The following presentation will be discussing sensitive content involving issues on racially motivated violence, which may include upsetting information for the audience.

POLL QUESTION
Do you know how to address/discuss race-based stressors/trauma in a clinical encounter?

Chinese immigrant attacked in NYC dies months later

By SUSAN HAIGH   January 8, 2022

8 Dead in Atlanta Spa Shootings, With Fears of Anti-Asian Bias

The man who police say went on a rampage at three spas in the Atlanta area has been charged with eight counts of murder in connection with the attacks.

8 Minutes, 46 Seconds Became a Symbol in George Floyd's Death. The Exact Time Is Less Clear.

Prosecutors said they were wrong by a minute when the described, in court papers, how long a police officer pinn Floyd to the ground. Videos show it was at least eight m and 15 seconds.

**Anti-Asian hate crimes rose 16% last year, updated FBI data says**

Corrected   Hate crimes against Blacks, Asians spiked in 2020,
Americans   FBI data shows

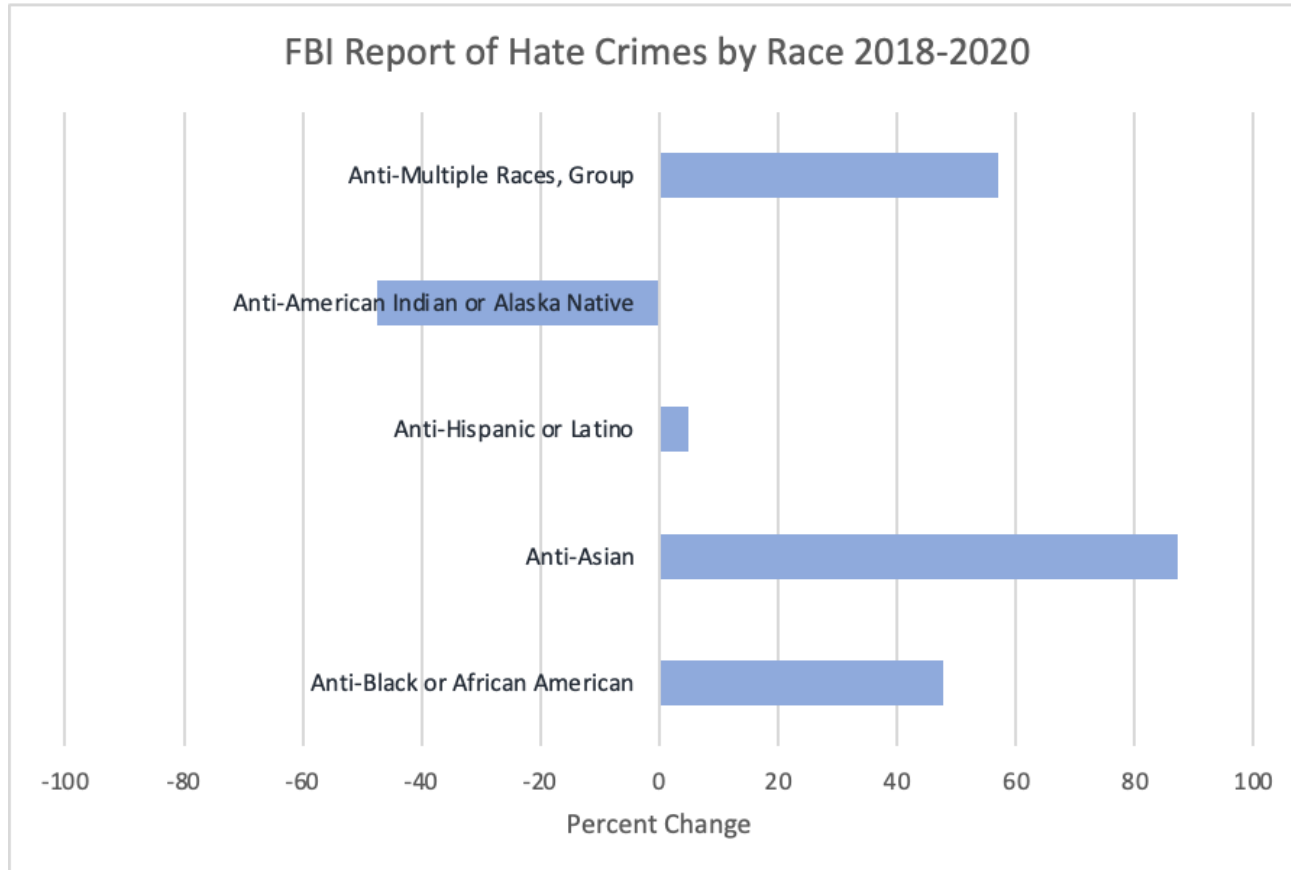abc7   By Will Jones

What to Know About Breonna Taylor's Death

Fury over her killing by the police in Louisville, Ky., fueled protests, and questions persist about how the botched raid unfolded.

