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Mental Health in the African American Community and the Impact of Historical Trauma: Systematic Barriers

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Mental Health in the African American Community and the Impact of

Historical Trauma: Systematic Barriers

by

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MSW Clinical Research Paper

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Sankofa- "We must return and claim our past in order to move toward the future. It is in understanding who we were that will free us to embrace who we are now"- (Bankole,2009)

ABSTRACT

African Americans are overrepresented in high-risk populations and are known to experience disadvantages in mental health services. In an effort to better understand the barriers that prevent African Americans from receiving adequate mental health services; this study explores barriers on multiple system levels and the implications for clinical practice. This study also explores the relevance and impact of historical trauma. Qualitative interviews were used to collect the experiences of African American clinicians in the mental health field working with African American clients. Findings revealed twelve themes that are consistent with previous research. These themes are; historical trauma, stigma, cultural stereotypes, cultural mistrust, informal support, lack of African American professionals, cultural competency, issues in assessment, misdiagnosis, cultural paranoia, treatment, and economic inequality. These themes show the systematic issues that prevent African Americans from seeking and receiving adequate mental health services. Implications for clinical practice and opportunities for change are discussed.

Section 1

Introduction

There are systematic barriers in society that disproportionately impact mental health in the African American community. Although, African Americans only constitute 12% of the United Sates population (Baker & Bell, 1999), they are overrepresented in high-risk populations including mental health.   According to Ellis and Carlson (2009), African Americans constitute 40% of the homeless population, 50% of prisoners, and 45% of children in the foster care system. These studies show that exposure to violence, incarceration, and involvement in the foster care system can increase the chances of development of mental illness. Consequently, African Americans in particular are at a disadvantage in mental health due to historical, economic, social, political, environmental, and psychological factors (Fralich-Lesarre, 2012).

The research shows that these disparities are not a new phenomenon and have been present for many years. From a historical lens, African Americans have been at a disadvantage in mental health through subjection to trauma through slavery, oppression, colonialism, racism, and segregation (Poussaint & Alexander, 2000). Today, the overrepresentation in high-risk populations demonstrates the prevalence of the same challenges.

Based on research, 7.5 million African Americans in America have been diagnosed with a mental illness (Ward et al, 2009). According to Barnes (2008), African Americans are five times more likely than European Americans to be diagnosed with schizophrenia. Studies also show that only 16% of African Americans diagnosed with a mental illness will receive mental health treatment and most will not receive treatment

appropriate to their needs (Scnittker, 2003).   Research has identified that the over-diagnosis of schizophrenia and underutilization of appropriate treatment is complicated by misdiagnoses, trauma, and racism (Miller, 2010). Furthermore, researchers have also found that the lack of cultural competence, cultural mistrust, and stigma negatively impact mental health and mental health services in the African American community.

As noted, there are multi-faceted systematic barriers that negatively impact the treatment of mental health distress in the African American community. It has been demonstrated that each barrier needs to be addressed at every system level to create change and be effective. Understanding the etiology and diagnosis of mental health in the African American community is essential to addressing the over-diagnosis of schizophrenia and underutilization of treatment.

Research Question

The purpose of this study is to explore the impact of historical trauma and barriers that African Americans experience in assessment, treatment and diagnosis in mental health. This research study is based on previous research that explores mental health in the African American community. This study will utilize the ecological systems and historical trauma theories to explore barriers that African Americans experience in mental health assessment, diagnosis, and treatment. It also explores the relevance of historical trauma and opportunities for addressing the implications for clinical practice and improving mental health services in the African American community.

This study will address the questions: How does historical trauma impact mental health in the African American community? What are the barriers that African Americans experience in assessment, diagnosis, and treatment in mental health services? What are

the ways that mental health services can be improved for the African American community?

Literature Review

African American. The African American community in the United States is very diverse. For this study, African Americans are identified as lineages of those who were brought from West Africa as a part of the slave trade or worked as indentured servants before the development of chattel slavery (Baker & Bell, 1999). According to the 2010 US Census, there are currently 38.9 million people that identify as African American in the United States.

Barriers. The barriers that impact mental health in the African American community are complex and deeply rooted in historical adversity. For this study, barriers will be defined as issues that enhance risks for mental health concerns and result in the overuse of public resources and health care services (Knapp et al., 2006). Previous studies have identified 12 main barriers for mental health in the African American community: historical trauma, stigma, cultural stereotypes, cultural mistrust, informal support, lack of African American professionals, lack of cultural competency, issues in assessment, misdiagnosis, cultural paranoia, treatment, and economic inequality. The barriers in this study will be identified on the micro, mezzo, and macro system levels.

Macro-Level Barriers

Historical Trauma. In order to better understand mental health in the African American community, an overview of historical trauma will be explored. Historical trauma is defined as "multigenerational trauma experienced by a specific cultural group" (SAMHSA, n.d. p.1). Multigenerational trauma is further defined as "psychological and

emotional consequences of the trauma experience that are transmitted to subsequent generations through physiological, environmental, and social pathways resulting in an intergenerational cycle of trauma response" (Sotero, 2006, p.95). There is a lack of research available that explores historical trauma in the African American community as most literature focuses on the historical trauma of Native Americans and the Jewish populations.   However, it is also important to promote an understanding of the impact of cultural cleansing and forced assimilation to which African Americans were subjected (Williams-Washington, 2009).

As noted, African Americans were subjected to historical trauma through slavery, oppression, colonialism, racism, and segregation.   The African slave trade also known as the black holocaust is the root of historical trauma as it represented chaos, violence, and cruelty that occurred over 430 years (DeGruy-Leary, 2005). During transit in 1619 to North America the slaves endured inhuman conditions. They were kept in the bowels of the ship where they "slept, wept, ate, defecated, urinated, menstruated, vomited, gave birth, and died" (DeGruy-Leary, 2005, p.75). According to DeGruy-Leary (2005), it has been estimated that the millions of Africans that died during the Middle Passage exceeded the number of those killed in the Jewish holocaust. Research shows that "in contrast with most immigrants in United States who enter this country by choice, the legacy of African Americans includes capture and forced migration" (Hall, 2008, p.23).

Scientific Racism. Researchers have also found historical trauma within the system through scientific racism. Scientific Racism is defined as "the use of purportedly scientific techniques and hypotheses to support or justify the belief in racism, racial inferiority, or racial superiority, or alternatively the practice of classifying individuals of

different phenotypes into discrete races" (Encyclopedia of Race and Racism, 2013, p.445). Like misdiagnosis that impacts the African American community today, scientific racism is not a new phenomenon. Scientific racism has impacted the mental health of the African American community for generations and has yet to be addressed. Early psychiatrists and medical professionals engaged in misdiagnosis and scientific racism by exploiting African Americans through identifying specific illnesses with flawed information. Some illnesses were used to propose that African Americans were psychologically inferior to other races (Poussaint & Alexander, 2000).

