



African American Behavioral Health

CENTER OF EXCELLENCE

12 Ways Racial Trauma Affects Your Work with African Americans

Presentation Content

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This “presentation content” document is a narrative version of the concepts developed for the June 27 webinar. It’s in the form of a transcript of the presenter’s content, but it contains more extensive information than the webinar itself contained.

Hi there! I’m really grateful to be here today. This webinar is called “12 ways racial trauma complicates your work with African Americans.”

It’s not going to focus on the diagnosis or clinical treatment of racial trauma, but on how racial trauma affects the African Americans you serve, and how that affects the work you do, whether or not you ever provide any trauma-specific services.

This model was developed for the African American Behavioral Health Center of Excellence. It’s a framework for looking at racial trauma and appreciating how much of an impact it’s already having on your work with African Americans.

For the past 33 years I’ve been writing in behavioral health, often with a focus on toxic stress and trauma. And I’ve been a consultant to the African American Behavioral Health Center of Excellence from the time the Center of Excellence started, in 2020.

This webinar is structured on what I call the “12 Ways”—12 basic characteristics and effects of racial trauma.

Objectives

These are our objectives:

- Define “racial trauma.”
- Identify six common sources of racial trauma.
- Identify four core psychological wounds associated with racial trauma.
- Identify two vulnerabilities associated with racial trauma.
- Identify four ways racial trauma can affect behavioral health services.
- Throughout these discussions, identify positive steps that the behavioral health field, and each of us, can take.

Racial Trauma

If we’re going to talk about racial trauma, we ought to start by saying what it is. First, I want to clarify that, when I say “trauma,” I don’t mean posttraumatic stress disorder (PTSD). PTSD is a very specific diagnosis, a condition that is one of the many things that can happen to people who have been exposed to trauma. Today we’re going to be talking about the larger category of trauma, including but also reaching beyond PTSD.

So, here’s a pretty good definition of “racial trauma” from Mental Health America:

“...mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes...a mental injury that can occur as the result of living within a racist system or experiencing events of racism.”¹

That makes it sound like it’s a combination of lot of different things that pile up over time—everything from historical trauma to an accumulation of smaller insults. So it’s helpful to think in terms of toxic stress—that chronic, everyday stress that has a hefty cumulative effect. It’s also helpful to think in terms of weathering, like the paint on an old building that’s been worn away by the wind and the rain.

So, let’s talk for a couple minutes about some of the components of racial trauma. Let’s brainstorm some brief examples of racial trauma. What does racial trauma look like?

(Group Discussion)

This webinar is about how racial trauma happens, how it affects people, and how it affects treatment and recovery support. A big part of trauma-informed care is making

¹ <https://www.mhanational.org/racial-trauma>

sure all staff understand trauma, from the maintenance staff to the Board of Directors. It should be no different with racial trauma.

If instead you're coming at this from a purely clinical standpoint—the diagnosis and treatment of racial trauma—most of the diagnostic and clinical resources for racial trauma are pretty new, but they're growing all the time. I'd start with the work of Monnica Williams and colleagues. They've written a lot and developed a number of scales. They also have a set of diagnostic criteria mapped to the criteria for PTSD.

And, though he's not strictly clinical, Resmaa Menakem has a wonderful, safe, somatic approach that's really important to bring into both the prevention and the treatment of racial trauma. I suspect his work can help make your whole organizational culture safer and more healing. You might start with his book, *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*.

The Role of Whiteness and Everyday Racism

Before we go any farther, I should talk about the elephant in the room. In case anybody doesn't recognize the lady in the cartoon on this slide, this is Snow White, and these are all her little forest friends. And Snow White is wondering, what can somebody who looks like me possibly tell you about racial trauma?

Well, in fact, people who looked like me invented racial trauma! We spread it all over the world in many ways—colonialism, kidnapping, slavery, Jim Crow, race massacres, a whole bunch of ways down history. And we keep it going every day.

Of course, that doesn't give me any expertise in racial trauma. But I've been studying and writing about trauma since the early 90s, and when I started to grasp the sheer enormity of racial trauma, that's what drew me into studying and writing about health equity in the first place, and then working with the Center of Excellence.