Massacre at a Crowded Walmart in Texas Leaves 20 Dead

Increased Trend of Race-Based Hate Crimes by Year

FBI Percentage of Reported Hate Crimes Based on Race/Ethnicity
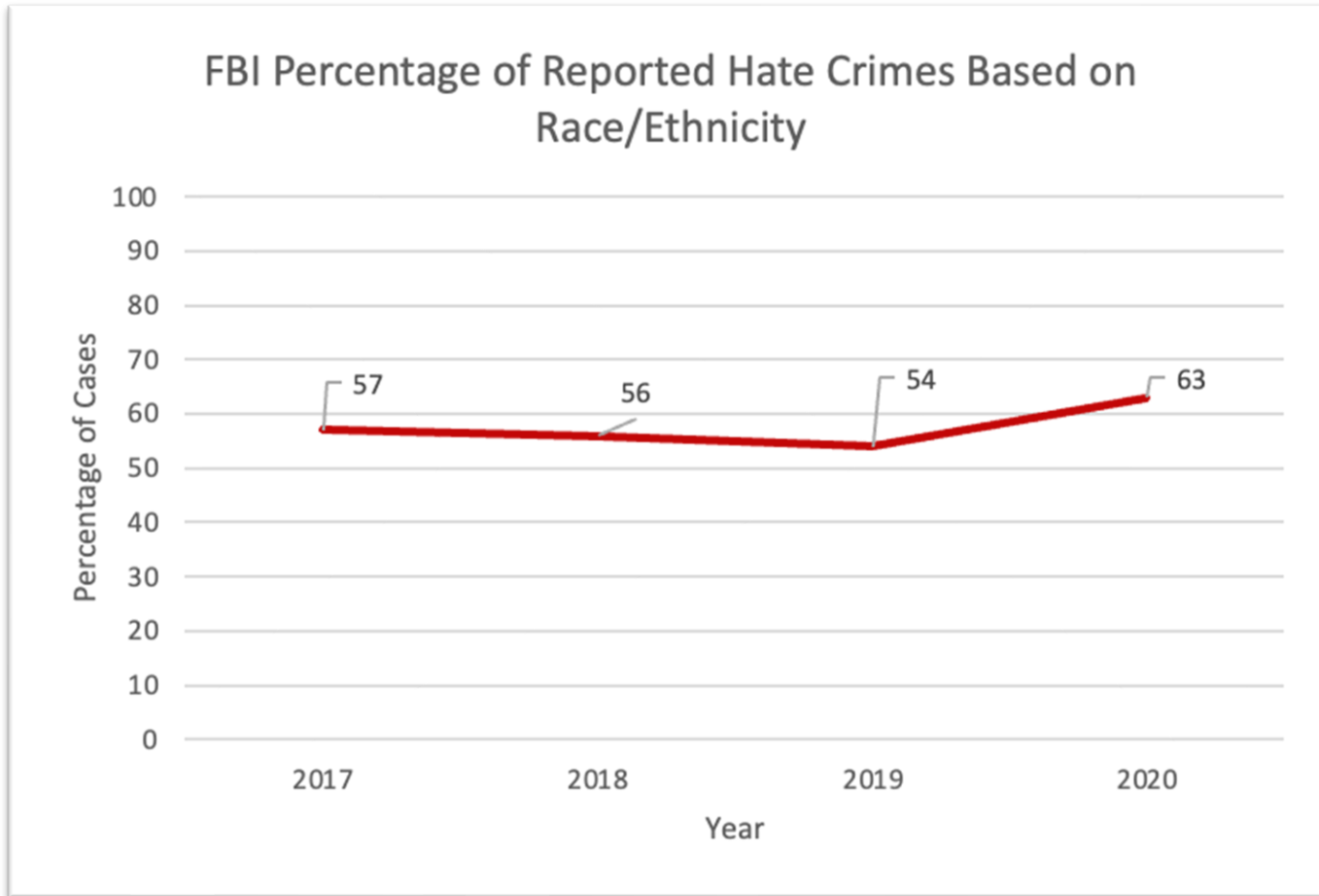
- 2017: 7321 reported cases, 57% were based on race/ethnicity bias