According to Benjamin Rush, the father of American Psychology, African Americans suffered from Negritude; a mild form of leprosy. Rush identified that the only cure for the disorder was to become white. In addition to Rush, in 1851, Dr. Sam Cartwright founded "Drapetomia", a disease of the mind that made African American slaves want to run away from their slave owners (Poussaint & Alexander, 2000). Cartwright identified the only cure for this disease was for slave owners to beat the slaves. Cartwright believed that African Americans needed to be treated like children and kept in a submissive state in order to live a productive life.

Moreover, in 1968 two psychiatrists from New York identified Protest Psychosis, a condition in which the Black Power Movement drove "Negro men" into insanity. It was believed that black "liberation literally caused delusions, hallucinations, and violent projections in black men" (Metzl, 2009, p. 100). Protest Psychosis would later be identified as schizophrenia. As noted, today, African American men are five times more likely to be diagnosed with schizophrenia than any other race (Barnes, 2008).

In addition to the phenomenon of Protest Psychosis, science and psychology also demonstrated a misuse of power and exploited African Americans through several medical experiments. In the mid 1800's, J. Marion Sims was a physician who conducted surgical experiments on un-anesthetized female African slaves and black infants (DeGruy-Leary, 2005). The women and infants were used for medical research and often died from Sims' experiments.

Furthermore, from 1932-1972, the Tuskegee Experiment was performed by the US Public Health Service to study the progression of untreated syphilis in African American men. The United States made the men believe that they were receiving free healthcare when in reality they were being tested on like lab rats. According to DeGruy-Leary (2005), most of the men in the experiment died from syphilis or passed it on to their wives and unborn children.

Historical trauma in particular, has shaped and negatively impacted the overall health in the African American community. According to Wilkins et al (2013), historical trauma has created lingering psychological and emotional injuries in the African American community. Events like J. Marion Sims surgical experiments and the Tuskegee Experiment were "hypothesized as contributing to many African Americans negative attitudes about seeking healthcare services" (Ward et al, 2009, p.2).

Micro System Barriers

In addition to historical trauma, there are also other multi-level barriers that present issues for African Americans in assessment, diagnosis, and treatment. Micro level system barriers have been identified in research through stigma, cultural stereotypes, cultural mistrust, and informal supports/spirituality.

Stigma. Ward et al (2009), identified stigma as the most significant barrier to African Americans in seeking mental health support because it is a system and individual level barrier. "Stigmas are cues that elicit stereotypes about a particular social group and manifest in people's attitudes" (Ward et al, 2009, p.2). According to research, African Americans tend to have more shameful attitudes towards individuals with mental illness compared to whites (Ward et al, 2009; Poussaint & Alexander, 2000). Within African American culture, admitting one has mental illness is sometimes viewed as a personal weakness or lack of faith (Ward et al 2009; Boyd-Franklin, 2003). This perceived stigma often deters African Americans from discussing their mental health concerns with family and professionals. Consequently, stigma reduces African Americans willingness to seek formal mental health services and support when needed.

Cultural Stereotypes/Misconceptions. Stigma in the African American culture stems even further to cultural stereotypes. A cultural stereotype is recognized as a generalized belief about a particular cultural group. For example, it is common for some African Americans to deny emotional problems to ensure they present as strong. According to Poussaint and Alexander (2000), African Americans often fear the sign of weakness and will not acknowledge or display feelings of distress. This concept is further identified in the idea of the 'strong black woman'. According to Okeke (2013), "the image of the strong Black woman conveys that Black women have built-in capacities to deal with all manner of hardship without breaking down, physically or mentally" (p.9). Consequently, African Americans will often mask their symptoms and avoid seeking needed treatment and support.

Cultural Mistrust In addition to cultural stereotypes, cultural mistrust has also

been identified as a barrier and implication for clinical practice. According to Ward et al.,

(2009), cultural mistrust is widely connected to the stigma of mental illness in the African

American community. Cultural mistrust is identified as distrust of whites in result of

current and historical experiences with racism and oppression (Ward et al, 2009).

Research shows that cultural mistrust in the African American community is

mainly connected to an extensive atrocious relationship with the American medical

community (Wallace, 2012).   According to Ward et al., (2009), it is clearly recognized

that minorities have negative attitudes and are more mistrustful of the mental health

system than any other group. As noted, historical trauma has negatively impacted the

African American community's trust towards medical and mental health professionals.

As noted earlier, events like J. Marion Sims surgical experiments and the Tuskegee

Experiment have contributed to the mistrust within the African American community.

Informal Support/Spiritual Beliefs. Moreover, in consequence of stigma and

cultural mistrust, African Americans tend to rely more on informal supports in their lives

to cope with life stressors. Informal supports have been identified as family, friends, the

community, and church. This particular subject has been identified as a strength and

implication in clinical practice. "According to the National Mental Health Association,

27% of African Americans said that if they experienced depression, they would handle it

with prayer and faith alone" (Perdue et al, 2006, p.78).

Historically, the African American church has been a strong social and religious

force of unity and is held in the highest esteem by many African Americans (Boyd-

Franklin, 2003). Researchers have also found that African Americans report higher levels

of religious and church affiliation than the general population (Boyd-Franklin, 1987).

According to Boyd-Franklin (1987), spirituality has been a survival mechanism that has

contributed to the resiliency of African Americans in coping with the psychological pain

of racism, discrimination, and oppression. The high reliance on informal supports has

contributed to the lack of African Americans to seek more formal support services. As

noted, this particular theme is recognized as a strength and barrier.

Exo-Mezzo Barriers

Exo-Mezzo system barriers in the mental health of African Americans have been

identified on the basis of lack of African American professionals and cultural

competency, issues in assessment, mis-diagnosis, inadequate treatment, and economic

inequality. Research shows that these barriers create implications in clinical practice in

the form of service delivery.

Lack of African American Professionals. Studies show that the lack of African

American professionals has major implications for clinical practice. According to Glover

(2012), it is highly unlikely for African Americans to have their mental health assessment

and treatment provided by someone of their same cultural background. Statistics show

that "only 2 percent of psychiatrists, 2 percent of psychologists, and 4 percent of social

workers in the United States are African American" (National Alliance on Mental Illness,

2009). The lack of African American professionals impacts those that are interested in

meeting with someone of their same cultural background. This implication is also

pertinent as it may lead to issues in diagnostic assessment and treatment planning. For

example, a study by Whaley (2001), found that African American clinicians seemingly

have the essential cultural awareness and clinical skills to be able to distinguish culture and pathology in paranoid symptom manifestation.

Cultural Competence. In addition to microsystem barriers such as informal supports and stigma, studies show that culture bias and the providers' lack of cultural competence may prevent African Americans from seeking and receiving suitable mental health treatment. According to Holden and Xanthos (2009), studies show that there is well-known discrepancy in cultural competency in mental health services. Cultural competence has major implications in mental health services for the African American community and is an umbrella issue that impacts issues in assessment, diagnosis, and treatment in clinical practice. Abernethy et al., (2006), defines cultural competency as acknowledgment and incorporation "at all levels, the importance of culture and language, the cultural strengths of people and their communities, the cross cultural relations, vigilance to dynamics in cultural and linguistic differences, and the adaptation of services to meet culturally unique needs"(p.103).