Can non-Hispanic White people ever understand racial trauma at the depth that people of color can? I don't think so. Most of us have our individual experiences of deprivation and othering and bullying and harassment. But that's nothing like living in a whole society that's been forged in it, with centuries worth of momentum behind it.

But I do think it's important for at least a few non-Hispanic White voices to talk about what racial trauma is, and where it comes from—and particularly having us talk to other White people about it, and pass on what we've learned.

Racial trauma is not a mysterious disease that appears out of nowhere. We have to at least acknowledge the causes of racial trauma—both the historical causes and the

ongoing, everyday causes. But to understand that, we have to understand just a little about being White in America.

I don't pretend to talk for all White people or about all White people. But what I'm going to say is true of a lot of us, and it resonates with the words of a lot of highly respected authors and researchers, White and people of color.

I was raised in a society that was heavily influenced by an elaborate framework of lies about the supposedly subhuman nature of people who weren't White—and especially Black people. And, starting way back in the Middle Ages, there were many very lucrative financial reasons for that framework of lies, and it has worked remarkably well for centuries.

Now, I didn't invent that framework of lies, but it was all around me while I was learning about the world. It was in my family, it was in my White neighborhood, and it was on TV—and, of course, as soon as there was an internet, it was all over the internet.

And that framework of lies is still built into many of the policies that affect everybody's health and well-being. It's in a lot of deeply ingrained attitudes, too, conscious and unconscious. And, of course, my attitudes—even the ones I'm not aware of—can affect your opportunities, and they certainly affect the way I interact with you.

Now, in many White circles, that old framework of lies is out of fashion now. But human beings are sponges. From the time we're born, we absorb what's around us. Even when we grow up and develop rational minds and moral codes, we can't just wring out all that old stuff we've absorbed and start over.

So at times in my life, I'm going to forget, and I'm going to say something or do something that's insensitive, that's disrespectful, maybe even insulting to a person of color—maybe without even knowing it, and certainly without wanting to hurt anybody. But that doesn't make it not hurt. If I run over your foot with my car, your foot is going to hurt whether or not I meant to run over it.

And here's a big part of the problem: Since I'm basically a good person, and a caring person, the idea that I've insulted you is intensely uncomfortable to me. If that discomfort keeps me from recognizing my mistakes, or if it keeps me from owning my mistakes, I'm going to make things worse. I might pretend I never said it and hope you didn't notice. But you probably did notice, because you've heard it a million times. And for centuries, especially for African Americans, recognizing the insults has been an important tool for survival.

I might think that what I've said or done is small, but it might be the tenth little insult you've had today, on top of all the other big and little insults—this week, this month, your whole life. And when I don't acknowledge it, that's like implying that you didn't experience what you experienced—or that what you experienced doesn't matter. And it all adds up, and it all becomes part of that great big lie. So, telling the truth becomes an important, and often necessary, part of the healing.

Basically, well-meaning White people have no idea how dangerous we are. And all our lives, people were telling us Black people were dangerous to US. But if you understand racial trauma, and how it gets activated, you see it a little differently.

Now, none of this makes me a bad person. It doesn't make me feel guilty about being White. It just makes me responsible for becoming more aware of myself, more aware of my biases, and more aware of my potential to hurt people.

So, those thoughts are pretty controversial in some circles. Is everybody okay? And again, I'm not saying all White people activate racial trauma, but it's a lot of us. Any thoughts anybody would like to share?

(Group Discussion)

This is hard stuff. We come from a history that is basically torn apart, and we live in times that are still pretty well torn apart. It's hard work, but I believe we have to do this work.

The 12 Ways Racial Trauma Affects Your Work

Okay, so let's get to the 12 ways. Here they are:

1. Racial trauma comes from all directions.

Four Core Psychological Wounds

2. Racial trauma dehumanizes people.
3. Racial trauma bereaves people.
4. Racial trauma robs people of identity and belonging.
5. Racial trauma wounds people in their moral core.
6. Racial trauma silences people.

Vulnerabilities

7. Racial trauma wears down the body.
8. Racial trauma makes it harder for some people to accept their vulnerabilities.

Four Ways Racial Trauma Can Affect Behavioral Health Services

9. Racial trauma wears many masks.
10. Racial trauma leaves people more vulnerable to misdiagnosis.
11. Racial trauma places extra burdens on attachment, trust, and relationships.
12. Racial trauma leaves people longing for escape.

