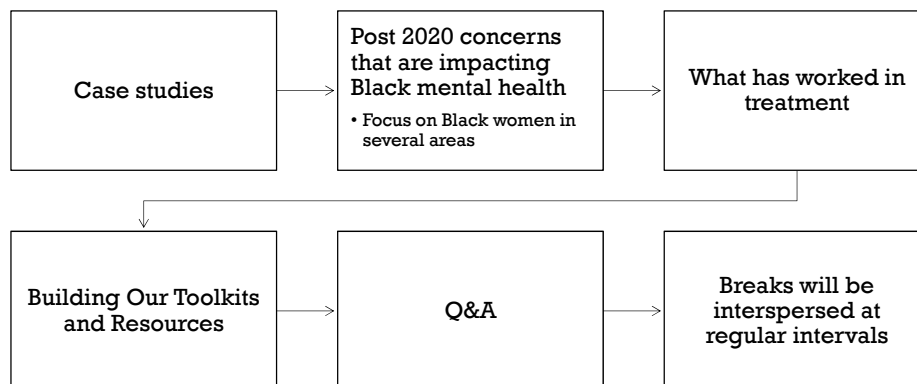


# BLACK MENTAL HEALTH

What are the next steps?

## FLEXIBLE AGENDA





# APPLYING OUR KNOWLEDGE

Case Studies

**CLIENT  
DEMOGRAPHICS**

- Client was a nineteen year old single, never married, biracial female (father is Guyanese and mother is Jamaican)
- Family had been in the United States for approximately five years after emigrating from Canada
- She is the older of two children (has a younger brother)
- Client was financially dependent on parents which has limited her ability to make certain decisions
- She has struggled with emotional expression in the past
- She was pregnant and coerced into having an abortion by her parents

## CULTURAL ASPECTS

- Client seemed to have fair mixture of Jamaican and Guyanese influence, both sides of her family seemed to view conflict as typical and expected
- Appeared to get reserved/quiet/respectful of elders pieces primarily from her mother and grandmother, her father added intense work ethic, self-deprecating behaviors and beliefs
- Client was more assimilated than her parents but still holds her ethnic background as very important to her
- Client was attempting to resolve being brown in a world that views her as African American



## PERTINENT INFO

- During initial work with client, intense anger towards parents was manifested regarding a forced abortion
- Slowly faded until therapist was able to discuss Selah's Bed with client
- Client is exhibiting symptoms of depression, mild PTSD, identity confusion and bereavement over loss of child
- Client was experiencing anxiety and ambivalence toward family of origin
- Met with therapist on a consistent basis over the course of an academic year



## **DIAGNOSIS / SYMPTOMS**

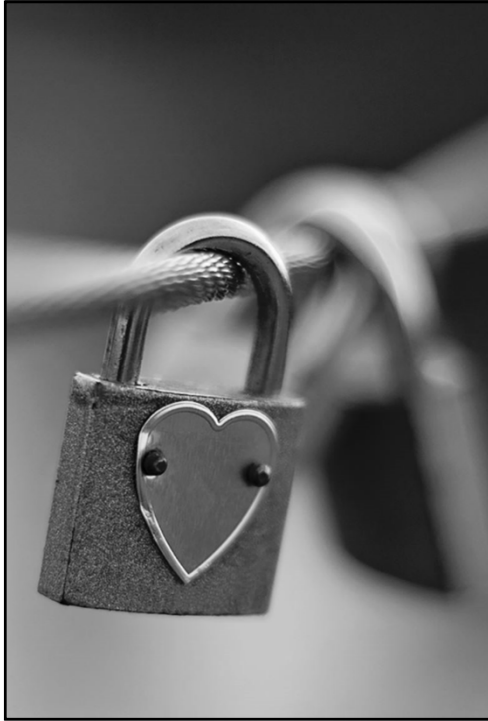
- Depression
- PTSD
- Identity Confusion
- Parent-Child Relational Problems



## **GOALS FOR THERAPY**

- Enable client's voice ~ "allow her to scream"
- Help client cope with grief over abortion
- Resolve some of client's ambivalence toward family of origin