Issues in assessment. Research shows that the lack of cultural competence can result in inadequate recognition of mental health symptoms in African Americans, and result in improper diagnosis (Borowsky, et al., 2000). According to Holden and Xanthos (2009), African Americans may express their symptoms of mental illness differently from what clinicians are prepared to expect. For example, a common idiom of distress among African Americans is somatization. Somatization is identified as the expression of physical distress without medical explanation (Keyes & Ryff, 2003). In the African American community, it is more common to express physical sources of pain as opposed to mental sources of distress.

In addition to the lack of cultural competence, diagnostic bias also appears to be problematic for assessment and evaluation of psychiatric conditions (Baker & Bell, 1999). According to Snowden (2003), diagnostic bias occurs when clinicians make assumptions about people based on their race and ethnic origin. Research shows that diagnostic bias can lead to misdiagnosis and overlook particular symptoms of distress. Research shows that it is imperative for clinicians to be aware of and acknowledge possible bias and stereotypes that could impact their diagnostic assessments (Center of Excellence for Cultural Competence (CECC), 2009).

Mis-diagnosis of Schizophrenia. In relation to issues in assessment, research has also identified an implication in misdiagnosis. According to Hall (2008), "African Americans have similar rates of mental health diagnosis as the general public" however, a majority of African Americans tend to be under diagnosed with mood disorders and over diagnosed with psychotic disorders (p.8). According to the National Institute of Mental Health (n.d.), "2.4 Million American adults are diagnosed with Schizophrenia every year." As noted previously, research shows that African Americans are five times more likely than whites to be diagnosed with schizophrenia (Barnes, 2008). According to Baker and Bell (2008), the over diagnosis of schizophrenia has been reported since the 1970's.

Schizophrenia is characterized by "hallucinations, delusions, negative symptoms (to include flat/inappropriate affect), disorganized speech, and grossly disorganized or catatonic behavior" (4th ed., text rev.; *DSM-IV-TR*; American Psychiatric Association, 2000, p.299). Studies show that there may be a discrepancy in diagnosis due to clinicians'

inability to distinguish between cultural and pathological aspects of paranoia. For example, research found that African Americans may be more often diagnosed with schizophrenia due to misrepresentation of healthy cultural paranoia as clinical paranoia.

Cultural Paranoia. As indicated, misdiagnosis has also been associated with clinicians' incapability to discern between cultural and pathological aspects of paranoia in African Americans. In a qualitative study of patients diagnosed with schizophrenia, researchers found that hallucinations and paranoid/suspicious attitude were more common in African Americans (Trierweiler, et al., 2005). The study also found that the hallucinations and paranoia presented by the African Americans may have signified cultural paranoia in result of cultural mistrust.

Studies show that "clinicians may treat cultural mistrust as a symptom of clinical paranoia in their diagnostic decision making which increases the likelihood of false positive diagnosis of paranoid schizophrenia" (Whaley, 2006, p.93). Whaley and Hall (2009) identifies cultural paranoia as "a sense of apprehension, suspiciousness or distrust in interracial situations because of historical and contemporary experiences of racism and oppression" (p.459).

Treatment. Entrance into treatment and types of treatment are also identified barriers and pose implications for clinical practice. According to Snowden (2011) and Hatcher (2012), the dominant experience for African Americans with mental illness needing treatment is via emergency conditions and under forced or mandated conditions. Studies show that African Americans tend to be overrepresented in in-patient treatment and underrepresented in outpatient settings (Holden & Xanthos, 2009). According to

Holden and Xanthos (2009), African Americans may be overrepresented in in-patient treatment due to the delay in seeking treatment until their symptoms are prominent.

In addition to the entrance into treatment, the types of mental health treatment in the African American community also represent a barrier. Research shows that as a result of issues in assessment, there is risk for inappropriate treatments (Barnes, 2008). According to Barnes (2008), unsuitable treatments are most often found in terms of the wrong medication and higher dosages of medication. The unsuitable interventions have been identified to lead to adverse side effects (Barnes, 2008).

Furthermore, another implication in treatment is found in the lack of culturally specific treatment for African Americans. Research shows that most theoretical approaches are ethnocentric and are not based on minority populations. According to Holden and Xanthos (2009), it is important for clinicians to modify traditional psychotherapy modalities to be effective when working with African American clients.

Economic Inequality.   Finally, in addition to implications in mental health treatment, economic inequality is also an implication in the African American community (Wallace, 2012). According to Snowden (2001), "African Americans are relatively poor" and more likely to live in deep poverty compared to the rest of the population (p. 2). For example, "the median household income for black households is 34,000 compared with 55,096 for white households" (Holden & Xanthos, 2009, p. 17). Consequently, poverty impacts African Americans' access to adequate and needed mental health services. According to Constance-Huggins (2012), "racial inequality remains woven into the fabric of American society" (p.3).

Literature Review Summary

Although African Americans only represent a small portion of the population in the United States, they are overrepresented in high-risk populations. The research shows that exposure to violence, incarceration, and involvement in the foster care system can increase the chances of development of a mental illness. Based on research, African Americans in particular are faced with exposure to these stressors in higher rates than the general population.

This research revealed that African Americans are at a disadvantage in mental health due to individual, environmental, and institutional factors. Common barriers such as stigma, cultural mistrust, and misdiagnosis pose significant risk factors for African Americans in need of mental health support. The over diagnosis of schizophrenia and the lack of African American mental health professionals also demonstrate the prevalence of the multi-systematic barriers.

Furthermore, the literature review identified the role of historical trauma and how it has shaped and impacted these barriers. The effects of subjection to historical trauma continue to impact the African American community to this day. According to Glover (2012), "although physical slavery in the United States has ended, the effects remain long standing" (p. 3).

Section II
Conceptual Framework

Theoretical Framework

Ecological Systems Theory. The conceptual frameworks used for this study include the ecological systems and historical trauma theories. Ecological systems theory is a key theoretical lens guiding this research because this model recognizes that

individuals do not exist separately from their environments (Sheafor & Horejsi, 2012).

Ecological systems theory recognizes the person-in-environment and examines the

relationship between micro, mezzo, exo, and macro. This theory also provides the

framework to study the relationships with individuals in contexts within their

communities and wider society. According to Sheafor and Horejsi (2012), the ecological

systems theory identifies that we must examine the context of the environment to fully

understand the functioning of an individual.

   Based on this perspective, it suggests that there are barriers in mental health

services that impact the African American community on every system level. The

systems in this particular study identify the barriers that African Americans experience in

assessment, diagnosis, and treatment. The systems also identify the presence of historical

trauma. The micro-system shows that African Americans experience barriers in relation

to stigma, cultural stereotypes, informal support, and cultural mistrust. The mezzo system

represents barriers in the forms of the lack of African American professionals, lack of

cultural competency, issues in assessment, misdiagnosis, cultural paranoia, treatment, and

economic inequality. The macro system shows the barriers of scientific racism and

historical trauma.