Here are the 12 Ways, one by one:

1. Racial Trauma Comes from All Directions.

I think this is one of the most important things about racial trauma. It's not something predictable—like, if I just stay away from this person or that situation, I can be safe. You may know where a lot of the danger is, but you'll never know where ALL of it is, and you can't avoid it—not in any reliable way.

What are some directions racial trauma comes from?

(Group Discussion)

So, of course, one of those directions is the past: history.

Anybody who says "It's all in the past" does not understand the mechanics of trauma, all the ways it gets passed down from generation to generation. What elements of history has racial trauma been passed down from?

(Group Discussion)

Speaker's additions:

- the whole history of colonialism and people's experiences throughout the African diaspora
- not just slavery, but also the failure of Reconstruction
- Jim Crow, the Ku Klux Klan, and other White supremacist movements
- the desperation of the Great Migration, only to find segregation, discrimination, and racial prejudice throughout the country
- the race massacres
- most Black people being effectively (through loopholes) shut out of major benefit programs like the New Deal and the GI Bill, programs that were supposed to raise prospects for all Americans
- red-lining and usurious lending practices

- the violent backlash against the mid-20th-century Black Freedom Movement
- sharecropping, convict leasing, the school-to-prison pipeline, and the prison industrial complex
- widespread discrimination in terms of traffic stops, arrests, charges, convictions, sentencing, and parole
- policies and practices and attitudes that make it harder to find medical services
- deaths of Black people, particularly young Black men, at the hands of police
- contemporary political pressure to ban accurate representation of history as it has affected Black people
- the current rise of White supremacy and White supremacist terrorism

And how can racial trauma be transmitted?

(Group Discussion)

Speaker's additions:

- “epigenetic” changes in the way DNA expresses itself
- cultural lore, traditions, and interaction patterns that pass on fears and fear responses
- reluctance to talk about what has happened, reluctance that is passed down within families, communities, and cultures
- rules and policies imposed by the perpetrators of traumatic acts, or by their descendants, making it unsafe or illegal to tell the truth about what has happened

Where could racial trauma come from in a treatment or recovery support organization?

(Group Discussion)

Speaker's additions:

- policies
- practices
- unwelcoming environments
- lack of social safety in groups or in individual sessions

What happens to the human being when an unpredictable threat is pretty much everywhere?

(Group Discussion)

When an unpredictable threat might come at you at any time, from any direction, that gives it a lot of power. Most of you are familiar with the Adverse Childhood Experiences study, the ACE study. That's a huge retrospective study that really mapped out the connections between some highly stressful or traumatic childhood experiences and the physical and psychological problems that developed later in life.

When they mapped out what leads to more serious problems later in life, they found that it wasn't necessarily how severe the trauma was, or even how long it lasted, that mattered most. It was actually how many different kinds of trauma people experienced—in a sense, how many directions it came from. When trauma comes from many sources and in many forms, it's almost as if something in the developing mind concludes that there's really nowhere that's safe.

How does the fact that racial trauma comes from many directions affect your work with African Americans?

(Group Discussion)

Speaker's additions:

- Racial trauma doesn't always fit PTSD diagnostic criteria.
- It's not something neat and tidy, like a discrete memory that can be integrated and neutralized through exposure therapies.
- Your organization could become a source of activation of the trauma.
- You, your colleagues, and/or your leadership might be a source of activation.
- People can't escape or abstain from the source of activation, because there are so many potential sources.

So, what can you do to address these kinds of challenges?

(Group Discussion)

Speaker's additions:

- Teach cultural resilience.
- Teach people skills for modulating their physical responses to activation.
- The work of Resmaa Menakem is a wonderful tool to use in treatment and recovery support.

- Look at your policies and practices and identify and change anything that might be activating people’s racial trauma.
- Model ways of being culturally respectful and taking responsibility for cross-cultural mistakes.
- Hire staff and leaders of color, and use their wisdom and experience to make the organizational culture safer and more appropriate.

Four Core Psychological Wounds

The next four ways in which racial trauma affects your work take the form of four core psychological wounds.

