

Chapter 14

Treatment Strategies and Healing Related to African American Mental Health



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When working with individuals and families in the African American community, it is vital to help professionals understand how race and culture lead to shared and varying experiences within this population. Race is defined as having origins with a particular group, and culture is defined as one's race, ethnicity, gender, affectional orientation, socioeconomic status, ability status, and religious affiliation. Culture also relates to one's family values, worldviews, belief systems, community norms, and practices (Hays & Erford, 2018). Understanding some of the shared cultural norms and experiences while using an intersectional framework that considers each person's unique identities strengthens the helper's ability to have a foundational understanding of a client's community while addressing their individual concerns. For example, each individual's experience varies based on their upbringing and background. However, the African American community as a whole may face varying barriers to treatment such as social inequalities, low representation in the mental health field, lack of awareness about mental illness, and stigma when seeking support (Gary, 2005; Haynes et al., 2017; National Alliance on Mental Health [NAMI], n.d.).

Nearly 46 million American people identify as either African or Black American (Centers for Disease Control and Prevention [CDC], 2019). Historically, African Americans have faced a disproportional amount of challenges and adversity, ranging from slavery, racial inequalities, discrimination, and white supremacy (Mental Health America [MHA], n.d.). These challenges have left a negative and impactful mark on the African American community as a whole, and, even with progress, they are still significantly behind the majority population. Additionally, they regularly battle negative stereotypes and both micro- and macroaggressions in daily life. All of these components can harm their mental and emotional health.

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Researchers found that one's mental and emotional needs are not regularly discussed among families, leading to individuals suffering in silence (NAMI, n.d.). African Americans often are hesitant around trusting medical or mental health clinicians due to concerns regarding cultural competence and fear that they will be labeled as "crazy" or weak (Conner et al., 2010). If and when members of the African American community seek treatment, it is often with someone of the same race because they believe that due to similar cultural experiences, individuals may have a better understanding of who they are. However, because of lack of African American representation in mental health professions, this can pose a challenge to those seeking treatment. It is crucial for anyone in the mental health field to prepare themselves for the mistrust that African Americans may have in seeking out support and to be cognizant of how being culturally competent is vital when working with this population (American Psychiatric Association [APA], 2017). Lastly, it is essential to note the lack of access to quality care, and general knowledge of what to look for also plays a significant part in mental health treatment. Advocacy is strongly needed with African Americans because they are more likely to display and report signs of depression compared to their white adult counterparts (Gary, 2005).

Considerations

African American Men and Women

One of the core necessities needed when working with African American men and women is a strong therapeutic alliance because of society and familial pressures foisted on them to carry so much on their own (Shorter-Gooden, 2009). Allowing both groups the ability to express themselves without holding prejudgments is critical. Due to negative images and stereotypes of African American men and women, helpers will want to ensure that they are aware of their own potential biases. Another consideration is a term created by A. J. Franklin (2004) called the "invisibility syndrome," which is when African Americans internalize the idea that they are undeserving or unworthy. This can result in feeling rejected and dismissed in society, which can lead to substance abuse, headaches, internalized anger, and depression for African American men (Franklin, 2004). On the other hand, a helper may want to recognize how multi-invisibility negatively impacts African American women's experiences within their community and in the United States as well as their view of themselves (Helms, 2017).

African American LGBTQI+ Community Affectional Orientation

Four primary focuses come to mind when considering the intersecting idea of being African American and a member of the LGBTQI+. Community clinicians want to be mindful of these areas: “increased racism and heterosexism, masculinity and stigma, issues surrounding HIV, and the role of the Black church” (Ginicola et al., 2017). Within the African American community, there is still a stigma around acceptance of LGBTQI+ issues. The role racism already may have, combined with internalized homophobia or another element of exclusion, may hurt one’s mental health (Ginicola et al., 2017). The current representation of Black masculinity may present challenges for African American men who have sex with men to be open in a clinical setting. Statistics show that they are at a greater risk of anxiety, substance abuse, violence, and depression (Ginicola et al., 2017). Some researchers believe that lack of support and the representation of Black masculinity may contribute in part to high rates of HIV among African American gay and bisexual men (Lapinski et al., 2010). Lastly, the historical role of the Black church in the damnation and condemning of this group may present internal religious conflict. It can present feelings of loneliness and rejection, which may hurt how they view themselves and their overall mental health.

African American Children

African American children’s concerns ultimately relate to their environment and socioeconomic status. Children in inner cities may face lower incomes, limited access to resources, drugs, violence, and more risks (Bounds et al., 2018). In contrast, children in middle-class homes may experience isolation and pressures of not being “Black enough” or feel that they have to code-switch to be accepted by their peers (Day-Vines et al., 2003). They may experience negative stereotypes and struggle with their racial identity. Additionally, they both may face the same challenges with racism and microaggressions in classroom settings. Understanding their unique concerns will help professionals support their natural developmental process while considering the varying struggles they may experience vis-à-vis their white counterparts.