   This particular framework indicates that interventions should seek to eliminate

systematic difficulties that impact the functioning of the African American community.

This framework also signifies the importance of increasing needed resources to improve

mental health resources for the African American community. (Sheafor & Horejsi,

2006). This framework recognizes the impact of the environment on the individual and

their level of functioning.

Historical Trauma Theory. Historical trauma theory recognizes that "the populations historically subjected to long-term, mass trauma, colonialism, slavery, war, genocide- exhibit a higher prevalence of disease even several generations after the original trauma occurred" (Sotero, 2006 p.93). To understand how African Americans have a higher burden in mental health services, historical trauma theory provides a framework to examine the implications that impact mental health in the African American community. The historical trauma theory

> requires four distinct assumptions; mass trauma is deliberately and systematically inflicted upon a target population, trauma is not limited to a single event, but continues over a period of time, traumatic events reverberate throughout the population, creating a universal experience of trauma, and the magnitude of the trauma experience details the population from its natural, projected historical course resulting in a legacy of physical, psychological, social, and economic disparities that persist across generations (Sotero, 2006, p.94).

The historical trauma theory in relation to this study acknowledges the impact of historical trauma on the African American community. The research shows that "the psychological and emotional consequences of the trauma experience are transmitted to subsequent generations through physiological, environmental, and social pathways resulting in an intergenerational cycle of trauma response" (Sotero, 2006, p.95).

In summary, the conceptual framework for this study integrates the information gathered in the literature review on barriers African Americans experience when accessing mental health treatment and applies it across the ecological system and historical trauma theories. The literature suggests that there are barriers present in each

system and the importance of addressing the social issues that create them. The literature

also suggests the importance of examining the barriers through a historical trauma lens.

Methodology

Research Design/Instrument

The qualitative method was used for this research. The present exploratory study

focuses on the variety of barriers that African Americans experience in mental health

services and the impact of historical trauma. This qualitative study was designed to

explore the systematic barriers from the views of mental health professionals. This

research project asks the questions "What are the systematic barriers that African

Americans experience in assessment, diagnosis, and treatment in mental health? and How

does historical trauma impact mental health in the African American community?" The

study consisted of 5 interviews that were audio-recorded with the participants' prior

permission. The interview consisted of 12 open-ended questions (see Appendix B) and

four demographical/background questions. The qualitative questions were based on the

perceptions of mental health professionals on barriers that African Americans experience

in mental health services. Demographical information consisted of: age, gender, how long

a mental health practitioner, license held, and ethnic background. The qualitative

questions were reviewed by the research committee to improve validity and reduce

researcher bias.

Sample

Purposive and snowball sampling methods were employed for this research. To be

included as a participant, interviewees were required to have a graduate level degree or

higher, have therapeutic license in the state of Minnesota (i.e. L.P, LMFT, LICSW, etc.),

identify as African American, and be actively engaged in conducting individual therapy

with clients. Five African American mental health professionals who met the criteria

were included in this sample. Members of the sample were contacted via email and/or

phone to identify if they would be interested in taking part in the research project.

Participants in the study received via email an introduction letter with an attached consent

form (Appendix A) outlining the purpose of the study, an explanation of the procedural

process, and the researcher's contact information should they have questions regarding

the study.

Protection of Human Subjects

This study was reviewed and approved by a research committee and the

Institutional Review Board at St. Catherine University prior to data collection. The

researcher reviewed the consent form with the participants, explaining all aspects of the

document and offered the participants the opportunity to ask additional questions

regarding the study. The consent form provided information about the purpose for data

collection and explained in detail what procedures would be followed during the

interview. It was also explained to the participants that they have the option to pass on a

question or terminate the interview at any time if feeling uncomfortable without

repercussions. Risks and benefits of participation in the study were discussed, reporting

that there were no known risks or benefits identified that could affect the participants.

Data Collection.

The interview structure was non-schedule standardized, with a narrow topic and

specific questions asked of all respondents (Monette, et. al., 2011). The interviews were

conversational; questions may have been rephrased or asked out of order to best fist each

particular interview. Questions (Appendix B) were open-ended, allowing the respondents full freedom of expression, (Monette, et. al., 2011). The questions were open ended and pertained to the concepts identified within the literature review for this study. The research design for this study was qualitative, utilizing qualitative questions during the interview process. The questions asked in this study were designed to explore the mental health professionals' perceptions of the barriers experienced by their African American clients in assessment, diagnosis, and treatment. The questions asked were also designed to explore the professionals' perceptions on the impact of historical trauma.

Data Analysis

The researcher evaluated the data using a qualitative method of content analysis taking into consideration the themes that evolved from the literature review. According to Berg & Lune (2009), content analysis is an inductive, systematic means of evaluating the raw data to look for repeated subjects or ideas that develop from the material. The researcher began with specific themes that had been created in review of previous literature. In order to identify the codes in the data, open coding was used, which involved examining the data line by line for similarities and differences. Once the research material went through the coding process, the data was applied to the specific themes that were identified through previous literature. After the coded transcript was created, the information was collapsed to identify specific themes for narrative content.

Section III
Findings

Sample

The sample for this research project consisted of five mental health therapists who currently work with African American clients. All respondents were African American

and varied in regards to age and gender. The participants had completed graduate level work in the following areas; 3 Social Work and 2 Marriage and Family Therapy. There were 4 females and 1 male represented ranging from 31-50 years of age. The years of clinical practice ranged from 4-20years.

Themes

      Barriers. The first open-ended question was: In your experience, what do you think hinders African Americans from seeking mental health support? All five respondents recognized several barriers that hinder African Americans from seeking and receiving needed mental health services. The barriers identified were labels, stigma, mistrust, system of therapy/clinic policies, family rules, historical trauma, cost, lack of culturally appropriate assessments/therapeutic modalities, lack of African American professionals, lack of awareness, and over pathology. Some of the barriers will be discussed further below.

      Mistrust. All respondents identified mistrust as a barrier that hinders African Americans from seeking mental health services. One respondent stated: "I think historically African Americans have learned not to trust the system and so there are some systematic barriers just from not trusting" (Respondent 5). All five respondents highlighted mistrust as a major barrier that prevents African Americans from receiving mental health support. Another respondent stated: *"I think there is mistrust with mental health services and medical services in general"* (Respondent 2).

      Labels. Closely related to mistrust another barrier identified by respondents was the fear of labels. All five respondents referenced that African Americans fear the label of a mental health diagnosis. The fear is associated with stigma and how the community will

perceive them. One respondent stated: African Americans have a "fear of labels" (Respondent 2). The other two respondents spoke specifically to the impact of labels and how that has been an issue throughout history. A respondent stated; "African Americans have a long history of being labeled and those labels lead to identifying disparities" (Respondent 1). This respondent also stated, "African Americans have the fear of three labels: bad, lazy, or crazy" (Respondent 1).