2. Racial Trauma Dehumanizes People.

Racial Trauma dehumanizes people. By that I don’t mean it makes people less than human—that’s genetically impossible. But it treats people as if they’re less than human, it makes them feel like they’re less than human, and it denies their dignity and their worth.

What can I do that might dehumanize somebody?

(Group Discussion)

Speaker’s additions:

- kidnap them, enslave them
- take away their family and children
- objectify them
- deny them basic civil or human rights
- believe they’re less than human (even if you try to hide it)
- treat them as less than human
- describe or depict them as less than human
- call them by the names of animals or insects
- put them in cartoons where they look like animals or insects
- deny them resources they need
- reduce them to conditions where they have to fight or do humiliating things for survival

What are some of the effects of being dehumanized?

(Group Discussion)

- shame
- humiliation
- rage
- despair
- resignation
- helplessness
- violence
- autonomic dysregulation
- vulnerability to trauma, stress, mental health conditions

How does dehumanization affect behavioral health and your work with African Americans?

(Group Discussion)

Speaker's additions:

- It gives people enormous shame and anger.
- It compounds indignity of the illness.
- It makes it hard to believe you're human.
- It makes it hard to believe you're worth saving.
- It makes it hard to believe in or find dignity.
- It makes it hard to affirm dignity in restrictive settings.
- It makes it easier to believe the stigma and stereotypes.
- The indignity is continually reinforced "out there."
- Many political messages reinforce the dehumanization.
- It's hard to trust anybody, especially anybody White.

What if you're Black, and your White clients see you as less than human?

(Group Discussion)

Speaker's additions:

What if you're White, and your Black clients assume you see them as less than human?

(Group Discussion)

Speaker's additions:

- learn as much as possible about implicit bias, microaggressions, "color-blindness," etc., and work on our introspection and self-reflection

- learn as much as possible about how dehumanization happens and how it affects people
- take approaches that are as strength-based, person-centered, client-driven, and empowerment-based as possible
- become someone it's safe to talk to about this subject

What can we do to heal this?

(Group Discussion)

- start by working on ourselves
- promote a trauma-informed culture change within the organization and the system
- adopt approaches organization-wide that are as strength-based, person-centered, client-driven, and empowerment-based as possible
- create safe spaces where people can talk about their experiences of dehumanization and racial trauma, though that might require changing the organizational culture

How do we “re-humanize” people? What kinds of attitudes toward people might help restore dignity and self-worth?

(Group Discussion)

Speaker's additions:

- respect
- compassion
- belief in them
- emphasis on strengths
- trust

What kinds of rituals, traditions, courtesies, and tools can help people re-humanize their concepts of themselves?

(Group Discussion)

Speaker's additions:

- cultural traditions
- again, the tools in the work of Resmaa Menakem
- create a humanizing treatment or recovery support culture

3. Racial Trauma Bereaves People

With trauma comes injury, and with injury comes loss. The historical losses are too many for us even to imagine, but we have to try. And we have to remember that history may be the origin of a lot of these losses, but it's nowhere near the end of them. And when losses in the present and in an individual's life story resonate with historical losses, that can be particularly devastating.

What are some of the losses that the African Americans you serve are experiencing or have experienced?

(Group Discussion)

Speaker's additions:

- lost opportunities for success
- lost homes, families, children, jobs,
- enormous losses due to COVID-19
- high-profile police killings of Black people, particularly Black men
- loss of innocence, hope
- for people with SUDs, loss of the substance, lifestyle, culture

Not all these losses are related to race, but they all pile up.

Are the losses that Black people experience widely recognized and acknowledged in White culture and behavioral health systems?

(Group Discussion)

These losses are just starting to be recognized and acknowledged. And our colleague and teacher Mark Sanders, LCSW, CADC says the combination of humiliation and unacknowledged loss can lead to rage.

How do all these losses affect behavioral health conditions, treatment, and recovery support?

(Group Discussion)

Speaker's additions:

- Loss is everywhere.
- Serial losses tell us "don't bother trying."
- Loss makes us more vulnerable to depression.

