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Title: Exploration of Culturally Proficient Mental Health Assessment and Treatment Practices of Black/African American Clients

Abstract approved:

Deborah J. Rubel

Changing trends within the mental health system treatment practices demand exploration of the cultural context of assessment and treatment of Black/African Americans. Culturally competent assessments include a realistic integration of historical context. Clinicians counseling Black/African Americans must be prepared to assess and address PTSD, racial trauma, micro-aggressions, and other known (or unknown) issues that may affect Black/African Americans. In addition, clinicians must be prepared for the depth and permanence of race-based stress and trauma, as well as the idea that said stress and trauma can result from unaddressed environmental, familial, and/or individual factors.

The purpose of this study is to explore cultural competence in the practices of clinicians working with Black/African Americans clients as it relates to assessment, treatment and engagement. Through the exploration of current multicultural

counseling and assessment trends, the study explores the origins of stress and trauma in American descendents of African slaves, and proposes an evaluation of clinicians' mental health assessment for PTSD with said clients based on those implications. Exploring to what extent a culturally-proficient clinician engages Black/African Americans clients from initial through on-going assessment and treatment process in conjunction with the professional literature on treatment practices, research suggests that Black/African American clients do suffer from intergenerational trauma and are often mis-or under-diagnosed for mental health issues. With proper assessment of Black/African Americans, the reduction of misdiagnosed or under diagnosed cases of Posttraumatic stress disorder (PTSD), as well as other mental health conditions will occur.

Exploration of Culturally Proficient Mental Health Assessment and Treatment Practices of Black/African American Clients

by

Tina Marie Glover

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I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

Tina Marie Glover, Author

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CHAPTER 1: GENERAL INTRODUCTION

Dissertation Overview

The purpose of this dissertation is to demonstrate scholarly work by using the *manuscript document dissertation format* as outlined by the Oregon State University Graduate School. In following this format, chapter 1 provides explanation as to how two journal-formatted manuscripts found in chapters 2 and 3 are thematically tied and build towards research conclusions pertinent to counseling. Chapter 2 is a literature review article titled *Exploring Culturally Competent Assessment and Generational Trauma as Race-based Stress: Implications for Assessment of Post Traumatic Stress Disorder (PTSD) in Black/African Americans*. Chapter 3 presents qualitative research in a manuscript entitled *Assessment and Treatment Practices of a Mental Health Clinician Working with Black/African Americans: A Single-Case Study*. In addressing mental health counseling practices, both manuscripts thematically converge on the issue of maintaining engagement with Black/African-American clients while conducting assessment and treatment. Chapter 2 focuses on assessment, posttraumatic stress disorder (PTSD), and generational trauma. Without getting as in-depth regarding PTSD, chapter 3 focuses on engagement throughout the assessment and treatment process.

Chapter 2 examines the implications of historical and cultural context when assessing and treating PTSD in Black/African-Americans. Many slave descendents develop psychologically complex worldviews and subsequent ideas about survival within it. This research explores how culturally competent assessment practices that

include a culturally-specific historical context may increase the probability of correct diagnosis and treatment of Black/African Americans. Chapter 3 explores engagement practices of a mental health practitioner working with Black/African American clients through case-study methodology. Client engagement was a theme that emerged during the literature review. Chapter 4 provides general conclusions to this dissertation, which suggests that there is a need to gather historical and cultural context when assessing Black/African Americans in order to properly engage, assess and treat them.

Thematic Introduction

The purpose of this study is to explore the need for cultural competence in the practices of clinicians in their work with Black/African American clients. This need is most notable, and the manuscripts converge, on the constructs of assessment, treatment and engagement practices. The dialogue of clinical training, in general, evidences an absence of historical and cultural contexts. In practice, this may lead to clinicians who often miss historical and contextual clues that would allow the exploration of environmental, familial and learned individual factors; these explorations can lead to identification of coping skills, which often mask any present underlying mental health disorder(s). Black/ African Americans are consistently mis- and under-diagnosed for mental health concerns, particularly PTSD, race-based stress and trauma. Therefore, within this dissertation, discussion centers on an examination of a culturally proficient mental health professional who successfully infuses cultural context and engages her clients throughout the assessment and treatment process,

allowing for inclusion of race-based stressors (e.g. generational trauma, PTSD, race-based stress and trauma) and other mental health diagnosis in Black/African Americans.

Rationale

Although physical slavery in the United States has ended, the effects remain long-standing. Race-based stress and trauma are believed to have gone undiagnosed through multiple generations and therefore remain relevant to the creation of successful engagement, assessment, and treatment of these slave-descendent clients.

Research by scholars such as Danieli (1998) and Rosenthal and Rosenthal (1980) assert that trauma can be transmitted generationally and present the idea that individuals who have experienced oppression and trauma may also experience "survivor syndrome." The theory of Survivor Syndrome suggests that the impact of a past trauma can be seen in the development of generations far removed from the event (Rosenthal & Rosenthal, 1980). Based on this theory, it is possible that the descendants of African slaves struggle with not only their own current psychological issues but that these psychological concerns are impacted by those of their ancestors. It is imperative that mental health professionals look at potential psychosocial factors and what role they may play in diagnosing stress or trauma in the Black/African-American population.

For the purpose of this study, the author refers to African Americans as Black/African Americans or Blacks. Used interchangeably, the aforementioned terms account for various authors' research and/or preferences. Chapter 2 or Manuscript 1

focuses on clinician assessment for trauma when working with Black/African Americans. Further, the issues of post-traumatic stress, racial trauma, micro-aggressions, and other known or unknown issues that may affect Black/African Americans are explored. The author conducted a review of the most current literature available in these areas. Chapter 3 or Manuscript 2 explores one clinician's practices as she successfully engages clients in the assessment and treatment process, in efforts of building a therapeutic alliance. Responses by a practicing mental health professional and her clients to the Working Alliance Inventory – Short Revised (WAI – SR) were checked for validity and reliability for the scope of this study. It is this author's belief that exploration in the area of cultural-specific client-centered engagement, assessment and treatment is important to the field of counseling and mental health. Certainly all people experience some measure of distress throughout their lifetime. However, this distress is often not regarded as traumatic. The *Diagnostic and Statistical Manual, Fourth Edition*, (*DSM-IV* ®), describes *trauma* as "an event that involves actual or threatened death or serious injury to one's self or family member" (American Psychiatric Association, 1994, p. 424). Further, the revised manual, *DSM-IV-TR* ®, defines *stress* as "any event that causes significant negative changes in an individual's life including those stressors experienced by a family member or close associate" (American Psychiatric Association, 2000, p. 463).

Environmental, familial, and/or individual factors may be overlooked in the evaluative stages of treatment planning. In particular, the author questions if clinicians look at all the environmental factors that their clients of African descent

encounter daily. Families and individuals in a Black/African-American community experience different types and levels of anxiety surrounding environmental, shared and individual events; in response, members of these communities have developed adaptive survival behaviors often transmitted across generations. A clinician's awareness can engage a client into a working alliance through allowing the client to reflect on their experiences.

One example of a potentially traumatic-inducing occurrence is how, through the use of severe punishments such as spankings/whippings, Black parents in the 1940s attempted to dissuade aggression in their children (Comer, 1980). Through the use of physically punitive consequences (e.g. spankings/whippings), parents attempted to prevent their children from challenging authority in the external environment, particularly the authority of Whites (Leary, 2005). While it seems contradictory, this was a way of protecting their children from harm, and more often than not, this punishment worked. Given the similarities to punitive actions against slaves, and the severe punishment and/or strict parenting practices of the parents in the 1940s (and present), this form or practice of behavior modification in children is viewed as a generationally transmitted practice. There are a multitude of examples such as this, and many have led to the coping skills Black/African American children develop.

Discussing familial factors, Comer (1980) and Grier and Cobbs (1968) assessed that the family is the system of maturity and knowledge in the Black community. In this system, elders may teach the young to accept exploitation and abuse as inevitable. Elders may educate the young to ignore the absence of dignity and

respect from others but to develop dignity and respect for themselves as Black Americans; this contradiction, in and of itself, can be not only confusing but traumatic.

Examples of environmental factors include societal and community racial violence or and institutional discrimination (Carter, 2007; Cross, 1998). Environmental factors impact an individual's way of feeling and the coping strategies they develop. Issues such as low-income, high-crime living areas and segregation create deeply-rooted psychological factors. As mentioned, Black Americans are likely to display feelings of displacement from cultural roots as well as resentment towards the dominant culture (Pinderhughs, 1990). Negative environmental factors can also be oppression, racism, and other past or present psychosocial stressors.