- 2018: 7091 reported cases, 56% based on race/ethnicity bias

- 2019: 7281 reported cases, 54% based on race/ethnicity bias

- 2020: 8263 reported cases, 63% based on race/ethnicity bias

FBI Uniform Crime Reporting Program (2022). *Federal Bureau of Investigation Crime Data Explorer.* https://crime-data-explorer.fr.cloud.gov/pages/explorer/crime/hate-crime

Hate Crime Rates Increasing by Race

FBI Report of Hate Crimes by Race 2018-2020

Anti-Multiple Races, Group

Anti-American Indian or Alaska Native

Anti-Hispanic or Latino

Anti-Asian

Anti-Black or African American

-100 -80 -60 -40 -20 0 20 40 60 80 100

Percent Change

FBI Uniform Crime Reporting Program (2022). *Federal Bureau of Investigation Crime Data Explorer.* https://crime-data-explorer.fr.cloud.gov/pages/explorer/crime/hate-crime

Changing Rates of Hate Crimes by Race

- Black/African American: 47.8% increase
- Asian: 87.2% increase
- Hispanic or Latino: 5% increase
- American Indian or Alaska Native: 47% decrease
- Multiple Races: 57% increase

Microaggressions

Microaggressions are characterized as "**subtle, stunning, often automatic, and nonverbal exchanges which are 'put downs'**" of people from **minority and marginalized statuses** (Pierce, Carew, Pierce-Gonzalez, & Wills, 1977)

Microaggressions Worsen Racial Trauma

Microaggressions coupled with racial trauma from hate crimes contribute to a continuous mental health issue.

2020:
- Out of 9,654 adults, Asian (39%) and Black (38%) adults – and 27% of Hispanic adults – reported that someone has acted uncomfortable around them because of their race or ethnicity (Pew Research Center)

- Lasting impact of Microaggressions:
  - Racial microaggressions can elicit traumatic stress symptoms common to overt discrimination responses (Torres & Taknint 2015)
  - Poor individual adjustment through cultural mistrust and poor mental health outcomes (Kim, Kendall, & Cheon, 2016)
  - Racial discrimination measurements predicted PTSD symptoms (Williams, Printz, & DeLapp, 2018)