- Loss can be a springboard for substance use disorders.
- We can have difficulty differentiating between grief and depression.
- There is so much historical loss.
- So many high-profile police shootings are activating historical grief.
- Loss of living children is an open wound that doesn't heal.
- When rage is a symptom of unacknowledged losses:
 - We're not used to looking for loss underneath it.
 - It's easier to interpret it as a personality disorder or just being "bad."
 - It's harder to generate empathy and compassion.
 - The expressions of rage can be disruptive to the communal process.

4. Racial Trauma Robs People of Identity and Belonging.

Our reactions to trauma are deeply connected to the survival instinct. And who we are and whether or not we belong are critical issues for our survival.

What are some of the ways racial trauma has robbed people of identity and belonging?

(Group Discussion)

Speaker's additions:

- historical precedent (name, home, family, everything)
- if you're not a person, how can you have identity?
- "othering" is a rejection of your identity
- stratification and rejection of traditions
- cost of assimilation
- colorism
- internalized racism

How important are identity and belonging?

(Group Discussion)

Speaker's additions—identity and belonging are essential to:

- safety
- survival
- sanity
- esteem
- relationship
- love

- traditions
- values

How does this affect behavioral health, treatment, and recovery support?

(Group Discussion)

Speaker's additions:

- hunger for belonging, dangerous and self-destructive affiliations
- identity and belonging are associated with the illness (e.g., the culture of addictive use)
- people who feel lost and alienated
- people who have trouble trusting and belonging
- difficulty building a new identity on a shaky or dangerous foundation

What can we do to help build or rebuild identity and sense of belonging?

(Group Discussion)

Speaker's additions:

- affinity groups by race
- honor culture, traditions, the arts
- model respectful and inclusive words and behaviors
- more exploration of identity
- group belonging exercises
- more peer support connecting with community
- again, use Menakem's work

5. Racial Trauma Wounds People in their Moral Core.

It's really only been in the past few decades that researchers have been looking at the moral aspects of trauma. That might include trauma at what we've done, trauma at what's been done to us, or trauma at what we've witnessed that we couldn't stop.

Morality is an important part of our connection to the culture and the community. When somebody does things that violate our moral codes and values, it threatens our sense of safety, identity, connection, and belonging.

The picture on this slide is clinicians in the 1932 Tuskegee syphilis experiment. More than 100 Black men with syphilis died in that experiment, after being deceived into thinking they were going to get some kind of effective treatment. But really, the

investigators just wanted to find out what happened when people died of syphilis. Like a lot of things that have been done to African Americans, that's an example of “betrayal trauma.” That’s what they call it when somebody who’s in a position of authority, somebody who should protect us, hurts us instead.

What are some moral wounds that the Black people you serve have sustained? That can be from things they’ve done, from things that have been done to them, or left undone—or it could be from things they just weren’t able to stop.

(Group Discussion)

Speaker’s additions:

- the symptoms and consequences of SUDs and some mental illnesses
- the whole history of our country, slavery, separation of families, Jim Crow, race massacres, disenfranchisement, redlining, discriminatory criminal justice policies and practices, prison industrial complex, etc.
- the effects of SUDs on families, particularly children

How has this affected your work with African Americans?

(Group Discussion)

Speaker’s additions:

- Moral injury and moral healing are very new topics to behavioral health.
- We don’t consider ourselves experts on morality—and morality and psychology have often been considered separate worlds—so we may not pay enough attention to the moral wounds.
- With an overload of guilt, many people have a hard time accepting help and healing.
- Betrayal trauma often has symptoms very much like developmental trauma, so the source (or at least the moral connection) of the trauma may not be apparent.

6. Racial trauma silences people.

How easy is it to talk about race in mixed-race relationships or groups of people? In mixed-race treatment or recovery support groups, when clients are talking about the pain and the challenges in their lives, how comfortable do they seem to feel bringing up challenges related to racial trauma?

First of all, DO they bring up challenges related to racial trauma in mixed groups? Do they bring it up with a White counselor?

And if they do bring up challenges related to racial trauma, how comfortable are the White group members and staff who hear what they have to say?

(Group Discussion)

I've been talking to mixed groups of behavioral health practitioners about this for a couple of years now, and many people have told me that people of color have not been comfortable or felt safe talking about their racial trauma in mixed groups or with White counselors, and often the subject is not mentioned.

What can you do to help people find their voices on this?