Leary (2005) specifically discusses individual factors while associating them with environmental and familial factors. These include but are not limited to feelings of detachment or estrangement from others, restricted affect and emotions, a sense of a foreshortened future (e.g. the expectation of not having a long life span, not getting married, and/or having a career), unpredictable fits of aggressive behavior or irritability with frequent outbursts of anger, and difficulties concentrating or setting goals. These self-destructive behaviors can be considered symptoms of a greater issue such as undiagnosed PTSD. How a clinician is able to assess, engage and retain in treatment, a client experiencing these types of mental health concerns is explored further.

Glossary of Terms

Environmental factors are things present in ones society and/or community that promotes racial violence or racism and institutional discrimination (Carter, 2007; Cross, 1998).

Generational factors are learned behaviors or historical behaviors that transcend from one generation to the next (Leary, 2005; Rosenthal & Rosenthal, 1980).

Generational trauma is a theory that suggests historical trauma is perpetuated and impacts the present (Danieli, 1998).

Individual factors are the behaviors or cultural norms the structure ones racial identity development and worldview (Comas-Diaz, 2007; Leary, 2005).

Institutional racism refers to gross and unequal outcomes in social systems and organizations, such as in education, health, occupation, and politics (Carter, 2007).

Post-Colonization Stress Disorder (PCSD) is the theoretical perspective of Comas-Diaz (2007) and results from racial and cultural imperialism by a more powerful culture. PCSD suggests that racism and/or oppression affects individuals, causing symptoms similar to those found in PTSD.

Post-Traumatic Slave Syndrome (PTSS) is a theoretical formulation suggesting Black/African Americans suffer from cumulative and continued stressors resulting from slavery in and out of the communities in which they reside. PTSS suggests that these stressors can cause symptoms similar to those found in PTSD (Leary, 2005).

Race is defined as a social construction in which people are identified by their skin color, language, and physical features, and are grouped and ranked into distinct racial groups (Carter, 2007, p. 18).

Racism is the belief that the ethnic origins of individuals are the primary determinant of their human traits and capacities (Cross, 1995).

Stress is any event that causes significant negative changes in an individual's life including those stressors "experienced by a family member or close associate" (American Psychiatric Association, 2000, p. 463).

Survivor Syndrome is a theory that suggests that survivors of historical or past trauma such as the Holocaust exhibit symptoms that mirror post-traumatic stress disorder after exposure to the traumatic situation (Berger, 1977).

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CHAPTER 2

A Review of the Literature Exploring Culturally Competent Assessment and Generational Trauma as Race-Based Stress: Implications for Assessment of Post-Traumatic Stress Disorder in Black/African Americans

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Abstract

Recent focus on multicultural counseling emphasizes the importance of considering cultural factors when treating mental illness. However, the literature suggests that traditional counseling and assessment techniques do not serve underrepresented populations well, particularly Black/African Americans. In addition, post-traumatic stress disorder (PTSD) is increasingly of concern, and evidence suggests Black/African Americans may experience or be differently vulnerable to PTSD. A review of current PTSD assessment techniques or systems indicates possible inadequacy with respect to potential PTSD in Black/African Americans. While some scholars have suggested unique treatment of PTSD in Black/African Americans as an alternative, others suggest that culturally-sensitive assessment may be equally or even more important than treatment alone. Several foundational authors suggest that Black/African Americans have unique cultural aspects; race-based stressors may include such variables as racial violence, discrimination, and micro-aggressions. Suggesting that these variables should be included in assessment for PTSD or related disorders, additional literature indicates that generational trauma should also be included in this list. Scholars such as Leary, Cross and Comas-Diaz have described generational trauma as a pathological process present in familial members generations removed from the onset trauma (e.g., effects of slavery or Holocaust survival). This is an investigation of the conceptual areas of PTSD in Black/African Americans, culturally competent assessment for underrepresented populations and generational trauma as a race-based stressor. Further, generational

trauma and the implications of race-based stress and assessment of PTSD in Black/African American clients are explored.

A Review of the Literature Exploring Culturally Competent Assessment and Generational Trauma as Race-Based Stress: Implications for Assessment of Post-Traumatic Stress Disorder in Black/African Americans

Sodowsky (1996) and Sue, Arredondo, and McDavis (1992) refer to multicultural knowledge as specific knowledge about the historical background, sociopolitical influences, and cultural heritage of diverse cultural groups. A recent shift within counseling emphasizes the importance of considering cultural factors when diagnosing and treating mental health illness. A clinician's multicultural knowledge can affect both diagnosis and treatment of a variety of serious mental health issues (Sue & Nadal, Capudilupo, Lin, Torino, & Rivera, 2008). One area that mental health clinicians' multicultural knowledge may affect diagnosis and treatment is post-traumatic stress disorder (PTSD) (Dana, 2008). PTSD is a psychiatric diagnosis and vulnerability to it is exacerbated by stressors or events that are perceived as either negative or unwanted, and that evoke an emotional, physical, and behavioral response (Carter, 2007) these events can induce a sense of re-experiencing trauma months or even years post trauma event.

The American Psychiatric Association's *Diagnostic and Statistical Manual, Fourth Edition* (*DSM-IV*) defines *trauma* as:

> an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or threat to one's physical integrity; or witnessing an event that involves death, injury; or learning about unexpected or violent death, serious

> harm, or threat of death or injury experienced by a family member or other close associate (American Psychiatric Association, 1994, p. 424).

Nationally, attention has refocused on PSTD through traumatic events such as the terrorist attacks on September 11, 2001; Hurricane Katrina in 2005; racially motivated attacks such as that on six Black/African high school students ("Jena 6") in 2006; and the second war in Iraq, which has resulted in a stream of returning military personnel living with PTSD. Despite the general increase in awareness of PTSD, many therapists remain unaware that some trauma survivors may also be co-affected by race-based stressors. In particular, psychological trauma assessment in Black/African Americans presents unique challenges that have been unmet by the general mental health treatment system (Carter, 2007; Leary, 2005).

A relatively unexplored aspect of racial stress is generational trauma. Several scholars (Danieli, 1998; Rosenthal & Rosenthal, 1980; Rubenstein, Cutter, & Templer, 1990) have described generational trauma as a pathological process that is present in familial members generations removed from the onset trauma (e.g. effects of slavery or Holocaust survival). Generational trauma is a well-accepted concept within the fields of Counselor Education, Counseling Psychology, Social Work and other fields focused on sociocultural dynamics and mental health. The writings of several theorists indicate that generational trauma or concepts closely related to it may be particularly useful when trying to understand the experiences of Black/African Americans (Comas-Diaz, 2007, Cross, 1998, Leary, 2005). However, with regard to culturally competent assessment of Black/African Americans, the literature related to generational trauma is limited and indirect at best.

The following literature review demonstrates multicultural counseling with Black/African Americans, discussing the etiology and diagnosis of PTSD and race-based stressors and traumas including such accepted or emerging concepts as racial violence, discrimination, microaggressions and less-known generational concepts such as post-traumatic slave syndrome (PTSS), post-colonial stress syndrome (PCSS), and generational trauma. This study describes the implications of these race-based stressors for PTSD assessment in Black/African American mental health clients.

Etiology and Diagnosis of Post-Traumatic Stress Disorder

Understanding the etiology and diagnosis of PTSD is essential when considering how culturally different groups, particularly Black/African Americans, may be differentially diagnosed and affected by this disorder. PTSD is an anxiety disorder characterized by a response to a severe trauma in which an individual experienced, witnessed, or was confronted by actual or threatened death, injury, or loss of physical integrity of self or others (Turner & Neal, 1991, p. 403). These events elicit responses of intense fear, helplessness, or horror and trigger symptoms of three different types of clusters: nightmare clusters, flashback clusters, and intrusive-thought clusters. *DSM-III* describes PTSD as “a psychological injury after exposure to a traumatic event outside the range of usual human experience” (American Psychiatric Association, 1980, p. 236). According to *DSM-IV-TR*, characteristic symptoms include "persistent re-experiencing or reliving of a trauma; persistent avoidance of stimuli associated with the traumatic event accompanied by numbing or responsiveness to noxious stimuli; and persistent hyper-alertness or hypervigilance, and irritability (American Psychiatric Association, 2000, p. 429).