Increase in Depression and Anxiety Diagnoses Across Minority Groups
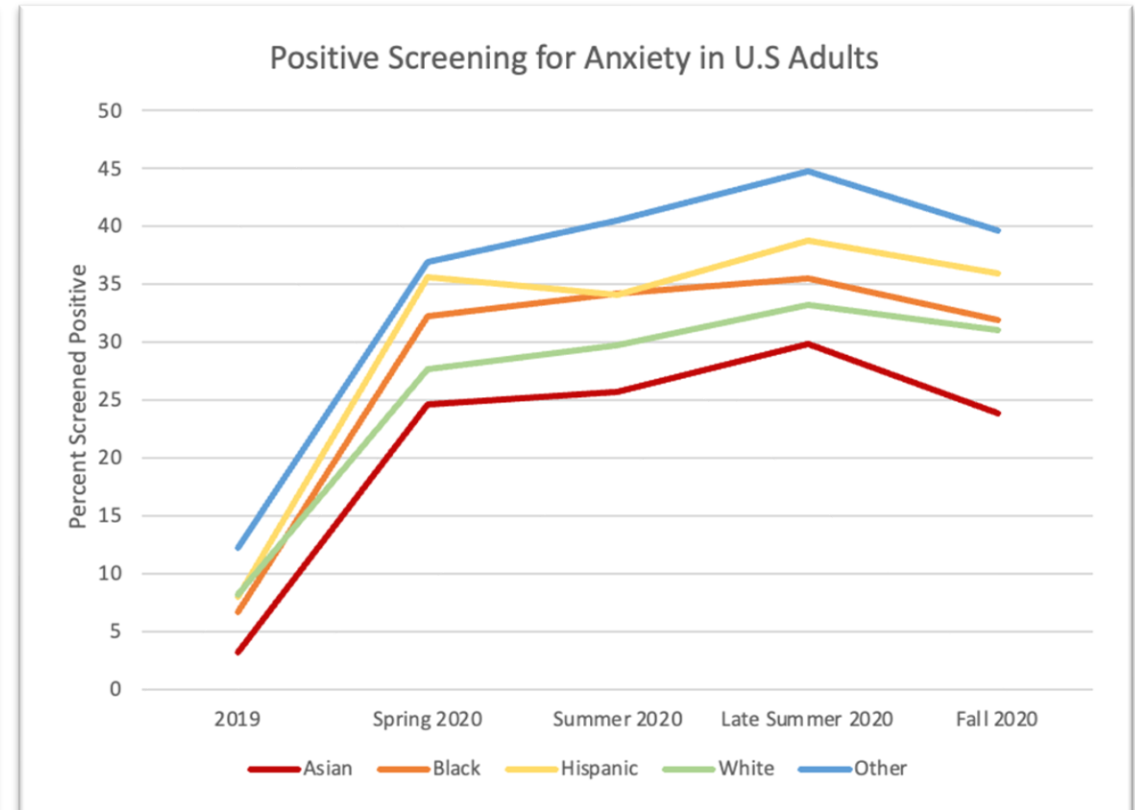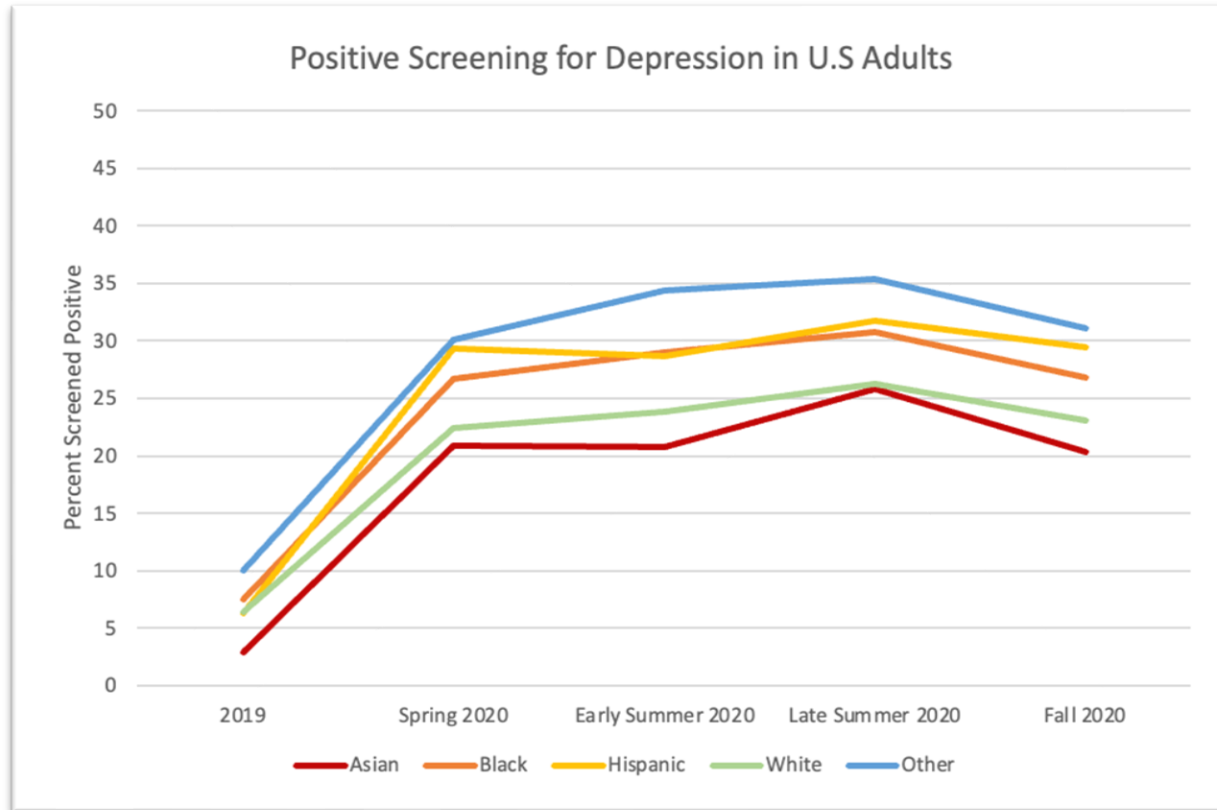
Twenge, J. M., McAllister, C., & Joiner, T. E. (2021). Anxiety and depressive symptoms in U.S. Census Bureau assessments of adults: Trends from 2019 to fall 2020 across demographic groups. *Journal of Anxiety Disorders*, *83*, 102455. https://doi.org/10.1016/j.janxdis.2021.102455