## FAMILY OF ORIGIN CONCERNS

- Client feels extremely conflicted dealing with her family of origin, culturally bound to “like” them
- When creating her genogram there was an intergenerational pattern of tension, pain, disappointment and instability
- She described herself as close to them but it is a result of her belief that others will hurt her as well
- Client wanted to separate from family of origin but she didn’t feel as though she could trust others enough to fill the void that would create in her life



## ESTABLISHING WORKING ALLIANCE

- First few sessions were spent establishing rapport, exploring nature of PTSD and discussing abortion
- Aspects of therapist's life experience were used to solidify working alliance
- During early sessions client was encouraged to express her anger toward her parents and led to client being able to voice her discomfort and cry
- Establishing therapy as a safe place was key during initial sessions



## SESSION PROGRESS

- Client hit a lull, she no longer felt that her parents or abortion were crucial to her happiness
- We focused our attention toward schoolwork, plans for future until session six in which we could discuss *Selah's Bed* (a book the client had been reading that she felt described her experience with her family and her abortion)
- Work during the fall semester explored her conflict regarding family and her image of herself after the abortion
- Work during the spring semester took a different direction



## SELAH'S BED

- Client felt that both she and the main character were both victims of a chaotic childhood—neither of whom felt that home was safe or stable
- She felt that she had been forced into her abortion by her parents much as the main character had by her grandmother
- She also revealed in subsequent that she felt that she had also used sex to deaden her emotional pain
- Client tried to use the book as a means to talk to her parents but her mother dismissed her attempts and wished that the client would stop reading the book and “making herself unhappy”





## **AFTERMATH OF SELAH'S BED**

- Client opened up more about her family of origin and their effect on her life now
- Client disclosed that she had yet to enjoy her sex life but has not felt empowered enough to alter her sexual experiences, this changed during this semester
- Her conflicted feelings toward her family hit a turning point after discovering another secret her parents had kept from her
- Client again attempted to speak with her mother using the book but was not more successful during this attempt

## **GOALS FOR THERAPY**

### **▪ Original Goals**

- Enable client's voice ~ "allow her to scream"
- Help client cope with grief over abortion
- Resolve some of client's ambivalence toward family of origin

### **▪ Revised Goals**

- Empower client's ability to voice opinions and emotions
- Continue client's grief process
- Give client ability to cope with family of origin in a way that is beneficial to her
- Resolve client's trust issues
- Develop healthy sense of self and sexuality





- 



## ANOTHER CASE FOR YOU

- 25 year old graduating senior
- African American bisexual male
- Has not come out to his family
- Is struggling with relationship issues
- Is struggling to come up with reasons not to move home
- Has just been offered a job working for a prominent African American gay male author in “Black Gay Mecca”



## WHERE DO WE START? WHAT DO WE HOPE FOR?

Should we focus  
on new phase of  
life?

Should we focus  
on sexuality?

Should we focus  
on family  
relationship?

Should we focus  
on job offer?

Should we focus  
on idealized  
place to  
relocate?

No matter where  
we start, what is  
your hope for  
that topic?



## WHERE WE FOCUSED

On his immediate plans to graduate and why or why not the job offer was ideal

Increasing self esteem in his sexual identity without regard to familial expectations (children, wife, etc.) as he had several nieces and nephews already and his brothers were all in long term romantic relationships



## WHAT WAS THE ACTUAL OUTCOME?

- Moved to Atlanta and not home
- Moved in with friends and remained single but open to possibilities
- Realized he was primarily attracted to men and came out to his mother



## FINAL CASE FOR YOU

20 year old junior

African American heterosexual woman

From hyper religious family  
background

Presents with grief and anger issues

Feels like a failure because “prayer has  
not fixed it”

Debated coming to therapy because  
her church discouraged it

## WHAT WOULD YOU DO?



WHERE DO YOU THINK  
YOU'D START?



WHAT WOULD BE MOST  
IMPORTANT TO FOCUS ON?



WHAT DO YOU STILL NEED  
TO KNOW TO PROVIDE THE  
BEST THERAPY FOR THIS  
CLIENT?