System of therapy and Clinic Policies. Another barrier identified by the respondents was based on the system of therapy. Three of the respondents made a reference to the lack of culturally sensitive modalities offered in the therapeutic setting. A respondent specifically stated: "the mental health models are not adapted to families of color and their structure and their needs. Therapy is a white middle class apparition and when you look at the roots of therapy it was generally for white wealthy people" (Respondent 1).

Another respondent spoke further to the therapy model and expectations of appointments. The respondent stated: "systems are not set up particularly for urban populations to feel comfortable. So if my appointment is canceled if I'm 10 minutes late because I took the bus because I had to walk and I had the babies and…well sorry your appointment is cancelled. You were late and it is our policy" (Respondent 4). The respondent referenced to the system of mental health clinics and expectations around scheduling as a barrier for the African American community. This particular respondent felt that the system of therapy and policies at clinics are "not welcoming" for urban populations (Respondent 4).

Family Rules. Two respondents found that the therapy model is not fitting for the African American community due to "spoken and unspoken rules within the family" (Respondent 3). The respondents identified that the model of therapy asks clients to discuss personal things about their family, which is not necessarily acceptable. A therapist specifically stated that "you don't talk about what happens within your family and therapy is asking you to do that" (Respondent 2).

Cost. In addition to the system of therapy and clinic policies, all of the respondents identified cost and the lack of insurance as implications for mental health services for the African American community. One respondent indicated that the cost of therapy is unaffordable. "Therapy is too costly. The common practice is if you can't afford your co-pay then therapy stops. Doesn't matter what you're working on or how critical your need is. You will be referred somewhere else because you can't pay" (Respondent 1). This particular respondent felt that the cost of therapy prevents some African American clients from receiving needed mental health services.

Lack of Awareness. Several respondents felt that awareness is barrier that prevents African Americans from seeking mental health services. Respondents indicated that many African Americans are not aware of what mental health is. One respondent specifically stated: "I think not understanding. A lot of people only know what they hear from other people or what they've seen on TV" (Respondent 2). Another respondent indicated that "many African Americans do not understand mental health or the concept of therapy" (Respondent 4).

Lack of African American Professionals. Four out of the five respondents identified the lack of African American professionals as a barrier that hinders African

Americans from seeking and receiving needed mental health services. Respondents felt

that the only diversity of mental health is found in the client population. One respondent

stated: "there has to be diversity in mental health. Mental health never really looks

diverse unless you are the client." Another respondent stated, "We need more black

therapists. There are too many white women. I don't say that disrespectfully but there is

something to having someone that looks like you to work with you." This theme

highlighted the importance of having more African American professionals in the field of

mental health.

Influence of Racial Identity

       The next question asked: How do you see your racial identity as African

American influencing you work with African American clients. All of the respondents

felt that their racial background made a positive impact on their relationship with African

American clients. All of the respondents highlighted the relevance of culture and it's

impact on the therapeutic process. Responses ranged from the appearance of their office

to their ability to understand certain aspects of the African American culture and racial

micro-aggressions.

       One respondent reported on the appearance of their office and the intentions of

including culture:

       The color scheme is intentionally dark. You see my Kwanza. You see my African

       women pouring water into the well. Culture is all over in here and it is

       intentionally in here. I think racial identity plays a huge part. I think the therapy

       experience needs to be culturally affirming (Respondent 1).

The respondent felt that "it's challenging enough to come in to do the work of therapy the more one feels that the space and the therapist represent parts of their culture that's one less bridge to cross" (Respondent 1). This respondent felt that the appearance is a very important part of the therapeutic process.

All five respondents spoke specifically to their ability to connect with their clients based on the shared commonality of cultural background. The respondents acknowledged their ability to understand micro-aggressions and certain struggles of their clients based on their experience as an African American. One respondent stated:

Having the experience that I've had as a black woman gives me insight into certain things. It gives me insight into maybe micro-aggressions of certain historical traumas that have been passed down that I have experienced because of my race so I think that helps to understand kind of where some of my clients are coming from (Respondent 2).

One respondent highlighted that she had a particular client that chose to work with her over a long period of time specifically because she was a clinician of color. The respondent stated:

She felt comfortable right off the bat working with me and she felt that I would have a better understanding of her issues and the things that related to her as a person of color that was one of the reasons why she felt that she had stayed in therapy for that long (Respondent 5).

Another respondent identified the importance of feeling connected based on the shared commonality of race. The respondent stated:

I think that when people are in pain they want it to be as simple as possible. They

want to be as comfortable as possible and they want to feel better as quickly as

possible so if they feel like some of this you can understand the trauma if you can

understand some of these forces around that have to do with race then I feel

better. I feel encouraged that someone looks like me" (Respondent 4).

Another respondent felt that their shared cultural background with the client enables the

client to skip particular things regarding race and culture. The respondent stated: "so I

think it's easier when families tell me things because they don't really have to explain

who they are and their background that kind of thing we can skip some of those things"

(Respondent 3).

Over-Diagnosis of Schizophrenia

The next question was: During some of my research, I have come across studies

that indicate that African American males tend to be over diagnosed with schizophrenia.

What are your thoughts about that? All five respondents indicated that the over diagnosis

of schizophrenia among African American men was not something that they experienced

directly in their clinical work. All five respondents acknowledged the over diagnosis to

be tied to barriers in diagnosis and assessment in mental health services for African

Americans.

Two respondents spoke specifically to concerns with the DSM. One respondent

stated, The DSM

doesn't take into the account the context of family or relational aspects into

account. It's encompassing a norm that was created by a group of people that are

saying this is the norm. So that norm is determined by the dominant culture so if

you have a group of individuals that don't meet that norm then any type of

behavior that they present outside of that norm are going to be abnormal.

(Respondent 2).

Another respondent stated: "The whole DSM is based on white men. So we are basing

everyone else off of white men" (Respondent 4).

Another respondent spoke specifically to issues with clinicians being able to

distinguish between healthy paranoia and clinical paranoia:

I think it's a misunderstanding of where people are coming from. A lot of black

folks that I have worked with have been identified as being paranoid but I don't

see it as clinical paranoia. I see it as healthy paranoia. Like I need to know my

surroundings. I need to know who you are. Some of those symptoms get

misconstrued into something else and then they get misidentified as symptoms of

schizophrenia (Respondent 3).

All respondents acknowledged that schizophrenia was a heavy diagnosis and

needed to be thoroughly assessed before being diagnosed to an individual. Three out of

the five respondents indicated that they most commonly see symptoms of PTSD in their

African American clients. One respondent specifically stated: "I think a lot of what I

found the most helpful diagnosis the most operative diagnosis in working with black men

is almost 9 times out of 10, a PTSD diagnosis" (Respondent 1).

Protest Psychosis

The following question asked: "Are you familiar with the term protest psychosis?