PSTD is distinct from other mood or anxiety disorders in terms of the elicited individualized response known as *stressors*, which are triggers to memories of past events stressors maybe physical or psychological. Stressors are often overwhelming and in some instances render an individual emotionally incapacitated. Singularly or in conjunction, stressors can elicit individual responses involving sensations of intense fear, helplessness, avoidance, and/or anxiousness, know as internal feeling states. In turn, these internal feeling states can leave otherwise efficient psychological stress-defenses inoperable and/or dysfunctional. Individuals' resiliency levels may keep their vulnerability to stressors, thereby affecting the duration and extent to which trauma effects are experienced (Comas-Diaz, 2007; Grier & Cobbs, 1968; Leary, 2005).

PTSD can be destructive to individuals in numerous ways. Victims of trauma may experience intense feelings of fear and helplessness that can result in disorganized or agitated behavior, or unwanted thoughts and/or memories of traumatic events. These symptoms can prompt a "fight, flight, or freeze" response (Fagan & Freme, 2004). Fight responses are exemplified by aggressive behaviors towards others, more specifically those presumed to be in positions of authority. Flight responses are evident by avoidance of situations that prompt memories or sensations related to the trauma. To illustrate freeze responses victims feel stuck in a situation and unable to make changes that benefit their well-being. In this stage, more than motionlessness, the victim finds their arousal to emotions and trauma or stresses related to the trauma event have been altered as a means of coping. Although the fight, flight, or freeze responses are natural coping strategies, when used inappropriately by

those who suffer from PTSD, they can cause negative consequences (Fagan & Freme, 2004; Leary, 2005).

A diagnosis of PTSD, despite its cluster of symptom categories (i.e. exposure, re-experiencing, stimuli avoidance, increased arousal, duration of disturbance, and clinical distress/impairment), is not a universal fit for all people. While there are certainly similarities in the responses of people who have a delayed reaction to trauma, such as avoidance and increased arousal over time, reactions to trauma differ depending on factors—both external and internal-unique to the individual.

Externally, cultural standards affect what types of coping strategies are condoned or tolerated. For instance, anger rather than depression may be a more socio-culturally acceptable and preferred expression of feeling for some members of Black/African culture. Other external factors can often bear a resemblance to the acculturation process wherein the survivor mirrors the accepted normed coping skills found within the dominant culture. These coping skills can be conscious or subconscious and reflect the values, myths, fantasies, and beliefs of the dominant culture. Internally, trauma impacts affect, mood, and perception of everyday events. This too has a great deal to do with acculturation and belief systems about how to cope with stress and trauma. Individual functioning and sense of mastery is compromised, leaving the feeling of hopelessness or powerlessness (Pinderhughes, 1990). It is through external and internal functioning that an individual and/or his or her descendents learn both to perceive and cope with the stress and trauma of an event. Learned coping strategies often pattern formed familial behaviors and the variations to traumatic or perceived traumatic events one experiences in response to onset events.

(Danieli,1998). In the case of a Black/African American who has experienced traumatic events, cultural mores can influence the development and display of PTSD symptoms.

Multicultural Counseling and Black/African Americans

For Black/African Americans, mental health assessment and treatment provided by someone of their same cultural background is uncommon. Although mental health treatment can be successfully provided by professionals of other cultures, the literature indicates that treatment of "minorities" by "majority" clinicians is still ineffective in several ways. For example, studies by Cooke and Shear (2001) and Schwartz, Bradley, Sexton, Sherry, and Ressler (2005) on undiagnosed PTSD in Black/African Americans noted that despite all that is known about PTSD and other mental health disorders, Black/African Americans have less access to needed care, and the care actually received was often described as being of poor quality. Additionally, a 2006 study on the lifetime prevalence of diagnostic disorders reported that Black/African Americans often suffer from disorders such as PTSD and other anxiety disorders without seeking treatment (Ford, Bullard, McKeever, Toler, Neighbors, & Jackson, 2007). Further, Black/African Americans are 50% more likely to drop out of counseling following the second session, compared to 30% of White Americans (Sue, 1997). This underuse of mental health services is largely associated with the fear and anxiety of self-exposure and/or possible retraumatization (Lawson, 2003). Many authors (Carter, 2007; Ford et al., 2007; Sodowsky, 1996) have identified a number of barriers encountered by racial-ethnic minorities in the mental health system, including "clinicians' lack of awareness of cultural issues, bias, or inability to speak the clients'

language and the clients' fear and mistrust of treatment. Disparities also stem from minorities', "…historical and present struggles with racism and discrimination, which affect their mental health and contribute to their lower economic, social, and political status" (U.S. Department of Health and Human Services, 2001, p. 4).

Cultural competence in counseling and assessment has been conceptualized as encompassing awareness, knowledge and skills (Sue, Arredondo & Davis, 1992). Many scholars describe how multicultural awareness, knowledge, and skills affect counseling and assessment of culturally different clients, in particular Black/African Americans (Sue et al., 1992; Dana, 2008; Leary, 2007). Sodowsky (1996) and Sue, et al. (1992) refer to multicultural knowledge as specific knowledge about historical background, sociopolitical influences, and cultural heritage of diverse cultural groups. It is this knowledge that is essential to the development of a culturally sensitive relationship between counselor and client. Without a culturally sensitive relationship in place, building a therapeutic alliance may be difficult. In many cases, counseling may perceptually serve as a representative form of cultural oppression and individuals from these groups may not feel safe engaging with helping professionals (Ridley, 2005). With cultural awareness, the counselor is able to develop a working therapeutic alliance while developing the relationship to address cultural differences. Unsurprisingly, research suggests that counselors who have had higher numbers of minority clients report greater multicultural competence and significantly higher awareness of culturally significant issues (Sodowsky, 1996; Sodowsky, Kuo-Jackson, Richardson & Tiogon-cory, 1998).

Literature regarding multicultural counseling also contains specific considerations and recommendations for counseling Black/African Americans. Addressing the worldview of the client is important. However, addressing potential fear and anxiety surrounding treatment entrance may be even more important for Black/African American clients. While it is difficult to ascertain how many clinicians are addressing the fears of new clients specifically, it is even more difficult to say how many clinicians are engaging in this same discussion with Black/African American clients.

Another factor affecting counseling with Black/African Americans is the stereotyping associated with Black/African American culture. Grier and Cobbs (1968) share how Blacks are continuously working to disprove stereotypes, such as having issues with anger and being unwilling or unable to learn how to socialize with others. Display of stereotypes, unconscious in many professionals, may be readily apparent to the client. Interactions with professionals who hold age-old stereotypes of Blacks/African Americans may result in the client feeling unheard, may cause an unequal power dynamic and/or a rupture in the therapeutic alliance (Pinderhughes, 1990).

My personal experiences support what the literature suggests. As a Black/African American woman, I have often been told that my body language, dialect and/or linguistic patterns are “intimidating” or “closed”. However, as a mental health professional working with Black/African American clients, I have often been told that sessions with me or other professionals of the same cultural group have felt authentic. It is important that non-Black professionals name these differences and

work with the client to repair the rupture to move forward in treatment (Levenson, 1995).

Other literature describes specific concerns in counseling Black/African Americans (e.g. Boyd-Franklin, 2003; Sue, 1977; Turner & Neal, 1991). Sue et al. (2008) make recommendations such as not imposing personal worldviews onto the client, paying attention to the linguistic style, asking fact-finding questions, and not assuming the meaning of statements made in the session, yet suggesting clarification from the client. One culturally specific recommendation that may have significance in working with Black/African Americans is offered by Pearson (1994) who states that Black/African American clients who engage in therapy often present with somatic issues which may distract clinicians from exploring the underlying basis for these ailments. Additionally, Black clients are often in situations where they have consistent exposure to violence. This exposure increases the chance that they may develop aggression, resistance or isolation as a survival skill; these survival skills may be perceived as anti-social personality disorder or sociopathic tendencies when, in fact, these coping skills are evidence of depression (Davis-Russell, 1990; Fitzpatrick & Boldizar, 1993). As with any culturally specific counseling information, caution is warranted, as these suggestions and concerns do not apply to all Black/African Americans.

Many authors recommend considering individual factors as well as potential cultural factors when counseling those who are culturally different (Carter, 2007; Sue et al., 2008). With increased cultural awareness, counselors are able to develop working therapeutic alliances with culturally different clients. This may increase the

possibility that the counselor will ask questions related to the client's experience or knowledge of historical events that may be predictive of the symptoms. While exploration of the literature regarding Black/African Americans and PTSD reveals little useful information. Knowledge specific to the culture and experiences of Black/African Americans and, in particular, assessment and counseling of Black/African Americans, is an important part of this cultural awareness.