WHAT MAY BE A POTENTIAL  
BLIND SPOT FOR YOU?





**PIVOTING TO  
EXPLORE  
MORE  
INFORMATION**

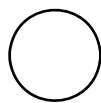


# **POST 2020: WHAT DO WE KNOW**

- Syndemic (synergistic epidemic): aggregation of two or more concurrent or sequential epidemics or disease clusters in a population with biological interactions, exacerbating the prognosis and burden of disease (Singer, 2009)

## **EVENTS CREATING THE “SYNDEMIC”**

- **COVID19**
  - Who bears a greater burden of infection and death? (Krieger, 2020)
- **Social unrest**
  - Multiple incidences of violence on Black bodies
- **Financial implications**
  - Pay inequity at the intersection of racism and sexism
  - Loss of income due to illness and/or lockdown



## **COVID19 AND THE ISSUES CREATED**

RD

## **COVID 19**

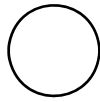
- Early presentations of those who were infected with COVID19 focused intently on race and pre-existing factors for those victims without consideration of the jobs they held:
  - Black and Brown infection rates were, and are still, higher than other population groups but those individuals don't typically have the luxury of working from home (Rushovich et al, 2021)
  - Pre-existing conditions are present in those communities due to lack of adequate health care, food deserts, cumulative long-term impact of racism, and economic factors (CDC Health Equity, 2021)
  - Essentially, they were to blame for their ailing health, no matter what they had done, by virtue of not being insulated from direct exposure to the virus (CDC Health Equity, 2021)



## **COVID19**

- What wasn't discussed as prominently were the dismissals of PoC who did present in treatment centers because they were not initially deemed as high risk for the disease
  - Stories of individuals dying in or outside emergency room facilities circulated through Black media channels (Seervai, 2020)
  - Heightened fears that Black and Brown communities were being targeted or left to fend for themselves began to compound pre-existing distrust of the US medical system (St. Fleur, 2020)
  - Attempts to combat that distrust were late, often short-sighted and did little to allay the fears surrounding things like vaccine testing studies (Seervai, 2020; St. Fleur, 2020)





# SOCIAL UNREST PRE AND DURING COVID

RD



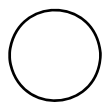
## SOCIAL UNREST

- At what may only be described as unfortunate kismet, as the world slowed due to the pandemic the very public murder of George Floyd was recorded and thus later shown repeatedly in the US and globally
- Black women were both responsible for that recording as well as spearheading many of the protests that came up in response to his murder (Nieto del Rio, 2021)
- However, it took longer for the murder of Breonna Taylor to become common knowledge and because of absolutely bad work on behalf of the attorney general no one will face charges for her murder but instead will be looking at minimal charges for shooting into the walls of her neighbors (Booker & Treisman, 2021)



## **SOCIAL UNREST**

- With respect to Ms. Taylor's death, police were looking for evidence on her ex-boyfriend who did not live in her home (Bookman & Treisman, 2021).
- Less than six months before that officers in Texas shot and killed Atatiana Jefferson in a welfare check that was elicited by neighbors (Sykes, 2020).
- This demand for Black women's labor as well as lack of protection for them even in death is not unusual but is even more taxing in light of the pandemic.



## **FINANCIAL IMPACT**

RD

## **RESOURCES LOST**

- While Black women's presence in the workforce is not new, our presence in fields that are not woefully underpaid is a continued struggle.
- Even with the same training and education levels, Black women are often offered lower starting salaries and may be overlooked when demanding higher wages.
- As mentioned previously, service focused front line workers were often members of Black and Brown communities so they were the first wave to be displaced as a number of industries struggled to stay afloat during the pandemic.