Functional Outcomes

- Adjustment outcomes: Mental Health
  - Microaggressions were more strongly associated with **internalizing problems** (ex. Depression, anxiety), **stress/negative affect, and positive affect/adjustment** than externalizing problems (ex. Alcohol, smoking, gambling) and **not associated with physical symptoms** (Lui & Quezada, 2019)
  - In older adults, **everyday discriminatory microaggressions** had **stronger negative emotional health effects** than major discriminatory events (Luo, Xu, Granberg, & Wentworth, 2012) and predicted increased memory decline (Zahodne, Kraal, Sharifian, Zaheed, & Sol, 2019)
  - Any experience of microaggressions was associated with **poor therapeutic alliance and clinical outcomes** among clients seeking professional psychological help (Owen et al., 2011)
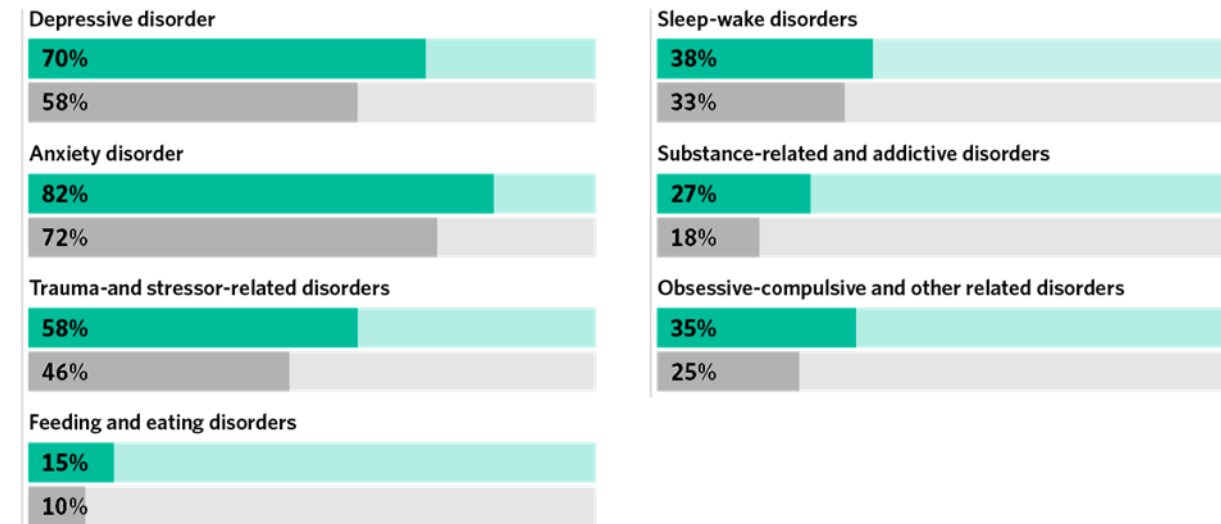
- Adjustment outcomes: Physical Health
  - Predicted increased chronic conditions (ie., heart disease, pain, and respiratory illnesses) in Asian Americans (Gee, Spencer, Chen, & Takeuchi, 2007), and low infant birthweight in African American women (Dailey, 2009)

We are seeing an increased need of Mental Health Services

- Psychologists report having more patients in 2020, including multi-racial groups and Asian
- Increased demand for treatment across many mental health disorders, including depression, anxiety, trauma, eating disorders, and substance use disorders.