Post-Traumatic Stress Disorder among Black/African Americans

The increasing focus on culturally competent counseling and assessment and concurrent prioritizing of PTSD assessment and treatment indicates a need for further exploration of PTSD among Black/African Americans. While some authors have suggested that PTSD may be misdiagnosed or under-diagnosed amongst Black/African Americans (Carter, 2007; Cooke & Shear, 2001; Ford et al., 2007), determining the actual prevalence of PTSD among this group has proven difficult (Ford et al., 2007).

There is ample evidence that trauma and PTSD are significant issues in the Black/African American community (Carter, 2007; Cooke & Shear, 2001). Among those who have been diagnosed with PTSD, Fitzpatrick and Boldizar's (1993) survey found the diagnoses in children as young as seven years old. Further, 70 % of (N=221) children surveyed were victims of violence (e.g. house break-ins, sexual assault, and knife or gun attacks) and another 43.4 % had witnessed a murder. In a similar study on violence, 75 % of Black/African American male youths reported watching someone get shot, stabbed, robbed, or killed (Shakoor & Chalmers, 1991). With rates of

communal violence this high, PTSD must be considered among viable diagnose for any Black/African Americans clients.

Traumas such as these can create distortions in, and signify the collapse of, a client's worldview (Benyakar, Kutz, Dasberg, & Stern, 1989). Further, traumas of this type can impact counseling and other work with ethnic and racial minorities, specifically Black/African Americans (Sue et al., 1992). Racial stereotypes and misperceptions of the therapeutic relationship can interfere with a thorough assessment, thereby limiting the full examination of possible evidence of PTSD. An early onset therapeutic disconnects or ruptures in relationships, preliminary information could be skewed, or absent diminishing the clinician's ability to discern PTSD symptoms during assessment (Pearson, 1994).

Black/African Americans often do not present with classic symptoms of PTSD, along with the effects of current racism-related stress and the foundation of centuries of discrimination and trauma may be a further barrier to the assessment of PTSD in Black/African Americans (Lawson, 2003; Turner & Neal, 1991). The legacy of Black/African Americans is centuries of what some authors term race-based stress and/or trauma (Carter, 2007; Leary, 2005). This trauma is largely a product of actual or perceived inequalities, racism, oppression, and acculturation. Black/African Americans have learned to assimilate to the dominant culture through changes in personal belief systems, which in turn has changed the self-esteem of the person, and perpetuated acculturation. These fundamental changes have taken an emotional toll on Blacks and may affect the assessment of PTSD in Black/African Americans (Carter, 2007; Leary, 2005).

Across disciplines, literature describes several concepts which may contribute to the culturally competent assessment of PTSD in Black/African Americans. These concepts include environmental, generational, and individual factors largely related to racism. *Environmental factors* include societal and community racial violence or discrimination and institutional discrimination (Carter, 2007; Cross, 1998). *Generational factors* include survivor syndromes, post-traumatic slave syndrome (Leary, 2005), post-colonization stress disorder (Comas-Diaz, 2007), and generational trauma (Danieli, 1998). *Individual factors* include racial identity development and worldview. These factors can impact the Black/African American in many ways. Unaddressed depression and mood disorders, increased anxiety through micro-aggressions related to interaction with culturally dominate individuals and by the presence of perceived fear of authority figures can create learned coping; both within and outside of communities these factors can make trauma assessment difficult.

The Potential Traumatic Effects of Racism on Black/African Americans

Evidence exists that various forms of racism have mental health effects on Black/African Americans (Carter, 2007). *Race* is defined as "a social construction in which people are identified by their skin color, language, and physical features, and are grouped and ranked into distinct racial groups" (Carter, 2007, p. 18). *Racism* is the belief that the ethnic origins of individuals are the primary determinant of their human traits and capacities (Cross, 1995). Racism further involves the belief that these differences produce inherent (i.e. biological) superiority or inferiority. Racism then provides a scapegoating mechanism which is partly sustained in society through the differential power structure existing between members of dominant and visible

minority groups (Comas-Diaz, 2007). The double-sided nature of scapegoating enables the dominant culture to justify longstanding inequalities, while simultaneously giving the minority an excuse via expectation not to succeed or achieve life goals. These race-based beliefs have become institutionalized, causing inequalities between racial groups.

Institutional racism refers to gross and unequal outcomes in social systems and organizations, such as in education, health, occupation, and politics (Carter, 2007). Institutionalized racism is the likely culprit in many Black/African Americans experiencing denial of the rights and/or benefits experienced by the dominant group (e.g. employment, education). Racist and discriminatory attitudes and practices exist at all levels in U.S. society. Historical racism is evident, showing significant disparities between Whites and communities of Color:

> White males make up one third (33%) of the U.S. population, yet they occupy 80-90% of the tenured positions in higher education, 80% of the U.S. House of Representatives, 99% of the U.S. Senate, 92% of the Forbes 400 executive CEO-level positions, 90% of public school superintendents, 99.9% of athletic team owners and 100% of U.S. presidents (Sue, 2003, p. 9).

Conversely Black/African Americans make up about 40 % of the homeless population in the United States (U.S. Department of Commerce, 2000). Further, Black/African Americans experience social hardship in trying to provide for their families (Anderson, 1999). Putting evidentiary differences aside, the Civil Rights Act of 1964 and current affirmative action laws further testify to the existence of

oppression based on racially-oriented value structures. The inequalities of job discrimination and unemployment, especially when coupled with poverty, can have an enormous impact on family life, particularly on the issue of motivating children (Boyd-Franklin, 2003).

An additional complication is that, discrimination cannot be measured objectively. The literature from scholars such as Cross (1995), Comas-Diaz (1994, 2007), and Grier and Cobbs (1968) suggests that the perception of discrimination lies within the individual who feels victimized. For instance, Black/African American professional families living in predominantly White suburban areas are often faced with subtle forms of racism, although they may experience blatant acts as well (Boyd-Franklin, 2003). Similarly, racial microaggressions, or surreptitious forms of racism, include verbal insults or racial remarks and non-verbal communication such as body language. These microaggressions take various forms and may be influenced by assumptions of Black/African Americans (Solórzano, Ceja, & Yosso, 2000). Depending on the frequency and intensity of exposure(s) to micro-aggressions, the global functioning and resiliency against future trauma may be compromised. To illustrate this, incidents such as the lack of response by the national government to the devastation hurricane Katrina caused in 2005 within the Black/African American community. This perceived lack of response could be viewed by the Black/African American victims and many others as yet another example of institutional racism; for some members of the dominant culture this same occurrence maybe viewed as just another unfortunate incident (Dyson, 2006).

With this ambiguity in mind, the goal for mental health professionals is not to diagnose the impossible rather it is to work with the client's perceptions, assist in fostering healthy ways of coping with the stress caused by actual or perceived discriminatory and oppressive acts, and assist the client in constructing a stronger sense of self/racial identity and pride (Dyson, 2006; Rowe & Liddle, 2008). In addition to the effects of current racism, past—even historic—trauma may be passed through generations and act as a stressor that may affect properly diagnosing PTSD or other anxiety disorders such as racial stress or trauma in Black/African Americans. Research and theories related to the generational transmission of trauma are, therefore, important to explore.

Generational Factors that may be Significant to the Diagnosis of PTSD in Black/African Americans

The literature outlines several theories that support generational factors potentially significant to the diagnosis of PTSD in Black/African Americans. These theories include survivor syndrome, post-traumatic slave syndrome (PTSS), and post-colonization stress disorder (PCSD). Survivor syndrome gives insight into how generations are exposed to trauma indirectly through learned coping processes. PTSS highlights the way descendants of trauma victims develop coping skills to deal with learned trauma—the trauma that the subject has not directly suffered but learned from past generations. Finally, PCSD suggests that oppression and trauma are learned and passed on through generations. The aforementioned theories suggest that individuals of color can and do suffer from the same symptomology as PTSD.

Survivor Syndrome

Many studies have focus on ethno-cultural, religious, and/or racial groups who have experienced oppression and trauma. Literature concerning adult and child survivors of trauma-inducing events (e.g. detention in a concentration camp) is summarized. Four focus areas emerge: 1) the nature of the trauma events, 2) psychological coping methods during the event(s), 3) the nature of the changes after the event(s), and 4) forensic issues, especially those related to reparations (Rakoff, 1966; Sigal, 1973). These studies consistently reported that s*urvivor syndrome* exists not only in the survivors themselves, but is pervasive in the human development of second- and third-generation offspring (Danieli, 1998; Rosenthal & Rosenthal, 1980).

Several theories support the existence of generational influences of trauma occurring through indirect experience of the trauma; one theory is *survivor syndrome.* The term survivor syndrome describes a coping process. This term originated with victims or survivors of the Holocaust who held utopist beliefs that they would be reunited with lost relatives and then experience a greater future. Berger (1977) states that survivors, especially adolescents, exhibit symptoms of PTSD following release from the traumatic situation(s).