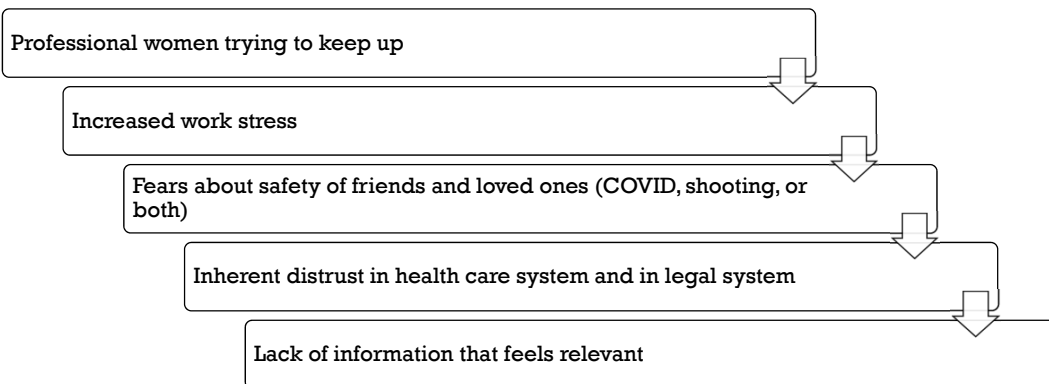
## **RESOURCES LOST**

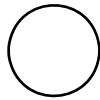
- Those that did manage to stay employed saw reduction in hours, risk of homelessness increase, and a government that seemed more concerned with keeping industries afloat than bailing out daily workers
- PPE was rushed to hospitals and care workers but not to those in grocery stores, restaurants and similar settings often because employers were concerned about patrons not wanting to visit their establishment if it didn't appear that everyone was healthy
- However, if those individuals couldn't stay healthy they also lost wages and ran the risk of infecting others in their household



# ○ EFFECTS FOR BLACK WOMEN

## THE TOLL ON BLACK WOMEN





# THE PROFESSIONAL HUSTLE

RD

## **RUNNING A RACE WITH NO LEGS LEFT**

- One might assume that professional WoC were buffered from some of the impacts of the pandemic but that assumption is largely incorrect:
  - Black women in a variety of salaried workforce positions already did a disproportionate amount of mentoring, service and diversity work. This was amplified and exploited over the last two years (Wilson, 2021).
  - Working from home provided some job security and ability to look after family directly, but role separation between their work life and care of family members was difficult at best (Staniscuasci et al., 2021).
  - Productivity numbers may have declined, but methods of evaluation did not necessarily change; thus Black women still felt the brunt of being punished for the COVID-induced lack of output (Staniscuasci et al., 2021).



## **WORK STRESSORS**

- Black women's professional role in addressing systemic issues was taxed by multiple requests to speak, give a workshop, or otherwise share their professional knowledge, often without compensation.
- Conversely, employers eager to be perceived as “woke” elevated new, and often unqualified, mouthpieces to address diversity issues wanted to be seen as doing “something” in the wake of global protests.
- A “normal” calendar year only affords us so many opportunities to relax and recharge. 2020 largely took vacations away from many of us, but particularly taxed those in academia.
- Similarly, Black therapists worried about clients who did not have access to telehealth platforms.



## **JUSTIFIABLE FEAR OF HOMICIDE**

- Given the previously discussed information it would should be clear why Black women may have been struggling over the last year but this one area was amplified between the COVID response and ongoing violence against Black women:
  - COVID Infection rates for Black women across multiple studies of state data show the group is overrepresented no matter the population of the state and one study found that Black women died at four times the rate of white women on average (McDermott, 2020; Rushovich et al., 2021)
  - Black men are overrepresented in both scenarios as well, so Black women had to concern themselves with their health and those of the Black men in their lives (McDermott, 2020; Rushovich et al., 2021)
  - Because of the high transmission of COVID this is concerning overall but reflects on previous health disparities from everything from childbirth to cancer treatments



## **JUSTIFIABLE FEAR OF HOMICIDE**

- The focus on police violence against Black men hasn't properly acknowledged the overrepresentation of Black women in those deaths as well (Edwards et al., 2019).
- Black women are also victims to higher rates of intimate partner violence.
- Missing persons cases involving Black women rarely get the publicity of those of White women.