% REPORT INCREASED DEMAND

■ 2021   ■ 2020

Depressive disorder
70%
58%

Anxiety disorder
82%
72%

Trauma-and stressor-related disorders
58%
46%

Feeding and eating disorders
15%
10%

Sleep-wake disorders
38%
33%

Substance-related and addictive disorders
27%
18%

Obsessive-compulsive and other related disorders
35%
25%

COVID-19 TELEHEALTH PRACTITIONER SURVEY   © 2021 American Psychological Association

American Psychological Association. (2021). *Worsening mental health crisis pressures psychologist workforce.* Retrieved March 14, 2022, from https://www.apa.org/pubs/reports/practitioner/covid-19-2021.

Greater Perceived Unmet Mental Health Needs

Unmet Needs of Mental Health Services by Race
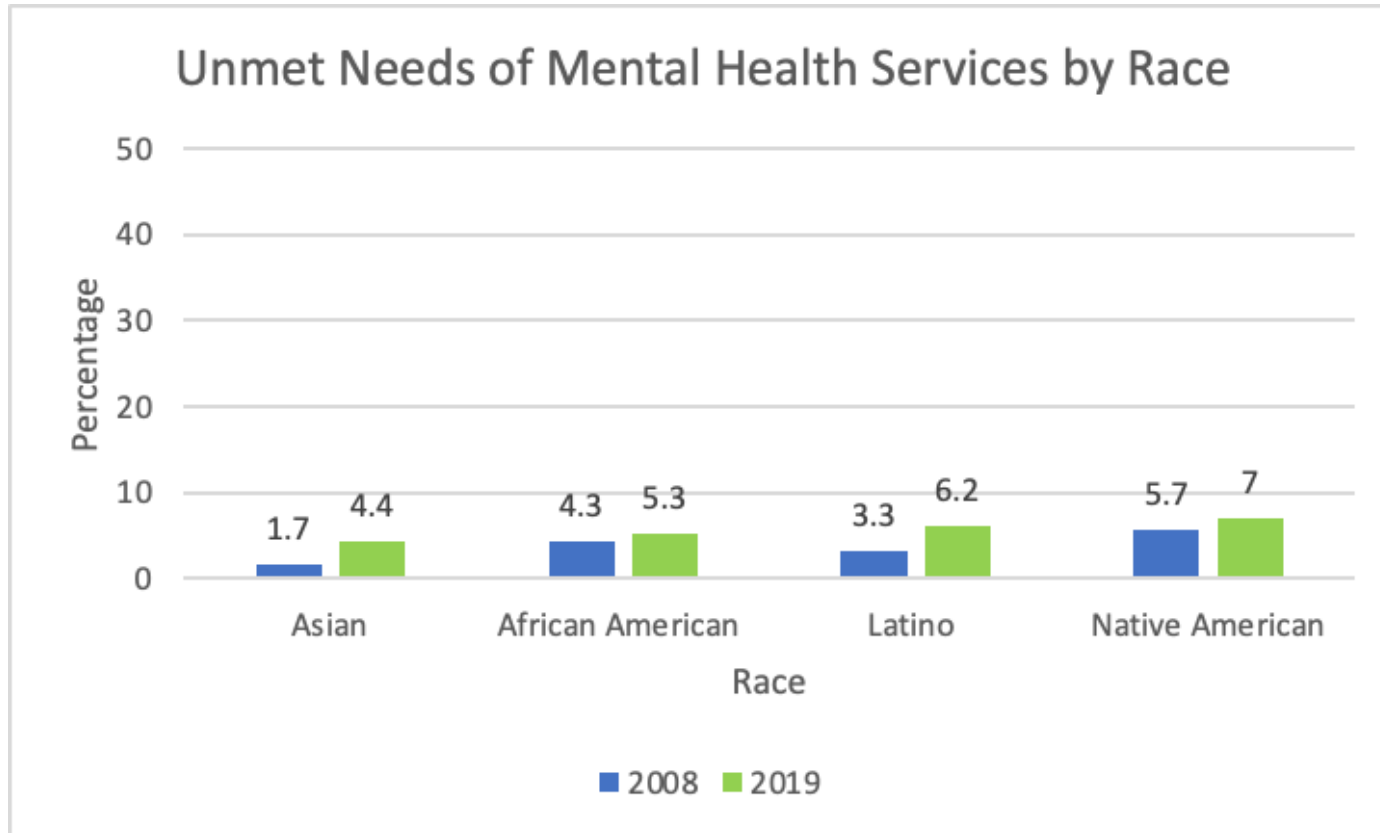
Adult Unmet Needs for Mental Health Services from 2008-2019

- Asian: 2.7% increase
- African American: 0.6% increase
- Latino: 2.9% increase

Conroy, J., Lin, L., & Stamm, K. (2021, April). The demographics of unmet need for mental health services. *Monitor on Psychology, 52*(3). http://www.apa.org/monitor/2021/04/datapoint-mental

Clinicians Need the Right Tools to Address this Issue

So how do we approach in the clinical sphere?