Survivor syndrome share many symptoms with PTSD, including chronic anxiety, irritability, sleep disturbances, and recurrent upsetting thoughts and/or dreams (Berger, 1977). Additional symptomology includes retrograde amnesia, neurasthenia, stress, self-doubt, difficulties with aggression, and a number of psychological and interpersonal relationship concerns with family members and others (Danieli, 1998; Rosenthal & Rosenthal, 1980). Survivors may also experience guilt in varying

degrees. Berger (1977) reports that survivors who lost loved ones suffered more intense feelings of guilt than those who had not. Additional concerns that emerge in survivors of traumatic events include individual perceptions (chain of events) surrounding the event, difficulty with anger, patterns of guilt, and misunderstanding/contemplating the reason for their survival (Berger, 1977).

Given the descriptions of various survivor syndromes in the literature (e.g. PTSS, PCSD), it is reasonable to assume that Black/African Americans may experience a host of stressors related to their survivor-hood. Africans who lived to become slaves in America may have suffered from survivor syndrome, and their descendents may continue to suffer in related ways. Additionally, in the case of Black/African Americans, continued victimization results in stressors and race-based trauma (Turner & Neal, 1991). All of the symptoms described mirror survivor syndromes and can be associated with the Black experience; this consideration should shape the formulation of the assessment of Black/African Americans for PTSD or other trauma experience(s).

Post-Traumatic Slave Syndrome

In addition to survivor syndrome, Leary (2005) describes a condition related to PTSD called *post-traumatic slave syndrome* (PTSS). PTSS is a theoretical formulation suggesting Black/African Americans suffer from cumulative and continued stressors in and out of the communities in which they reside; Leary believes PTSD, as outlined in the *DSM-IV-TR*; and PTSS are equivalent. PTSS evidences the enslavement of Africans as a merciless, historical, traumatic injury, and suggests Black/African Americans continue to be traumatized through inequality, racism, and oppression.

Leary (2005) suggests that these traumas are central to the devastation of the African cultural belief systems, customs, and values that would otherwise have been passed intact to succeeding generations.

While PTSD focuses on the onset of a more personal traumatic event (e.g. death or injury), PTSS centers on psychological and environmental impact (i.e. it has primarily social or community effects). For example if a person resides in a low-income, high-crime area that is also predominantly Black/African, the impact of prior segregation may be reinforced psychologically. These psychological factors include feelings of displacement from cultural roots, resentment towards the dominant culture or oneself, anger and/or resentment toward authority figures or forced feelings about the need to acculturate to improve quality of life (Pinderhughs, 1990). The environmental factors can be related to oppression, racism, and other psychosocial stressors such as employment concerns. The historical separation and abuse of Africans during slavery, through the civil rights movement invokes memories of the mistreatment of Black/African Americans; it is believed that the psychological effects of the past may have present-day bearing on the individual Black/African American. Many view the current disproportionate rates of incarceration of Black/African males as having a hand in destroying the familial unit and resulting in untreated psychological, emotional, and physical damages. Transmission of this trauma occurs on three levels: familial, communal, and societal. Leary's conceptualizations of PTSS support the potential importance of exploring generational factors when assessing for PTSD and trauma-related disorders in Black/African Americans (2005).

Post-Colonization Stress Disorder

Sharing some similarities with PTSS, *post-colonization stress disorder* (PCSD) is the theoretical perspective of Comas-Diaz (2007) and results from racial and cultural imperialism by a more powerful culture. PCSD includes the projected as well as internalized racism of minorities. Comas-Diaz (2007) suggests that racism and other forms of oppression effect individuals' self-esteem and can cause symptoms similar to those found in PTSD. However, PCSD is more complex. Comas-Diaz (2007) suggests that colonization cultivates changes in the cognitive schema, prompting changes in somatic and psychological symptoms, which in turn provoke behavioral, developmental, and cognitive changes that affect individuals' self-esteem, trust levels, ability to feel control and power over self, and most of all, the basic need of feeling safe. In addition to symptomology associated with PTSD, individuals with PCSD experience predictors such as depression, shame, and rage (Comas-Diaz, 1994).

Although PTSD and PCSD have symptomatic similarities, they are different. Whereas PTSD typically refers to an individual who is exposed to a single event or a repeated event (e.g. domestic violence), PCSD refers to an individual who is victimized continuously. Take for example, someone exposed to racism and/or prejudice in social settings such as the shopping center. In the United States designated visual minorities can be seen as colonized entities that have little or no rights in comparison to their majority counterparts (Comas-Diaz, 1994). Thus, PCSD supports the potential importance of generational influences upon PTSD and assessment of Black/African Americans.

Generational Trauma and Generational Trauma Transmission

Exposure to trauma that is inherited, generations removed from the exposure point, is referenced by various terms such as *generational trauma* and *generational trauma transmission* (Danieli, 1998); other terms such as *historic trauma transmission* and *intra-generational grief* were used as early as the 1980s (Wesley-Esquimaux & Smolewski, 2004). The concept of *generational trauma* suggests that the effects of past trauma are perpetual and impact the present. While little research addressing the actual transmission process of historic trauma exists, the theoretical literature suggests its existence. As detailed to this point, multiple theorists have postulated the existence of generational trauma. Leary, Comas-Diaz, Cross, provide but a sampling. All support of and need for importance of acknowledging the existence and influence of generational trauma(s) is imperative to clinical assessment of Black/African Americans. The current mis-and-under-diagnosis of PTSD and related trauma(s) in Black/African American supports this point.

Cross (1998) conceptualizes generational trauma as distress resulting from shared familial or cultural experiences, including factors such as ethnic and socioeconomic categorizations. All of these terms describe traumas experienced intra- and inter-generationally by those exposed to the stressor(s) of continuous oppression.

> The experience of historic trauma and intra-generational grief can best be described as psychological baggage being passed from parents to children along with the trauma and grief experienced in each individual's lifetime. The hypothesis is that the residue of unresolved, historic, traumatic experiences and generational unresolved grief is not only being passed from generation to

> generation, it is continuously being acted out and recreated. (Wesley-Esquimaux & Smolewski, 2004, p.3).

It is important not to dismiss the horrendous emotional and psychological damages inflicted on the ancestors of mental health clients. However, simply understanding that the trauma an ancestor experienced can perpetuate certain coping strategies in later generations is not enough. To be clear, trauma transmission of this type is inadvertent; socialization strategies are passed generationally as individuals emulate parental beliefs, attitudes, and practices (Danieli, 1998; Rosenthal & Rosenthal, 1980). Thus, transmission is unconscious and extremely difficult to question or challenge.

Many examples of this transmission exist in the literature related to family dynamics and abuse (Buchman, 1998; Simons & Johnson, 1998). It is a generally accepted premise that adult survivors of abusive parenting styles or violent home atmospheres over-display a propensity to endure further abusive relationships and situations (Nader, 1998). Survivors also may personally perpetuate abusive situations at a higher rate than adults who have not experienced domestic abuse (Bar-on et al., 1998). The same type of repeated behavior is seen in non-abusive surroundings as well. For example the success or failure of a college-educated individual may hinder on factors such as was the student raised in a home in which one or both parents attended college and where they accepted the provided norms and values surrounding educational attainment. The course of transmission includes the passing down of indoctrinated behaviors, beliefs, and value systems. These premises allow the

reasonable conclusion that children will follow in the life-path—negative or positive—laid out for them.

Many people are not fortunate enough to identify destructive coping strategies as *learned* or to recognize the link into the past. The coping strategies are generalized as defense mechanisms and, if not identified, can be damaging for multiple generations. Identify learning to these defense mechanisms as coping strategies and response pattern serves to both validate past pains and begin the healing process. As has been asserted in the nature-vs.-nurture debate amongst life-span developmental theorists such as Freud, Levinson, and Piaget, individuals receive most of their attitudes, life skills, and survival approaches from their parents (Travers & Dacey, 1998).

Generational trauma, in theory, acknowledges these as coping strategies or defense mechanisms working to deflect future trauma-inducing events. The concepts of *generational trauma* and *generational trauma transmission* are under-used by mental health professionals and other counseling professionals when working with and/or diagnosing those who may have been affected by their ancestors' trauma(s) in addition to their own present-day concerns.