## **HEALTH DISPARITIES & BLACK WOMEN**

- A number of high profile/financially stable Black women have died or had their health complaints questioned by a system that isn't prepared to hear their complaints or hear them advocate for themselves
  - Serena Williams (Williams, 2018)
  - Kim Porter (Burke, 2019)
  - Allyson Felix (Maese, 2019)
  - Dr. Susan Moore



# HOW DOES THE HEALTH CARE SYSTEM TREAT BLACK WOMEN?

- Intersectionality (Crenshaw, 1991)
  - Impact of structural racism and inequities on various identities (gender and race)
- Inequities in medical care
  - Black women less likely to receive routine health screenings (Amankwaa et al, 2018)
  - Medical professionals routinely disregard reports of pain and illness
  - Disparities in early testing and COVID treatment (ex. monoclonal antibodies)
  - Death from pregnancy complications is three to four times higher for Black women than White women despite education, insurance or SES (Kalata et al., 2020)



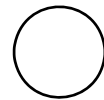
- Black women are disproportionately impacted by hypertension, which is associated with depression. However, depression in Black women is often missed contributing to misdiagnosis and ineffective treatment (Kalinowski et al., 2021; Martin 2013)
- Black women take on the role of caretakers when no one else will. We are often the emotional, physical and spiritual epicenter for family and friends, which has an impact on physical and mental health.





# SO WHAT WORKS

Looking at techniques and building our toolkits



## THERAPEUTIC INTERVENTIONS I HAVE FOUND USEFUL

- Cognitive behavior therapy to conceptualize client problems and causes
- Interpersonal therapy to connect to client
- Family Systems to assess patterns of behavior and role dynamics
- Psychodynamic therapy to address old hurts and relearn appropriate behaviors
- Genograms
- Journaling
- Letter writing
- Bibliotherapy
- “Magic Wands”
- “Carol Daughter’s Box”
- Emphasizing self-care
- Enabling and encouraging activities that reinforce client’s abilities and successes





## TRADITIONAL THERAPY MODALITIES

- With a lot of my African American clients “traditional therapy” was okay to begin the process of therapy. Adjustments were made based on each person.
  - CBT/IPT/Family Systems/Psychodynamic



## PERSONALIZATION OF TREATMENT

- Adjustments were essentially pulling from a variety of clinical viewpoints to tackle what was presenting
  - Journaling and letter writing allowed for the release of a lot of pent up emotion that they didn't feel safe sharing with the cause of those emotions
  - Using genograms to display and work through family of origin concerns
  - Encouraging self-care and that it was not selfish to set boundaries
  - Finding books that help clients address concerns about their relationships or well-being
  - Highlighting and celebrating progress both inside and outside of therapy
  - Magic wands (really just glitter wands) to explore miracle questions and envision ideal outcomes
  - Carol's Daughter (problem) Box to allow clients to navigate through the overwhelming number of concerns in smaller chunks at their own pace to build efficacy and confidence





## BUILDING YOUR TOOLKIT

- If you have not considered doing so, join divisions or professional organizations that focus on diverse clinical populations
  - Within APA Divisions 17, 35 and 45 are my primary points of reference
    - 17 and 35 have sections that focus on diverse populations like the LGBTQ group within 17 and the various sections for WOC in 35.
- It is not publishing new issues but for a year or so a Black female clinician published Black Mental Health Today and it was a phenomenal resource. You can find it here: <https://go.iu.edu/4RRP>
- Specifically addressing communities of color and abuse look for a four part series from Rutgers University Press: Preventing Child Maltreatment in the Black, Multicultural, American Indian and Alaska Native, and Latinx communities
- Build your network of diverse practitioners
- Support and attend programming about diverse communities



## BYTK CAVEAT

- One of the biggest parts of having a functional clinical toolkit, whether its for diverse communities or more homogenous ones, is acknowledging what we don't know as well as understanding that what we do know isn't an absolute
- Being perpetual learners and open to correction is necessary
  - Language, perspective and viewpoints change faster than the field does but it doesn't mean we shouldn't adjust where needed
- Taking time to reflect on what we have known as new information alters prior understanding
- Also reassessing where we are in relation to the folks we serve is crucial





## QUESTIONS, COMMENTS, CONCERNS?

What are you wondering  
at this stage?

## CONTACT INFORMATION

- If you have questions or would like a copy of the electronic materials please reach out to me at the information listed below:

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