(Group Discussion)

Speaker's additions:

- Bring it up yourself, and talk about it in ways that affirm and model safety.
- Do a little education with White staff and clients, so they understand the concept of racial trauma and won't take it personally or feel a need to deny the examples of racial trauma people might mention.
- Introduce group guidelines that will help make it safe for people to talk about race and racial trauma.
- Ask questions that will bring it up, and facilitate in ways that promote safety and honesty.

Two Vulnerabilities

So far we've gone through six of the twelve ways racial trauma affects your work. The next two are about vulnerabilities.

7. Racial Trauma Wears Down the Body

We know that stress and trauma wear down the body, right? The intense emotions that people have when they've undergone trauma are really rooted in the body's physical responses. The stress system overreacts, and it affects the cardiovascular system, the immune system, the metabolic system, the muscles, and the hormones.

But what does any of this have to do with race?

(Group Discussion)

Speaker's additions:

- Black people have the same general load of trauma as anybody else, but with all the racial trauma added to it and wound around it.
- A disease like COVID-19, which responds to higher stress experiences by creating more serious disease and higher risk of fatality, really ravaged many African American communities.
- You can find an extended discussion of the physical effects of racial trauma in Aileen T. Geronimous’s book, *Weathering: The extraordinary stress of ordinary life in an unjust society*
- I also recommend the research of Prof. David Williams of Harvard, including any YouTube videos he might have posted. Through his Everyday Discrimination Scale, he’s documented correlations between the experience of racism and physical illnesses, mental health conditions, low-birthweight and infant mortality—and even problematic sleep patterns. Here is a QR code to information on Prof. Williams:



How can you promote better physical health among the people you serve?

(Group Discussion)

Speaker’s additions:

- teach people grounding exercises and mindfulness techniques
- encourage and support people’s efforts to be screened for health conditions
- promote health literacy
- help people understand the connections between racial stress and their health
- warn people of the downside of taking on substitute addictions (e.g., overeating, smoking)
- help people cope with the physical side effects of their psychotropic medications
- promote healthy eating and exercise

8. Racial Trauma Makes It Harder for Some People to Accept their Vulnerabilities

I happen to think our vulnerabilities are also some of our greatest strengths. The work of Dr. Brene Brown, for example, is very persuasive on this. But vulnerability comes at a price: We sometimes become more aware of painful emotions.

What are some important vulnerabilities, and the benefits of those?

(Group Discussion)

Speaker's additions:

- sensitivity/perceptiveness
- idealism
- empathy
- creativity

And how does racial trauma tell people they shouldn't have those vulnerabilities?

(Group Discussion)

Speaker's additions:

- You have to be tough.
- You have to protect yourself.
- Don't let down your guard.
- You need a lot of anger to stay strong and survive.

What happens when we deny our vulnerabilities, or we're unaware of them?

(Group Discussion)

Speaker's additions:

- They take us by surprise.
- We don't know our own power, so we have more fear than we need.
- We can hurt others or get hurt more.
- Things can fall apart around us.

How can you help people make peace with their vulnerabilities?

How Racial Trauma Can Affect Behavioral Health Services

9. Racial Trauma Wears Many Masks.

It doesn't always look like what we think racial trauma ought to look like. Why do I say racial trauma wears many masks? What are some of the masks?

(Group Discussion)

Speaker's additions:

- It's not okay to talk about it, so people keep it hidden.
- As a field, we haven't studied racial trauma much, so we don't always recognize it.
- Often people hide a lot of hurt under a mask of toughness.
- Sometimes a thick layer of anger or bitterness can cover a lifetime's worth of loss and pain and fear.
- Note: People may be too vulnerable, and they might need the mask for protection for a while.

How do those masks sometimes get in your way?

(Group Discussion)

Speaker's additions:

- We don't know who we're dealing with.
- We can be addressing one challenge when the real challenge is hidden.
- We can miss important challenges.

How do you respect the vulnerability that the mask is protecting, but still help the person underneath?

(Group Discussion)

Speaker's additions:

- Always remember that anyone you meet might be deeply wounded and very vulnerable.
- Take your own masks off.
- Affirm the strengths first.
- Give people a variety of skills for protecting themselves and coping with the discomfort of vulnerability, so they can choose to remove the mask.
- Accept people as they are.