Traumatic Generational Influences on Black/African Americans

Generational trauma, PTSS, PCSD, and survivor syndrome, through their focus on historical or past trauma, and their contention that the effects of trauma(s) transcend time and the individual, support exploring generational influences on Black/African Americans including PTSD and other trauma-related diagnoses (Comas-Diaz 1994; Cross 1995; Danieli, 1998; Leary, 2005; Rosenthal & Rosenthal,

1980). Furthermore, there is a need for better understanding of generational influences on trauma disorders (Buchman, 1998; Pinderhughs, 1990; Rosenthal & Rosenthal, 1980). This understanding can assist clinicians in making a comprehensive assessment for PTSD with Black/African Americans.

For Black/African Americans, the generational influences of trauma likely originated at the time of slavery and are perpetuated in several ways, including the environmental situation, familial relationships, and societal circumstances (Leary, 2005). Although the physical manifestations of slavery are largely buried, the degree of acknowledgment of how past events have affected descendents of slaves varies. However, scholars do agree, that while African slavery in North America legally ended more than a century and a half ago (1865), psychological damages continue to plague descendant survivors (Bar-on et al., 1998). Researchers such as Cross (1998) highlight the myths and realities surrounding the Black/African Americans' experiences, stating that slavery was a long-term, multi-dimensional experience involving Black victimization as well as effective Black coping. The legacy of slavery includes 500 years of oppression, pain and victimization. Modern racism includes these factors and are displayed as micro-aggressions.

Available literature indicates that for some Black/African Americans perpetually experiencing negative stressors resulting from the enslavement and suffering of their ancestors is appreciable (Leary, 2005). The suffering of Black/African Americans, while not unlike the mass-level traumas experienced by other ethnic groups, is nonetheless unique in its lack of acknowledgement; this silence is a long-standing point of contention within Black/African community as well as the

majority member society in the United States. Despite this contention, reviewing the legacy bestowed upon Black/African Americans (through slavery, the civil rights movement, and present achievements) a picture emerges of an evolving and expanding group possessing great resilience and adaptability. This adaptability is not without its obstacles. Obstacles to mass-level progress for Black/African Americans include, but are not limited to: the fight for emancipation, the fight for civil rights, and the continual assault of institutionalized practices experienced as part of the larger social context. Through assimilation and coerced abandonment of core values, African slaves became desensitized to the horrific daily trauma of slavery.

Potentially, these generational influences affect Black/African Americans in several ways. Through colonization and cultural domination, as well as financial and political oppression and dominance, Black/African Americans' acculturation and assimilation fostered coping skills. These coping skills, however, can have drawbacks. Negative coping behaviors, such as violence or aggressive acts towards family or community members have been known to happen as a form of asserting power; other coping behaviors, such as the use of drugs and/or alcohol have been used as a form of self-medication and avoidance of the issues that cause the stress and/or trauma. The aforementioned address in part the potential environmental viewpoints held by many Black/African Americans. Given the belief that coping strategies are learned through social and familial and despite the numerous studies related to the mental health of Black/African Americans and other visual minorities, generational transmission of trauma receives little discussion. When assessing the Black/African American population, mental health professionals must be aware of the acculturation process as

well as the environmental trauma; trauma non-awareness and/or a lack of acknowledgement could affect the outcomes of an assessment of trauma in Black/African Americans.

Another way that generational influences potentially affect Black/African Americans is through re-traumatization via current incidents that echo the institutional dynamics of slavery. The very open practice of oppression evidenced by slavery included psychological, emotional, and psychical controls (e.g. public viewings of lynchings as a way to assert control).

Cross (1994) uses the example of the Rodney King incident in the 1980s, in which King, a Black resident of Los Angeles was removed from his car and beaten by several White police officers (Prud'Homme, 1991). It is my assertion that the actions taken that night were intended to instill fear in the Black community, just as such actions once created fear during slavery and the civil rights movement of the 1960s. Cross (1998) suggests that the King incident was rooted in post-slavery discrimination and injustice, thus causing emotional reactions in the descendents of African slaves as well as slave-owners. These acts of violence are recalled through duplication of past events. The 2006 confrontation in Jena, Louisiana, where Black students were punished for sitting under a "Whites-only" tree at the local high school provoked a racially tense environment within the small rural community (Jones, 2007; Newman, 2007). Following three nooses being hung on this tree, nooses were hung on the doors of Black professors at educational institutions across the nation in 2007 and in dorm room windows in 2009 (Cross, 2007).

Along with the aforementioned examples and the legacy of trauma, descendants of slavery face segregationist practices in the post-Civil Rights era. The progressive re-segregation of educational institutions, the 1998 lynching of James Byrd in Jasper, Texas, and the painfully slow, allegedly racially-charged (lack of) response by the national government to Hurricane Katrina in 2005, name only a few. Additionally, exposure of Black/African Americans to extreme violence, war, racism, oppression, and slavery are stellar examples of traumatic instances that elicit conscious or subconscious development of coping strategies. Trauma triggers may originate with one single event or through continuous exposure and may be experienced by single and/or multiple persons. Many contemporary African and American Blacks have linked the historical events in the lives of their ancestors (learned through oral traditions) to their present-day experiences (Cross, 1998; Hines & Boyd-Franklin, 1982; Leary, 2007). This present-day knowledge not only maintains an awareness of the equalities suffered by many Black/African Americans, but fosters continued exposure to oppression and re-traumatizing events which are considered the foundation of generations of pain. However, education, familial support, socioeconomic stability, and integration are solutions for viable successful healing of trauma for the Black/African American (Carter, 2007; Lawson, 2003).

Culturally Competent Assessment of PTSD in Black/African Americans

Generally speaking, counselors in training still have insufficient self-awareness, minimal knowledge of clients' worldviews, and low levels of specific knowledge related to working with culturally specific clients. An understanding of these factors can lower the rate of underuse and/or premature termination of mental

health services for Black/African Americans due to the perceived inaccurate assumptions of individual or institutional bias (Burkard & Knox, 2004; Kearney, Draper, & Baron, 2005). It is important to note although White clinical interns are trained on important aspects of counseling, there is generally no *explicit* training on multicultural assessment (Dana, 2008). Several scholars have indicated that Black/African Americans have unique cultural aspects that should be considered in assessment for mood, anxiety, and/or related disorders (Alim, Charney, Mellman 2006; Carter, 2007; Leary, 2007; Pearson, 1994). Understanding clinicians' approach to PTSD and trauma assessment with culturally specific clients is a vital step in making assessments more accurate, thereby increasing treatment efficacy.

Standard Assessments for PTSD

Understanding standard ways of assessing for PTSD provides the foundation for evaluating its appropriateness for Black/African Americans. Generally, PTSD diagnosis are based on measures such as demographics, biological information, and, often, self-reported events (Brewin, 2005). Commonly used as a screening instrument for diagnosing PTSD is the Post-Traumatic Stress Disorder Checklist, which has both military and civilian versions (abbreviated PCL-M and PCL-C, respectively). As evidenced in a study of veterans exposed to combat, instruments such as the PCL-M frequently result in higher rates of PTSD diagnosis in Black/African Americans compared to Caucasian Americans (Alim et al., 2006).

The PCL-C is the most common version used; it consists of 17 items using a Likert scale of 0–5 (reflecting the spectrum of symptoms). An average of 3 would indicate a positive symptoms rating, signifying an increased likelihood of the subject

suffering from PTSD. The PCL-C has at least 13 different diagnostic tools, none of which assess for trauma exposure that one may be prone to on a daily basis (e.g. microaggressions such as obscured racism that is constant and continuing) (Sue, Nadal, Capodilupo, Lin, Torino, & Rivera, 2008). Although there are countless studies that address PTSD in Black/African Americans, research is absent on the effectiveness of the tools used to diagnose this population. Furthermore, questions in the PCL-C do not address racial stressors or generational influences. Finally, research has shown that there are countless undiagnosed and/or underdiagnosed cases of PTSD. A particular challenge of current assessment tools is that they do not look at the differences *within* cultural groups, specifically Black/African Americans. Researchers such as Suzuki and Ponterotto (2007) highlight the need for multicultural assessment, and helping professionals should begin to shift their view to tools that assist in properly assessing for PTSD.

Recommendations for Exploring Generational Influences during PTSD Assessment in Black/African Americans

The literature on the traumatic effects of racism and generational influences on Black/African Americans indicates that clinicians should consider implementation of cultural factors. Culturally competent assessment of PTSD in Black/African Americans includes consideration of environmental, generational, and individual factors related to race and/or racism. Currently, mainstream assessment practices provide mental health professionals with little to no guidance regarding recognition of any of these factors. The literature indicates that these factors may influence the daily coping strategies Black/African Americans employ. If these factors are included in

trauma then a race or culturally-based assessment is needed in all aspects of the treatment process.