All five of the respondents confirmed that they had never heard the term prior to the

interview. When the term was explained to the respondents, they identified the

relationship between African American males and perceived rage. One respondent stated: "this factors into the rage that I think black men who have not been able to express their legitimate hurt and rage" (Respondent 1). The respondents spoke to this further by highlighting the impact that slavery and the civil rights movement have had on the role of the African American male in society. One respondent stated, "Black men have not been able to express their legitimate hurt and rage" (Respondent 1). Another respondent stated: "I get black males in therapy at the age of three that the system has already deemed deviant and dangerous" (Respondent 4). The respondents identified that the term and diagnosis of "protest psychosis" is closely related to historical trauma. The respondents felt that there is a systematic issue with how Black men and boys are labeled and viewed in society.

The Impact of Historical Trauma

The next question asked: how do you think historical trauma impacts the mental health of the African American community? All five respondents felt that historical trauma had a major impact on the mental health of the African American community. One respondent in particular stated:

> I think that historical trauma plays a huge impact on the lives of African Americans but I just think that there is a disconnect and a lack of knowledge to connect it back to what's going on to really understand who you are. You really don't know who you are unless you know where you came from (Respondent 3).

Tuskegee Experiment. Three respondents in particular commented on the impact of the Tuskegee Experiment that hinders African Americans from seeking mental health services. A respondent stated:

There are the larger historical examples of mental health and I don't know if it's necessarily mental health but overall health care where African Americans were treated more as experiments. So you have the Tuskegee that's in everyone's psyche (Respondent 1).

Another respondent stated: "the Tuskegee Experiment and being told info and then having it not be accurate…and so there is this fear of well you're telling me you're going to do something but how do I know what you're really doing" (Respondent 2). The third respondent referenced to African Americans being treated as guinea pigs in medical research. "We are known to be guinea pigs. If you think about the Tuskegee project and how we were mislead and so that still sticks with us to this day. We are used as for these research practices" (Respondent 5). This particular themed acknowledged the impact that the Tuskegee experiment has had on the African American community and their trust towards the medical system.

Colorism. Another theme of historical trauma identified by a respondent was the impact of colorism in the African American community. This respondent expressed the importance of acknowledging the presence of ongoing trauma in connection with issues from the past. The respondent spoke to the issue of African Americans being split up based on their skin complexion. The respondent stated: "we still got it so that Black folks are split up. We can see it with the light skin dark skin with skin color in the community. Colorism within the community" (Respondent 4). The respondent felt that colorism is closely related to "post traumatic slave syndrome" (Respondent 4).

Institutional Racism was also highlighted by a respondent in regards to historical trauma in relation to generational trauma. The respondent stated:

> We are Trayvon Martin. We are Jordan Davis. You know it's still kind of a mind
>
> control thing. So if the police stop me what do I have to do to save my life.
>
> Anything that says I'm unhappy or I'm angry anything like that and I can be dead.
>
> So with Jordan Davis it was just music. So saying your culture is not ok. We are
>
> still giving messages that your culture is not ok (Respondent 4).

This respondent identified how institutional racism is a part of generational trauma and how it impacts the African American community in the general society.

Four of the five respondents also made a reference to the relationship between historical trauma and ongoing multigenerational trauma. One respondent stated: "trauma historically is not just slavery but it is just as real today" (Respondent 1). Another respondent explored this concept further by stating: "in Minnesota, we have the largest disparities in almost everything. Unemployment, healthcare, suspension, graduation gaps and it is discouraging. Even the whole thing that black men are dangerous is a throwback of slavery" (Respondent 4).

Historical Trauma Incorporated into the Therapy Process

The respondents were asked if they incorporate historical trauma into their clinical work with their African American clients. All of the respondents confirmed that they believe using a trauma lens in general is vital in working with African American clients. All of the respondents also indicated that they feel historical trauma is something that will generally emerge in the therapeutic process. One respondent spoke to specifically utilizing the genogram. "When I do genograms with families, we are looking for trauma all through it" (Respondent 1). One respondent stated that historical trauma is incorporated in the therapy process as clients "need to understand the strength that

became before them" (Respondent 4). This particular respondent felt that it is important

for African Americans "to look historically and not just see what the trauma was but the

overcoming of trauma and the healing" (Respondent 4). This statement meant that

incorporating historical trauma in the therapeutic process helped to foster the strength

based perspective.

How to Improve Mental Health Services & Techniques used in the Therapeutic

Process

The next two questions asked how mental health services could be improved and

what therapeutic techniques are helpful when working with African American clients.

The respondents identified numerous techniques that they have found helpful in working

with African American clients. The respondents identified such techniques to incorporate

in the therapeutic process as incorporating spirituality, working from a strength-based

perspective, and utilizing a trauma lens. The respondents also reported several ways in

which mental health services could be improved. The respondents identified such

improvements as increasing the number of African American professionals, increasing

opportunities for African American professionals to get credentialed, and offering better

training for mental health professionals,

Four of the respondents made a reference to the importance of incorporating

spirituality into their clinical practice with African American clients. One respondent

stated: "I think that the heartbeat of the African American culture is theme of spirituality"

(Respondent 1). The respondents spoke to the difference between spirituality and religion

and not assuming that all African Americans are religious. One therapist stated:

9 out of 10 of my African American clients wanted to incorporate spirituality into

their treatment plans and so whether we would do biblical scripture based prayer

together and break it down like how does this scripture relate to what you're

going through and how can we use spirituality as a calming or coping strategy or

like a meditation (Respondent 5).

Four of the five respondents discussed the importance of working from a strength-based perspective when working with all clients especially African Americans.

One respondent spoke to the negative impact of not utilizing a strength-based perspective. The respondent stated:

There are often times where there are less culturally sensitive organizations that

work predominately with communities of color and they kind of take that let me

help you out kind of stance let me save you from all of this oppression and

everything that you're going through (Respondent 5).

A theme identified as a way to improve mental health services for the African American community was to better prepare and train professionals in the field. Two respondents specifically felt that improvement is "going to start with the people that are delivering the service" (Respondent 3). The respondents indicated that schools and training programs could do more to ensure professionals are well prepared to work with diverse communities. One respondent specifically stated: improvement needs to begin "with the schools that are educating the mental health providers" (Respondent 3). The other respondent stated "I think therapist training programs have to be better" (Respondent 4).

Discussion

This study utilized a qualitative approach to generate responses from five mental health therapists that work with the African American community. The intent of this research was to explore mental health in the African American community and the impact of historical trauma. The research was meant to identify the influence of historical trauma and barriers that African Americans experience in mental health diagnosis, treatment, and assessment. The study was also intended to identify ways in which mental health services can be improved.

Micro-Level Barriers. According to the therapists who participated in the study, there are several barriers that impact mental health in the African American community. The most influential micro level barrier identified by the professionals was the impact of mistrust. According to the professionals, it is very common for individuals in the African American community to possess a sense of mistrust towards systems. The professionals identified mistrust as a barrier that prevents African Americans from seeking needed mental health treatment.

