & Berry, 2013). The Art of Working with **Black People** - Goal must be Validation and Freedom

- 1. Be warm, smile and make eye contact
- 2. Be honest about your privilege and promise to be humble so you can learn and understand. Also, admit that you may have some professional gaps because of your racial privilege
- 3. Reflect back
- 4. Show genuine empathy
- 5. Acknowledge the valid their thoughts, feelings, and actions.
- 6. Show equality, treat the other as an equal, not as fragile or incompetent
- 7. Where possible, choose Acceptance-Based therapy modalities like ACT, DBT, and Trauma Therapy as a foundation for providing care

#### Awareness

ADDRESSING Framework (Hays, 2008)

ADDRESSING Definitions	Client Information	Therapist Information
Age and generational influences		
Disability Status (Developmental and Acquired)		
<b>Religion and Spiritual Orientation</b>		
Ethnicity (and Race)		
Socioeconomic Status		
Sexual Orientation		
Indigenous Heritage		
National Origin and Generational Status		
Gender		

#### Awareness

#### Respectful Model (D'Andrea & Daniels, 2001)

10 Dimensions	Identify yourself as a multicultural being.	How effective will you be with individuals who differ from you?
Religion/Spirituality		
Economic/social class		
Sexual identity		
Personal Style and Education		
Ethnic/Racial Identity		
Chronical/Lifespan status and challenges		
Trauma/Crisis		
Family Background and History		
Unique Physical Characteristics		
Location of Residence, Language Differences		

### Context of Discussing Racism in Your Work

- Example Assessment Questions:
  - "Have you or your family member experienced racism?"
  - "How have these experiences affected your life and parenting ability?"
  - "How have these experiences affected your physical and mental health as a parent?"
  - "What is it like for you to discuss these experiences with me?"

Assessing Cultural Constructs **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

# Black Psychology section of the CPA

- Check out our Newsletter IGNITE!
- <u>https://cpa.ca/sections/black-psychology/black-psychology-section-newsletters/</u>

# IGNITE

Newsletter of the Section on Black Psychology, Canadian Psychological Association



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#### Past Event

#### Hosted by the Section on Black Psychology and BIR.



DR. ARTHUR C. EVANS CEO OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION The Black Psychology Section of the CPA in collaboration with the Black, Indigenous, and Racialized People Psychology Web Presents:

"Are We There Yet?"

JOIN US VIRTUALLY MONDAY, FEB. 27TH, 2023 12:00 - 2:00 P.M. EST



YOU MUST REGISTER TO ATTEND THIS FREE EVENT TO REGISTER, PLEASE VISIT: <u>HTTPS://CPA.CA/SECTIONS/BLACK-PSYCHOLOGY/</u>

> FOR MORE INFORMATION, CONTACT BARBARAJAFRAM@BURMANU.CA





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# What can you do as a professional in health care

Speak up	•Speak up about the facts about injustice not just what you believe. If you can see it happening say something, don't be silent, say it or put it in writing. If you don't feel heard, go to the media.	
Advocate	•Advocate for racially diverse faculty staff and students in your program	
Get	•Get involve with community programs that support BIPOC mental health (e.g. Jewish Family Services, Canadian Mental Health Association, Faith-based groups such as a local church with racialized groups, Public Health Centres)	
Join	•Join the Section on Black Psychology, Black Indigenous and Racialized People Psychology Web (BIR), Take an Anti-Racist Training with V-TRAC organized by Dr. Jude Mary Cenat at the University of Ottawa	
Attend	•Attend conferences or seminar that promote education on equity and culturally responsive care. You are already doing this.	
Engage in	•Engage in research activities that amplify the voices of BIPOC	
Join in	•Join in the effort to collect race-based data in mental health care	

#### Reference

Eliminating Race-Based Mental Health Disparities

Promoting Equity and Culturally Responsive Care Across Settings

*Edited by* Monnica T. Williams, PhD Daniel C. Rosen, PhD Jonathan W. Kanter, PhD

Foreword by Patricia Arredondo, EdD, NCC

Eliminating Race-Based Mental Health Disparities:

Promoting Equity and Culturally Responsive Care Across Settings

Evidence-based practices and recommendations for clinicians and educators

Editors: Monnica Williams, Ph.D., ABPP, Dan Rosen,

Ph.D., & Jonathan Kanter, Ph.D.

Publisher: New Harbinger

#### **Recommended Readings**

- Berger, M., & Sarnyai, Z. (2015). 'More than skin deep': Stress neurobiology and mental health consequences of racial discrimination. Stress, 18(1), 1-10.
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- Helms, J.E., Nicholas, G., & Green, C. E. (2010). Racism and Ethnoviolence as Trauma: Enhancing Professional and Research Training. Traumatology, 16(4), 53–62.
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# Thank you

You can reach me at: ksawy104@uottawa.ca I am happy to answer any questions or concerns.

#### God bless you!