The environmental factors unique to Black/African Americans and/or their community can include interactions with the dominant culture and/or authority. These interactions set the tone for how Black/African Americans engage with others, within and external of the assessment process. Clinicians should consider environmental factors including the geographical location of the client's residence, his or her socio-economic status, and other potential barriers (e.g. demographics) that affect the quality of life of Blacks. That these factors can prevent Black/African Americans from seeking treatment and/or receiving proper diagnosis and treatment for trauma disorders due to limited professional and/or financial resources is evidenced within the literature (Alim, Charney, Mellman, 2006; Alim et al., 2006).

Generational factors address the familial trauma and coping strategies that are learned. The generational factors that clinicians should consider include familial context, generational relationships, and learned coping skills (e.g. avoidance of majority cultural groups or racial issues). Some ways the literature implies that the clinician can address generational factors include developing a therapeutic alliance, and building awareness of the worldview of both the client and self. Effectively working with the client would employ the strengths of the client to develop healthy coping skills (Hines & Boyd Franklin, 1998; Sue, Arredondo, & McDavis, 1992; Sue, 2003)

Individual factors address how Black/African Americans react to and cope with stressors the traumas they have experienced. The individual factors the clinician

should consider include avoidance of thoughts and/or feelings related to trauma personally experienced or experienced through familial contact (Cook & Shear, 2001) and increased arousal when faced with a situation that invokes trauma or feelings of a power differential (Pinderhughes, 1990). The literature suggests that this can occur in session with Black/African Americans who are not feeling an understanding of their worldview is and/or that their voice being heard (Sue et al., 2008)

When conducting an assessment, master-level counselors are trained to follow dominant European cultural norms and values. The traditional way of assessing a client leaves room to miss what this writer feels to be critical questions, addressing how or in what conditions the client currently resides. For example, when asking, "Who were your primary care providers?" the answer could be "My grandmother." In European cultural norms, the counselor may assume that the mother and/or father were absent. However, further probes surrounding the circumstances reveal the counselor may find the client's mother was a teen parent and was attending school while the grandmother was caring for the client. Other questions often overlooked for further elaboration relate to perceived racial violence, current racism, and discrimination. Further, little guidance is provided regarding assessment of specific effects of any such race-based encounters, which may produce psychological distress and perhaps traumatic injury. Unmet is the need to help mental health professionals assess and recognize the effects of specific acts of race-based encounters and other experiences within their daily interactions of Black/African Americans (Clark et al., 1999).

In graduate-level counselor education programs, counseling theory is generally related to Western culture. For example, if a new counselor relates more to Freudian

or Gestalt therapeutic theories, he or she does not learn how to apply those theories to address the needs of Black/African Americans in a culturally specific way. If the selection is Ellis or Rogers then the counselor is closer to looking at the cultural needs of the client--if the counselor is mindful and uses open-ended questions that are specifically intended to be client-centered. For example, if a client states, "I am *stressed,"* instead of asking the client, "What do you mean by *stressed?*" the counselor says, "Help me understand what you mean by *stressed.*" By forming the question in this broader manner, the client is asked to share his or her worldview, furthering the existence of the counselor-client relationship.

According to Carter (1986), a disproportionate number of Black/African Americans are diagnosed with schizophrenia (as compared to other population samples) when diagnosed by non-Black/African-American clinicians. A case study done by Cooke and Shear (2001) illustrates how common it is for Black/African Americans to suffer from PTSD for over 20 years remaining undiagnosed or misdiagnosed. Attempting to understand the reasons for this problem only leads to further questions. With what is known about generational trauma, it is probable that significant numbers of African-slave descendants (i.e. Black/African Americans) continue to be re-traumatized and warrant a diagnosis of PTSD. This may be the result of a lack of knowledge among mental health professionals about how to assess generational trauma in their Black/African American clientele.

Race-based stress and trauma, including generational, environmental, cultural/familial, and social/institutional (e.g. government or employment settings) are real in the perception of the client. Generationally, memories are passed on through

stories. Children are taught to fear the dominant culture. In some cases, phrases have been coined to remind children as well as adults of their place in society. For example, the 1991 Rodney King incident coined the expression "DWB" or *driving while Black.* This acronym conveyed the warning, "You too can be stopped by the police and beaten for no other reason than your perceived race". Environmentally, Black/African Americans have been conditioned that if you call the police for help, you may be left standing with no assistance or the metaphorical tables could be turned and you may end up in jail despite being the victim. Socially/institutionally, the lesson is that no matter how much some Black/African Americans may disprove negative stereotypes, the collective Black/African American culture will never rise above them. In the job market, a Black/African American may be passed over for a promotion because the employee is considered "too Black" or conversely, "not Black enough" in some cases. Validation and exploration of these traumas are essential for clinicians to assist people who suffer, either consciously or unconsciously, from the internal and external stressors that affect their mental health.

To address the internal stressors, counselors must address all arenas of stressors: environmental, generational, and individual. To do this counselor(s) must adjust their assessment and method of relating to fit the needs of the client. In Black/African American communities, individuals and families collectively share survival strategies to ensure the survival of self and others in the community. Because the *DSM–IV-TR* is used to aid the mental health professional in the assessment process, and expresses the dominant White cultural context, Black/African Americans experience and report cultural distress (American Psychiatric Association, 2000).

Cultural sensitivity can influence the content of the counseling/mental health session as well as expression of symptoms the client may be experiencing (Dana, 2008). To move beyond the cultural bias that appears to happen in many assessments, professionals need to gear their questions to address the cultural context of the client. For example, a standard question in the PCL-C version asks the client if they have repressed disturbing memories, thoughts, or images of stressful experiences. To be culturally sensitive, the counselor might ask, "Have you had disturbing memories surrounding events that may have happened to a family member or someone else close to you?" Another example could be a standard question about a client's physical reactions (e.g. heart palpitations, sweating, difficulty breathing) when reminded of a traumatic experience. The question could be rephrased to say, "When you think of an event that may have happened to you, a family member, or someone in your neighborhood, how do you feel? What happens in your body when you feel that way?" To be culturally aware, professionals need to consider that trauma transmission of stressors through ancestral and communal relationships is a byproduct of socialization.

Characteristically direct and communal (particularly regarding parenting and socialization), the Black/African American cultural experience leads to exposure to a myriad of behaviors, beliefs, life-skills, and values. These skills and coping strategies are passed on to subsequent generations. When assessing a client, the counselor typically asks demographic questions. A culturally competent assessment process must go deeper, continuing the exploration of the responses given. If John is the client, and he states he has no fear of death, exploration surrounding his lack of fear should

occur. The clinician may find that John has no fear of death because he comes from a familial and communal line where it is common for a Black man to be killed prior to his twentieth birthday.

Herein the author asserts that a culturally relevant assessment takes into consideration the client's awareness—or lack of awareness—of cultural mores (i.e. norms and values). Questions in the assessment must allow the client to define his/her worldview to the counselor. For example, if the client is asked, "Have you been abused?" the client may simply answer, "No". If the counselor asks the client to define what the word "abuse" means to him/her, this provides an invitation into the client's lens, so that the counselor can learn the meaning of "abuse" for the client. The same would stand true when asking questions relating to violence, neglect, trauma, fear, and stress, and other relevant factors which potentially impact the client. Culturally specific counseling has the goal of shifting expertise from the clinician to the client. Further, understanding the client's perception and/or understanding of the language used in the assessment process is critical to a successful assessment. Culturally relevant assessments remove bias and misperceptions, increase the capacity for breakthroughs, and allow for the greater openness central to the process.

While many positive attributes can be, and often are, shared in this exchange of information, internalization of negative experiences, actions, and perceptions can also result. One way for mental health professionals and clients to explore life events is to create a genogram, which is a pictorial diagram of family relationships, medical and mental health information and other relevant family information. A genogram allows the counselor and the client to explore the client's family history and get a better sense

of repetitive patterns and tendencies for trauma and/or other mental health concerns through several generations. It also allows both to explore the historical perspective—the life path of the client and how it influences the client's present self. Additionally, this exercise allows the therapist to access information needed to ascertain the degree of stress and/or trauma impact. However, when doing so it is critical to not press the client as it can further distress them.

An assessment that includes exploration of these individual, environmental, and, in particular, generational influences may begin to approach the holistic assessment that is recommended for Black/African Americans and may result in better therapeutic alliances, more comprehensive assessment of trauma, and more effective treatment planning.