Providers' Role in Addressing the Problem

- Race based stressors and trauma have contributed to heightened levels of anxiety and depression (e.g., Lui & Quezada, 2019)
- Complex problem requires a complex solution
  - Focus today on providers, but will need systemic changes as well
  - Providers are uniquely positioned to address these problems given that we aim to ameliorate mental health challenges and to help patients overcome obstacles to health and wellness
- Step 1: reflecting on what role (if any) providers can play in being a part of the solution

Step 1: Provider Self-Reflection

- Goal: To become aware of one's own reactions to and behaviors when faced with a client who may have experienced race-based stress/trauma

- Increasing self-awareness helps to
  - identify how you usually respond when faced with a client who has experienced/witnessed race-based stressors/trauma
  - gives providers choice in how you want to address this in future sessions
  - Highlight areas of professional development to further improve clinical skills when working with patients of all backgrounds

Step 1: Provider Self-Reflection

- ## Consequences of lacking awareness
  - Feeling underprepared when/if patients discuss these concerns in session
  - Lack of preparation can potentially negatively impact the therapeutic alliance.
    - E.g., Clients who identify as black, indigenous, or other people of color (BIPOC) expressed that one of the most common challenges to therapeutic alliance with cross racial providers is the provider avoiding discussing/addressing cultural issues in session (Constatine et al., 2007)

Step 1: Provider Self-Reflection--How to Self-Reflect?

- Domains of questions to ask yourself
  - have I ever asked a client about how race-based stressors impact their symptoms?
  - If not, what stops me from asking about how this impacts their symptoms [e.g., timing in a session, prioritizing other clinical needs]?)
  - If yes, how does this conversation usually unfold? Do clients remain engaged following these conversations?

Step 2: Increase Knowledge about the Impact of Race-based Stressors

- Goal: to increase knowledge about the impact of racism and race-based stressors on clients to understand how to best serve the diverse Boston community

- Continued training for increased education / awareness of these topics
  - Develop / get trained in culturally racially based frameworks
    - Reflect and become familiar with Brofenbrenner's ecological systems framework (1979) to understand how a client's clinical presentation is influenced by multiple spheres of influence
    - Review books that explore the history and current increases in race-based stressors
    - Review the cultural formulation interview found in the DSM-5 to determine what factors are important to consider/explore when working with clients of color

# Step 2: Increase knowledge about the impact of race-based stressors

TABLE 1.

Cultural Formulation Interview Domains and Questions

- Domain 1: Cultural definition of the problem
  Questions 1-3
- Domain 2: Cultural perceptions of cause, context, and support
  Cause: Questions 4, 5
  Stressors and supports: Questions 6, 7
  Role of cultural identity: Questions 8-10
- Domain 3: Cultural factors that affect self-coping and past help seeking
  Self-coping: Question 11
  Past help seeking: Question 12
  Barriers to care: Question 13
- Domain 4: Cultural factors that affect current help seeking
  Preferences: Questions 14, 15
  Clinician-patient relationship: Question 16