Socioeconomic Status

When working with African American clients, it is vital to consider the population’s socioeconomic status (SES). One of the most significant challenges to understanding the African American community’s differing needs as it relates to SES is the rare

research that explores middle- and upper-class African Americans. According to the US Census Bureau (2011), more than one-third of African Americans identify as middle class. However, research and literature seem to present a homogeneous view of African Americans. In some cases, there may be a stereotypical view of African Americans as being uneducated and in the low SES. As a result, it may minimize the unique experiences of this population. It can potentially present internal challenges of shame, isolation, and guilt because there is little discussion around their upper- and middle-class experiences (Day-Vines et al., 2003).

Theoretical Strategies, Approaches, and Interventions

Multicultural Counseling

The use of multicultural counseling assists clients with being supported, but it also challenges clinicians to explore their own biases and blockages (Sue & Sue, 2013). It promotes helping professionals to acknowledge and discuss culture, oppression, racism, and the lived experiences of those who are marginalized in society. The use of this approach emphasizes the accountability of the counselors' side to reflect on their backgrounds and how their viewpoints could potentially impact the therapeutic alliance. When counselors are sensitive, seek to understand, and are empathetic, then their clients feel seen and heard. Additionally, if they can explore their ideologies and educate themselves toward other's experiences, it creates a strong bond. Some interventions often used with this approach are regularly participating in self-awareness activities to self-reflect, educating oneself about other's cultures, and broaching topics on race, religion, sexism, and affectional orientation with clients. Establishing an open, equal, and authentic relationship early on will help support African American clients (Sue & Sue, 2013). Additionally, focusing on the client's strengths and advocacy and understanding how external factors may be contributing to the client's mental health are strong components to consider. The main limitation of multicultural counseling can occasionally be the overgeneralization or stereotyping made about different groups when discussing how to meet certain populations' needs.

Person-Centered Therapy

Person-centered therapy is often used with African American populations because Carl Rogers believed in having unconditional positive regard toward all clients (Rogers, 1951). The core goal of this theory is to work toward self-actualization. According to Hamilton (2016), it can support marginalized clients because the helper is focused on leading with empathy and understanding the client's

worldview. Since this method encourages counselors to see the client as the expert of their own lives, it promotes a sense of safety for the client. Using elements of this theoretical orientation may be beneficial when building rapport since it focuses on the counselor and client being equals. However, integration of multiculturalism still needs to be integrated in this approach in order to consider culture, discrimination, and racism.

Cognitive Behavioral Therapy (CBT)

This form of therapy is used with a variety of issues and populations of African Americans. Since CBT focuses on identifying cognitive distortions and negative thoughts, it can help the client reshape these messages throughout their life by empowering the client to challenge these messages and see their strengths. According to Kelly (2006), this form of therapy reinforces a collaborative relationship with the client and helper because ultimately the client is the expert of their own lives. This form of therapy is often used with African American teens and substance abuse clients. The psychoeducational teaching component of CBT can also help provide clients with structured activities that help them work toward their goal (Kelly, 2006). However, the limitations of this theory are its historical Eurocentric biases, which can devalue the importance of family, community, and spirituality based on its scientific nature (Kelly, 2006).

Narrative Therapy

Narrative therapy can be effective with African American clients because it uses stories to describe their human experiences (Semmler & Williams, 2000). Narrative therapy helps clients express who they are, how they developed into who they are, and who they want to be. At the same time, they are empowered to rewrite their stories and create new meanings for those stories. It can assist clients to develop healthy racial identities, reduce negative internalized stereotypes, and increase awareness around the role culture, ethnicity, and race play in their lives (Semmler & Williams, 2000). Additionally, it allows them the space to express themselves openly, separate who they are from their presenting issue, and redefine labels placed on them by society (American Psychiatric Association, 2019).

Trauma-Informed Care

According to Ranjbar, Erb, Mohammad, and Moreno (2020), “trauma-informed care is a strength-based approach to caring for individuals mindfully, with compassion and clarity regarding boundaries and expectations, to avoid unintentionally triggering a trauma or stress response.” Trauma-informed care seeks to ask more sensitive questions related to a person’s past and explore all incidents of trauma. It also seeks to help clients become aware of traumatic experiences that they already faced. When working with African Americans, it is necessary to use culturally informed screening and assessment tools related to trauma. It is also a best practice for helpers to consider traumatic experiences such as race-based trauma or other cultural experiences when considering a diagnosis for a trauma-related disorder (American Psychiatric Association, 2019). Understanding what has happened to a client will not only strengthen the rapport between a helper and client, but it will also provide the helper with more context around how a person behaves and functions in his or her daily life.