In addition to mistrust, the respondents also identified the lack of awareness as a micro level barrier. The lack of awareness was identified as African Americans not being aware of the impact of mental health and not understanding the concept of therapy. One respondent stated a main barrier that hinders African Americans from seeking mental health services is "not understanding" what mental health is. These identified barriers were consistent with previous research.

Mezzo Barriers. According to many respondents of the study, a mezzo barrier that hinders the African American community from seeking needed mental health

services is the lack of African American professionals in the mental health field. All of the respondents felt that the lack of African American professionals negatively impacts mental health services. A respondent stated African Americans are less likely to seek needed mental health services due to "not seeing professionals that look like them and not feeling like they are understood." This identified barrier was also congruent with pervious research.

      Macro Barriers. Macro-level barriers identified by the respondents in the study were in relation to historical trauma. The respondents spoke to the impact of colorism, institutional racism, and the Tuskegee experiment. The respondents felt that historical trauma has a huge impact on mental health in the African American community. Specifically speaking to the impact of the Tuskegee Experiment, one respondent stated: "African American people were treated more as experiments. The Tuskegee Airman is an example" (Respondent 1). The research literature also seemed to echo this theme and highlighted the long relationship of mistrust between the medical and African American communities.

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Strengths and Limitations

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      Strengths. There were several strengths and limitations identified in this study. A specific strength of this research was the use of individual interviews. The use of individual interviews allowed the opportunity to gather more in-depth information and hear voices directly from the community. Another strength of this study was the experience of the respondents in the study. The respondents in the study identified as African American and had experience in various settings working with African American clients. The respondents represented two mental health disciplines, including social work

and licensed marriage and family therapist. Each clinician offered their own perspective based on their experience.

      Limitations. This research was found to have many strengths but it also had limitations. One limitation was the limited size of the sample, consisting of only five participants. The small sample size makes it difficult to generalize the results to other mental health professionals and the overall African American population.

      Another limitation is that this research only focused on professional perspectives, possibly leading to partisan results. Future research could include the perspectives of the general African American population. It seems that interviewing members of the general African American population would lead to a more balanced understanding of the impact of historical trauma and the perceived barriers in mental health assessment, diagnosis, and treatment. The insights provided by the general African American population would also provide a valuable perspective on how mental health services can be improved.

Implications for Social Work Practice

      Based on the literature and research obtained, it is well documented that there are several barriers in mental health services that impact the African American community. As noted, the barriers are multi-faceted and it has been demonstrated that each barrier needs to be addressed at every system level to create change. The barriers identified demonstrate many implications in social work practice, policy, and research. It is the role of the social worker to address those barriers and seek to create change on behalf of the African American community.

      A macro implication that seems present throughout every theme found in the study was the impact of racism. According to Williams and Williams (2000), the health of minorities in the United States is largely impacted by racism. In addition to health

disparities, racism can also be identified through the many disparities in wealth, income, and education. In health in particular, the surgeon general's report on culture, race, and ethnicity also recognizes mental health disparities in the African American community based on inaccessibility to care (Hines-Martin, et al., 2003).

The NASW (2008) Code of Ethics states:

> The primary mission of the social work profession is to enhance human well-being and to help meet the basic needs of all people with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.

According to Whaley (2001), clinicians must be open to learning from their clients and acknowledge the impact of racism and discrimination on mental health. It is the role of the social worker to be mindful of the burdens of poverty and racism and how they impact access to needed services. This is congruent with the social work code of ethics to enhance human wellbeing and address the needs of those that are oppressed and in poverty.

Another implication identified was the lack of African American professionals in the mental health field. This theme seemed prevalent in the study and previous research. The role of the social worker to address this implication is to identify solutions to recruit more diverse social workers in the field. The findings of this research indicate that social workers should be aware of the influence of culture and how it can impact the therapeutic process.

In addition to the lack of African American professionals, social workers should understand the impact of mental health stigma and the fear of labels in the African American community. This theme is relative to the ethnic-sensitive social work

perspective. This lens identifies that social workers need to be aware of how culture can impact help-seeking behaviors (Sheafor & Horjesi, 2006). The findings of this research also indicate that social workers should take a relational, strength-based perspective when working with African American clients. This is consistent with the social work value of 'meeting clients where they are at'.

Implications for Policy. An implication in policy identified is the need for adequate funding to offer scholarships and credential opportunities for African American clinical social workers and other therapists. This implication was identified in the study and highlighted the importance of funding potential opportunities to increase the number of African American professionals in the field. The role of the social worker is to support the change of programs and policies that have a negative impact on vulnerable communities.

Implications for Future Research. Though the present study offers invaluable insight into experiences of African American therapists in the community, it is important to look toward future research opportunities to expand knowledge and understanding of barriers that impact mental health in the African American community. This research shows the need for more research to explore mental health in the African American community and the barriers to accessing services. This study also highlights the need to focus on solutions for the implications in clinical practice.

Understanding the impact of racism and social injustice is essential to addressing the identified barriers that impacts mental health in the African American community. The barriers identified demonstrate many implications in social work practice, policy, and research. According to Sheafor and Horjesi (2006), if the issues are "not addressed,

these social injustices will continue to burden the individuals affected and the society as a whole" (p.71).

Conclusion

This study aimed to identify the barriers that impact mental health in the African American community and the relevance of historical trauma. The research examined the barriers that African Americans experience in mental health assessment, diagnosis, and treatment. The participants identified several barriers such as: lack of African American professionals, cost, issues in assessment, and stigma, in addition to many others. The participants also identified the role of historical trauma and how it has influenced these barriers. The results from this study were consistent with previous research and identified that African Americans are at a disadvantage in mental health due to individual, environmental, and institutional factors. The findings suggest several implications for social work practice, research, and policy.

The study revealed that although there have been several systematic barriers identified that impact mental health in the African American community, there are also several ways in which services can be improved. Suggestions for improvement identified by the respondents were: increasing the number of African American professionals, increasing opportunities for African American professionals to get credentialed, utilizing a trauma lens in therapeutic intervention, and working from a strength-based perspective.

As noted, there were strengths and limitations to this study. A particular strength of this study was the use of in-person interviews with members of the African American community. Utilizing in-person interviews provided the opportunity to gain rich and valuable information. Focusing specifically on African Americans respondents was also a strength due to the lack of research within this community. A limitation of this study was

the size of the sample. Due to the small size of the sample, it limited the viewpoints and could not be generalized to the general African American population. Despite the limitations, this research provides findings that are beneficial to the field of social work.

In addition to the strengths and limitations identified, this study also recognized the implications for the field of social work and the general society. The respondents and the research acknowledged racism and how it impacts each barrier of mental health in the African American community. Understanding the etiology and diagnosis of mental health in the African American community and the connection to racism is essential to addressing the over-diagnosis of schizophrenia and underutilization of treatment. Based on the information provided, it is imperative to address the complications of racism and acknowledge the impact of historical trauma in order to truly address the barriers in mental health.