10. Racial Trauma Leaves People More Vulnerable to Misdiagnosis

In behavioral health—or in primary care—what are a few ways African Americans with behavioral health conditions are misdiagnosed or underdiagnosed?

(Group Discussion)

Speaker's additions:

- White clinicians might not use same criteria diagnosing Black vs. White patients.
- They might miss physical illnesses, assuming the symptoms are “all in their heads.”
- In children, anxiety disorders or attention deficit hyperactivity disorders (ADHD) are often diagnosed as conduct disorders.
- Complex trauma (developmental trauma) is often misdiagnosed as antisocial personality disorder.
- An understandable suspicion of the motives of White people or White society is often “diagnosed” as paranoia.
- Depression is often misdiagnosed or just missed.
- Racial trauma is often missed altogether.

How can you influence your organization—and community-based physicians—to promote accurate diagnosis?

- Seek out and disseminate articles and presentations on challenges in diagnosis and differential diagnosis.
- Ensure that culturally appropriate screening and assessment instruments are readily available.
- Participate in community forums and promote educational materials.

11. Racial Trauma Places Extra Burdens on Attachment, Trust, and Relationships

How does racial trauma place extra burdens on attachment, trust, and relationships?

(Group Discussion)

Speaker's additions:

- Trust affects attachment, and both trust and attachment affect relationships.
- When parents have a history of trauma, they can have a harder time responding to stress in ways that will help their children develop trust and healthy attachment.
- Betrayal of trust by White people (in the past, present, in history) makes it harder to trust or form healthy attachment and relationships with White people in general.

How do those extra burdens affect behavioral health and behavioral health services?

(Group Discussion)

Speaker's additions:

- more isolation
- less connection
- weaker sense of community
- lower physical and mental wellness
- complicated attachment patterns

How do they affect behavioral health services?

(Group Discussion)

Speaker's additions:

- Trust and connection are so important to the effectiveness of all services.
- Attachment problems can derail group processes.

What can you do to make this better?

(Group Discussion)

Speaker's additions:

- teach people grounding exercises
- promote cultural humility
- promote safety and belonging
- create trauma-informed organizational cultures

12. Racial Trauma Leaves People Longing for Escape

Why would racial trauma leave people longing for escape?

(Group Discussion)

Speaker's additions:

- In chattel slavery, escape was often the only hope.
- In the Jim Crow South, escape through the Great Migration was in many cases the only source of hope.

- In ghettos and poor rural areas, with no jobs, no grocery stores, and often no highway entrances or exits, the sense of entrapment can be intense.
- With African Americans at only 13.6% of the population, especially in gerrymandered states, political power is often elusive.

Where do you escape if you can't physically escape? We learn the avenues of escape by watching the people around us. What are some unhealthy escapes people might learn?

(Group Discussion)

Speaker's additions:

- alcohol
- drugs
- gambling
- fantasy
- crime
- addictive relationships

Do people ever want to "escape" treatment? What do they do?

- not seek or accept treatment
- not engage
- not participate
- leave A.M.A.
- break the rules and get kicked out
- "lose it" and get kicked out

How might some treatment providers make people want to escape?

(Group Discussion)

Speaker's additions:

- use of seclusion and restraints when more trauma-informed methods would calm the situation safely
- not being culturally relevant or culturally appropriate
- not being trauma-informed
- not educating, supervising, or mentoring staff effectively on implicit bias, racial trauma, or cultural humility
- letting microaggressions go unaddressed in staff and/or White group members

How can we help people who want to escape?

(Group Discussion)

Speaker's additions:

- peer support beginning before admission and extending through long-term support
- collaboration with the individual on a plan for dealing with emotional crisis situations
- negotiation with the individual on this question: What can I say or do that will persuade you to stay as long as you need services, if you decide to leave when you're still too vulnerable to leave safely?

I hope using this framework for looking at racial trauma—and its importance to your work in behavioral health—has been helpful.

Please don't forget to download the Self-Study and Discussion Guide, *Healing History: Where History Meets Behavioral Health Equity for African Americans*. Here's the QR code for that document:



Thank you! Please contact me if there's any way I can help.

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