Adapted from The Diagnostic and Statistical Manual of Mental Disorders, fifth edition.¹
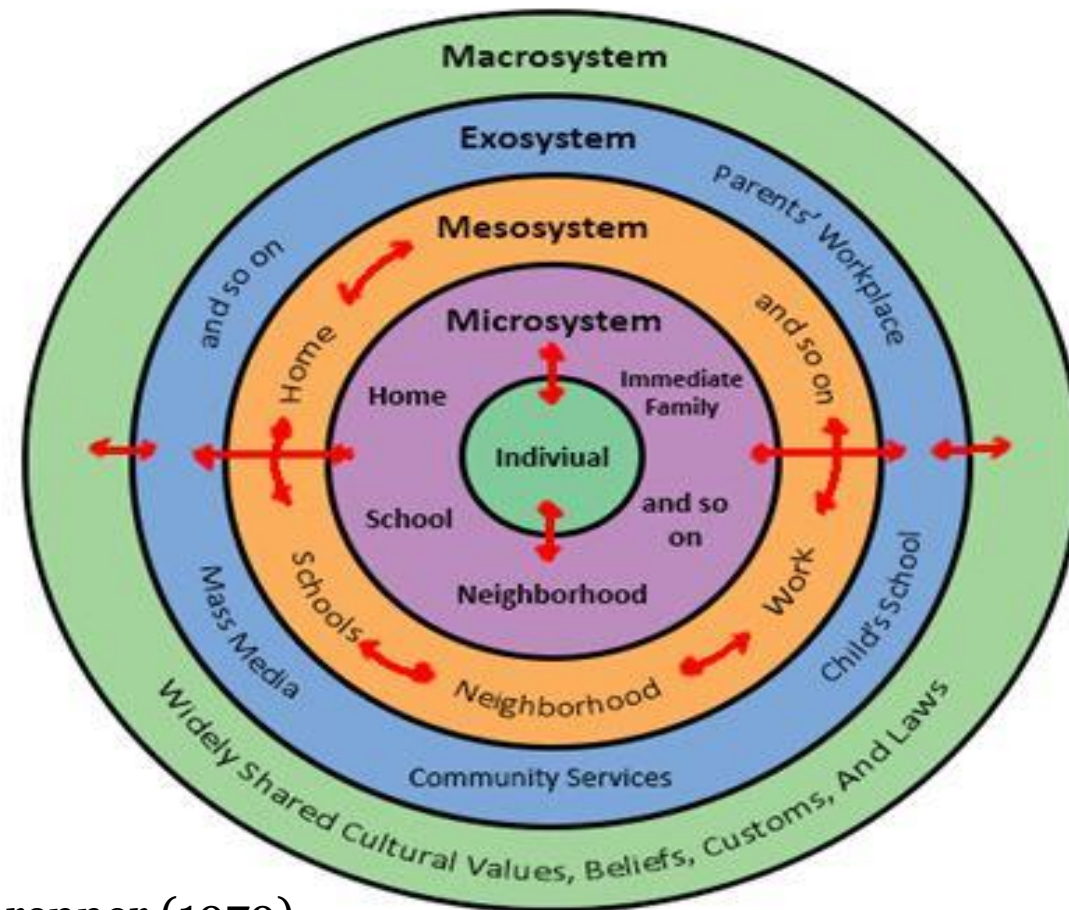
Bronfenbrenner (1979).

Step 3: Provider's Behaviorally Support Clients of Color

- Goal: to take what you've learned following self-reflection and increasing your knowledge base and apply this new knowledge during clinical encounters

- How can clinicians incorporate this behaviorally into their practice?
  - How: purposeful conversation with client about race-based stressors
    - Steps: review pros and cons of discussing race-based stressors with clients--maybe complete a pros and cons for discussing versus not discussing

# Step 3: Provider's Behaviorally Support Clients of Color

- How can clinicians incorporate this behaviorally into their practice?
  - How: purposeful conversation with client about race-based stressors
    - If decide not to- what this means for me and for my client
      - Provide/brainstorm additional resources for clients to connect with to address these concerns
    - If decide yes – how to have this conversation with my client
      - Reflect on which clients you may or may not ask about race-based stressors and move towards checking in with all clients to avoid assuming racial/ethnic backgrounds*
      - review how/when you can start this conversation with clients (maybe show quick video of an example or example openers).

Let's End with Self Reflection

- Do you know how to address/discuss race-based stressors/trauma in a clinical encounter?

Thank you!
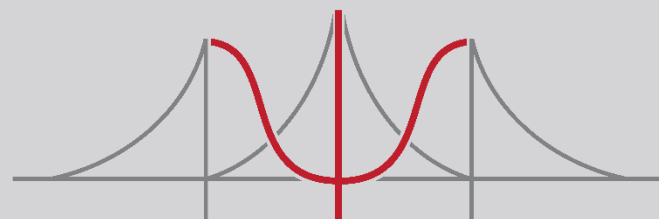
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