Section IV

APPENDIX A
RESEARCH PARTICIPATION INVITATION

Dear Potential Research Participant;

I am a graduate student in clinical social work at the College of St. Catherine/ University of St. Thomas, St. Paul, MN. As part of my clinical social work program

requirements, I have undertaken **a research project that examines the barriers in assessment, diagnosis, and treatment that African Americans face in mental health.** My research is supervised by my graduate research project chair, Dr. Lisa Kiesel, and this research project has been approved by the University of St. Thomas Institutional Review Board.

I am seeking African American participants with a graduate degree in the field of clinical counseling and at least a year of experience working with African American clients. Participation in this study will involve a 60 minute in person interview with me and completion of some demographic questions. The total time involved in participating in this study is 70-90 minutes.

Your name and other identifying information will be kept confidential. Attached you will find the Informed Consent notification form for this research project that will explain in further detail the purpose of the research, the benefits and risk to participating in this project, along with contact information for supervisors of this research project.

If you would so kindly choose to voluntarily participate in this study, please respond to me by email at ▮▮▮▮▮▮▮▮▮▮▮▮▮ or by telephone ▮▮▮▮▮▮▮▮

If you are unable to participate in this research project, I would greatly appreciate if you would share the names and numbers (with permission) of other clinical social workers that work with African American clients. Please email me their name, number and/or email address (with their permission) so I may contact them.

Thank you for considering this request.
Sincerely,
Jamie R. Hackett, BSW

Researcher: **Research Project Chair:**
Jamie R. Hackett, BSW   Dr. Lisa Kiesel
St. Paul, MN   University of St. Catherine/St. Thomas
                                                   University

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APPENDIX B
INFORMED CONSENT: PARTICIPATION IN RESEARCH
UNIVERSITY OF ST.THOMAS/ST CATHERINE UNIVERSITY

Purpose for the Research
I'm conducting a qualitative study of clinicians' perceptions on the barriers African

Americans experience in mental health assessment, diagnosis, and treatment. The study

also focuses specifically on the impact of historical trauma. I am seeking African

American participants with a graduate degree in the field of clinical counseling and at

least one year of experience working with African American clients. You have been identified as a possible participant because you are African American and have experience working with this population and have the knowledge and skills about perceptions of barriers and best practices when serving this population. This research is important as it will: a) determine if the systematic barriers mental health professionals perceive match the barriers that are presented in the literature, b) to improve clinical practice, and c) articulate the needs of the therapist to address the systematic barriers that African American clients experience.

This study is being conducted in partial fulfillment of the Clinical Social Work Master's degree at the University of St. Thomas/St. Catherine University.

Procedures
If you agree to participate in this study, upon initial contact with you I will ask you preliminary and demographic questions, and ask you to partake in an interview which will take approximately one hour. After you have provided preliminary and demographic questions to verify eligibility and you have reviewed and given your consent to participate, I ask you to partake in an interview which will take approximately one hour. The questions in the interview will consist of 12 open-ended questions about mental health in the African American community and the relevance of historical trauma. I will be audio taping the interview, then transcribing the interview for data analysis. To assure validity of the information, I will present the findings back to you. Your transcript will be kept in a locked file cabinet at my residence. I will delete the recorded interviews after the research project is completed and presented to the public in May, 2014.

Risks
The study has minimal risks which means that the likelihood of harm or discomfort to the participant in research are no greater than risks ordinarily encountered during the performance of routine interview questions. The participant has permission to pass on a question or terminate the interview at any time if feeling uncomfortable. There are no repercussions for withdrawing from this study.

Benefits

There are no direct benefits for participation in this study. There is no monetary compensation for your participation in this research project.

Confidentiality

Participation in this study is voluntary and confidential. All identifying information of the participant and their place of employment will be kept confidential. The audiotape, transcriptions of interviews, field notes, and gathered documents associated with this study will be destroyed after completion and presentation of this research project. Please read this form and ask any questions you may have before agreeing to be in the study. This study is being conducted by: Jamie R. Hackett, a graduate student in Clinical Social Work at the School of Social Work, St. Catherine University/University of St. Thomas with instructional assistance from Dr. Lisa Kiesel.

Contact Information

If you have any questions, feel free to ask me. If you have any questions after the interview that are related to the study you may call (███████) or email (█████████) me or my research advisor, Dr. Lisa Kiesel (███████) or email (██████████). You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

Your signature on this form indicates:

☐ you have decided to voluntarily participate in this study, and you c

☐ you have read and understand the information given above or the information has been verbally explained to you.

☐ you understand that the purpose of this study is: to explore the barriers African Americans experience in mental health assessment, diagnosis, and treatment.

_____   _____

Signature of Participant   Date

_____

Print Name

_____ _____

Signature of Researcher   Date

_____

Print Name

APPENDIX C, PART 1

Initial contact: *"Hello, I am a clinical social work student at University of St. Thomas/St. Catherine University. I got your name from_____. I am conducting research on mental health clinicians working with African Americans. Do you have a couple minutes to talk with me? Or is there a better time to call you?*

DEMOGRAPHIC and SCREENING QUESTIONS:
Participant's name:
Participant's email address:
Professional credentials (degree and licensure): _____

Age:_____Gender:_____Race/Ethnicity/Culture:_____
Years of Experience with African American Clients: _____
Current Percentage of African American Clients on your Caseload _____%
How many years have you worked with African American clients in an
agency?_____
(Concluding initial contact: *You have met the criteria to participate in this research
project-then move to next questions, or I am sorry you did not meet the criteria for
participating in this research project. I am relying upon contact for leads to participants;
can you share the names of three other clinicians working with African Americans. Thank
you for your time)*
1._____
2._____
3._____
If the professional meets the criteria to be an interview participant:
In the next month, what days and times work best for you to participate in this study? Or
what days and times are you unavailable to participate in the
interview?_____
Any suggestion where you would like to have your interview?
_____

APPENDIX C, PART 2
Upon meeting for interview: *Thank you for participating in this research project. I
appreciate your time and interest in the topic. We first need to review the consent to
participate form. You are aware that your name and place of employment will be kept
confidential. I would like to email your interview transcript to you for validity, can I get
your email address?_____. Are you ready to start the interview questions?*

INTERVIEW QUESTIONS

1) What has been your experience in working with African Americans in a therapeutic setting?
 2) In your experience, what do you think hinders African Americans from seeking mental health support?
 3) How do you see your racial identity influencing your clinical work with African American clients?
4) There are some studies that show that African Americans tend to be over-diagnosed with Schizophrenia. What are your thoughts?
5) Are you familiar with the term Protest Psychosis?
6) Are you familiar with the concept of historical trauma in the African American community? (If no, explain the concept of historical trauma in the AA community)
7) How do you think historical trauma impacts the mental health of African Americans?
8) How do you (or can you if is not familiar with this concept) incorporate Historical trauma in your work with African American clients?
9) What other techniques do you identify as helpful in working with African American clients?
10) What are some ways that mental health services can be improved for the African American community?
11) What would be your suggestions for other mental health professionals working with African American clients?
12) Is there anything else that you would like to add to the study?

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