Solution-Focused Therapy

When considering some of the common barriers to treatment for African American clients, utilizing solution-focused brief therapy may be very useful. According to SAMSHA (2014), African American clients struggle with therapy and seek a more goal-oriented experience. Some African American clients may not have the means or access to resources that would allow them to participate in longer forms of therapy. Using solution-focused therapy allows clients to collaborate with helpers on their goals and support their desire for change. It focuses on the client’s strengths, which builds a strong therapeutic alliance between the helper and the client. This form of therapy was proven effective with families and clients from the lower socioeconomic groups (Miller et al., 2018).

Spiritually Integrated Counseling

Incorporating spirituality and church in the counseling process may be vital in reaching African American clients. Nearly 80% of African Americans report religion as important (Pew Research Center, 2018). In many ways, God is often seen as a coping strategy from which African American clients pull strength. It is vital that helping professionals are willing to explore and incorporate spiritual or faith-based interventions when working with African American clients. Also, it would be beneficial for them to identify the Black church’s cultural elements, while being aware that some clients may practice a different faith or none at all. It may be beneficial

for helping professionals to seek support and connect with local churches to advocate for their clients' needs. By doing this, helpers may be able to build rapport with clients themselves and the community as a whole (Avent & Cashwell, 2014). It may also be useful to consider one's spirituality and faith when conceptualizing a client's background and creating treatment plans. The more ways mental health professionals bridge the gap between cultural elements of the African American community, the more they can address issues surrounding stigma and promote a healthy view of mental health treatment.

Culturally Appropriate Intervention Strategies

Many varying culturally appropriate interventions and frameworks could be covered in this section, such as Black feminism theory, critical race theory, intersectionality, and Afrocentric approaches. However, this section's focus is to explore the multicultural components of both the H.E.R.S. and H.I.S. models because they focus on the consistent cultural considerations that are relevant when working with African American clients.

H.E.R.S. Model/H.I.S. Model

The H.E.R.S. (History, Empowerment, Rapport, and Spirituality) model was created due to multiple themes reported by African American women in counseling (Moore & Madison-Colmore, 2005). It is a blend of Emergent, Afrocentric, Integrated Feminist, and Psychodynamic models to capture a holistic framework for appropriately meeting the needs of African American women (Moore & Madison-Colmore, 2005). It consists of four steps: (1) gathering information about one's cultural history (Moore & Madison-Colmore, 2005). Using various activities to collect this information, one example of this is utilizing a cultural-spiritual genogram, which would explore the client's family of origin and how that specifically relates to their cultural history and spirituality. The next step is (2) empowerment, finding techniques and interventions through the use of narrative therapy, motivational interviewing, and community engagement to reinforce that African Americans can reclaim their power. Also, this provides them with a place to be vulnerable when adequately supported. The next step is (3) the rapport building. As mentioned earlier in this chapter, the foundation of a healthy counseling outcome is directly related to the therapeutic alliance. Building a strong foundation of trust reinforces safety and encourages African American women to be their authentic selves. The final step of this model is (4) incorporating spirituality into the session. Historically, African Americans have a deep connection to religion; however, not all clients may want this in their treatment planning. It is beneficial to explore and discuss this with clients to determine if it can be another strength source.

The H.I.S. (History, Identity, and Spirituality) model shares many similarities to the H.E.R.S. model and consists of a three-step approach (Madison-Colmore & Moore, 2002). The first step focuses on developing a strong understanding and foundation regarding the client's cultural history. In addition to using a cultural genogram, exploration and attendance at various continuing education seminars can enhance one's cultural understanding of this population. The second step is identity, which is where the counselor would identify an appropriate identity model to use with the client and explore some of the following questions: (1) what stage is the client in and "how" and "why" they believe that they are in this stage; (2) how the client wants to move forward as it relates to the identified identity model; and (3) creating a treatment plan that would incorporate the client's identified goals (Madison-Colmore & Moore, 2002). The last step of this model includes spirituality, which is important to at least discuss and explore with the client on whether or not they want this to be included in their treatment planning. These models can easily be incorporated and used with other theoretical orientations when assessing and creating treatment planning. However, since they are conceptual frameworks, a guiding theory will need to be utilized in collaboration with this model. There is limited research that explores this model's effectiveness with African American clients; however, the consistent theme of both these models is the need to treat African American clients holistically with an emphasis on their culture and unique experiences.

Discussion

Although this chapter explored considerations for working with various individuals within the African American community, there are three identified themes to consider, which are limited research on the use of particular interventions/approaches, intersectionality, and treating clients holistically with an emphasis on culture. There is a growing body of research and advocacy for moving away from how to work with African American populations to using various cultural frameworks integrated with specific approaches. Exploring the group's overarching culture as a whole while centering on the intersecting identities and experiences of potential African American clients may be the best way to meet their needs. Continued research on various SES, LGBTQI populations, and couples may also enhance one's understanding of some of the major themes within the African American population. It may also reduce stereotyping and improve counselor awareness and care. When working with African Americans, the foundational components are awareness of culture, acknowledgement of racism, discussion around spirituality, and building a strong therapeutic alliance. Ensuring that these components are addressed while incorporating appropriate interventions can lead to successful African American mental health outcomes.

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