Conclusion

Many Black/African Americans are stressed by individual, institutional, and cultural encounters with various forms of racism and race-based stressors. This perceived racism within varied realms detrimentally affects the mental health of many Black/African Americans (American Counseling Association, 1999). Although mental health professionals are trained to be skilled listeners, there appears to be a disconnect between being a skilled listener and having a culturally sensitive awareness of one's own worldview when working with racial minorities (Sue et al., 1992). When there is a rupture in the therapeutic alliance, questions related to clients' experiences or knowledge of historical events that frame their worldview are often missed.

While the contemporary sense is there is a greater awareness around PTSD within the mental health community, there is a need to increase awareness around the

variations of trauma that mirror PTSD symptoms but in fact are subsets of the disorder (e.g. PTSS, PTSD, and PCSD). Within these variations it is imperative for clinicians to recognize, assess, and treat Black/African Americans who have racially-based stress or trauma, including generational influences. Because many Black/African Americans experience trauma differently than members of other ethnic groups, these stressors are often overlooked in the assessment process. Making connections between the effects of race-based stress and trauma and the effects trauma has on the individual today is a process that requires creativity. Through shifting expertise to the client, and using their skilled listening, clinicians can address the clients without dismissing any emotional and psychological damage possibly inflicted on the client through their ancestors. The key is to understand that the trauma(s) are real, to identify the existing coping strategies/defense mechanisms, and to develop a therapeutic alliance wherein the client develops an understanding of self, behavior and outlook and the therapist effectively diagnose and treats the real mental health trauma.

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CHAPTER 3

Assessment and Treatment Practices of a Mental Health Clinician Working with Black/African Americans: A Single-Case Study

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Abstract

Multicultural counseling demands the consideration of cultural factors when assessing and treating mental illness. Authors within this discipline suggest that traditional assessment and counseling techniques do not serve Black/African Americans well (Dana, 2008). Sue, Arredondo, and McDavis (1992), Sue and Sue (2008), and Ridley (2005) indicate that clinicians without adequate cross-cultural skills may find it difficult to establish and maintain the necessary relationship with individuals from ethno-cultural groups. Clinicians lacking these skills result in a lack of long-standing client engagement or decreased efficacy. Many authors (Dana, 2008; Leary, 2005; Sue et al., 1992) describe how multicultural awareness, knowledge, and skills are essential to counseling and assessing culturally different clients, in particular Black/African Americans. Despite this knowledge, few if any researchers have explored the assessment and treatment practices of culturally-similar, culturally competent counselors who effectively engage with Black/African American clients. This manuscript reports a study of the assessment and treatment practices of a Black/African American clinician identified as being successful in engaging and maintaining engagement with Black/African American clients.

Assessment and Treatment Practices of a Mental Health Clinician Working with Black/African Americans: A Single-Case Study

The current trend in mental health practice demands consideration of culturally-specific factors when assessing and treating mental illness (Sue, Arredondo, and McDavis, 1992). Much of the multicultural counseling literature suggests that traditional assessment and counseling techniques do not serve Black/African Americans well (Dana, 2008). Authors such as Sue and Sue (2004) and Ridley (2005) highlight how, without culturally-sensitive relationship building, the necessary therapeutic alliance may be difficult to establish or maintain. Many authors describe how multicultural knowledge, awareness and skills are essential to effective assessment and treatment of culturally different clients, in particular Black/African Americans (Dana, 2008; Leary, 2005; Sue et al., 1992). Additionally, some authors suggest that culturally-similar counselors are more likely to provide effective assessment and treatment (Ford, Bullard, McKeever, Toler, Neighbors & Jackson, 2007; Leary, 2005). While some research has been conducted on factors that influence Black/African Americans' experience of engaging and remaining engaged in therapy, little research addresses the practice of initial and ongoing assessment and treatment (Boyd-Franklin, 2007; Carter, 2007). Additionally, limited research is available that explores the assessment and treatment practices of culturally-similar, culturally-competent counselors who effectively engage with Black/African American clients.

Sodowsky (1996) and Sue et al. (1992) refer to multicultural knowledge as specific knowledge about historical background, sociopolitical influences, and cultural

heritage of diverse cultural groups. Describing how multicultural knowledge, awareness and skills affect counseling and assessment of culturally different clients, in particular Black/African Americans, they maintain it is this knowledge that is essential to developing a culturally sensitive relationship. Without a culturally sensitive relationship in place, building the therapeutic alliance may be difficult (Dana, 2008; Sue et al., 1992). In many cases, counseling may represent yet another form of cultural oppression for diverse clients, and individuals from these groups may not feel safe engaging with helping professionals (Ridley, 2005).

Disparity in treatment may result from racism and discrimination experienced by Black/African-Americans which affect their mental health and economic, social and political status (U.S. Department of Health and Human Services, 2001). Black/African Americans are 50% more likely to drop out of counseling following the second session, compared to 30% of White Americans (Sue, 1977). This underuse of mental health services is largely associated with the fear and anxiety of self-exposure and/or possible retraumatization (Lawson, 2003). Authors (Carter, 2007; Ford et al., 2007; Sodowsky, 1996) have identified a number of barriers encountered by racial-ethnic minorities in the mental health system, including clinicians' lack of awareness of cultural issues or bias, their inability to speak the clients' language and the client's fear and mistrust. Psychological trauma in Black/African Americans can present unique challenges during the assessment and treatment process (Carter, 2007; Leary, 2005).

Additionally, Black/African Americans may experience varied mental health issues due to racially-based stressors or traumas of the past or present. Researchers such

as Carter (2007), Comas- Diaz (2007) and Leary (2005) have proposed that historically oppressed people such as Black/African Americans may have trauma responses specific to their historical experience(s). Both Carter (2007) and Cross (1998) have indicated that Black/African Americans have unique stressors. Specifically, those that are racially based may include racial violence, discrimination, and micro-aggressions (Kearney, Draper, & Baron, 2005). Along with more commonly known stressors, the literature suggests that generational trauma (e.g. that associated with survivors of African slavery or of the Jewish Holocaust) should be included in the list of racially-based stressors (Danieli, 1998; Rosenthal & Rosenthal, 1980; Rubenstein, Cutter, & Templer,1990).

The clinical engagement process of Black/African American clients should include addressing the aforementioned factors, as well as assistance in the development of socio-culturally acceptable coping strategies. Previously learned strategies of coping can cause the individual to function in a way wherein they feel hopeless or powerless about their life or circumstances (Pinderhughes, 1990). In a quest to understand the Black/African American client and their worldviews, professionals must sincerely question what they understand concerning the worldview of the Black/African American client or the 'Black experience'. These professionals must be willing to adjust their practice to be inclusive of these considerations. Although mental health professionals often have received training on cultural competencies, standard methods of incorporating this knowledge in the assessment and treatment process, particularly for Black/African American clients remain unclear.

A review of the literature shows a need for increased clinician awareness of the social climate of Black/African Americans. The social context in which they live, as well as differing life experiences, should dictate variance in theoretical approaches to treatment (Cooke & Shear, 2001). In exploring what therapist factors influence the engagement and persistence of Black/African American clients, the literature suggests that the assessment and treatment relationship should include an exploration of one's individual, environmental and generational influences (Leary, 2005, Sue et al., 1992). Although mental health professionals should be trained to be culturally-skilled, there appears to be a general disconnect between skill possession and genuine cultural sensitivity when working with racially or culturally different clients (Sue et al., 1992).

Cultural competence in counseling and assessment has been conceptualized as encompassing knowledge, awareness and skills (Sue et al., 1992). If a therapist has knowledge of predictors of engagement (e.g. sensitivity to generational and environmental trauma or life experiences), the engagement process and success of treatment could increase. Arredondo, et al. (1996) highlighted areas important in working with culturally specific clients, including: 1) beliefs, 2) knowledge, and 3) skills. Mental health professionals should be aware of: one's own cultural values and biases, awareness of client's worldview, and culturally appropriate intervention strategies. It is this researcher's belief that these areas can assist professionals in identifying, assessing and treating individual, familial and environmental barriers that may be intergenerational in nature with Black/African-American clients.

Rationale

Best practices hold clinicians of the American Counseling Association (ACA) and American Psychological Association (APA) accountable to a code of ethics, commanding that practitioners be qualified and competent when applying interventions (ACA, 2005; APA, 2002). In working with Black/African American clients, competent professionals should be aware of the need to incorporate skills and knowledge of varied cultures into the assessment and treatment process. However, incorporation of multicultural skills and awareness of environmental, generational or individual factors that affect Black/African Americans during the assessment process can routinely be omitted.

This research aimed to examine two interrelated areas of clinical practice. First, it explored the current assessment and treatment practices of a Black/African American professional identified by peers as culturally competent/proficient with Black/African American clients. Second, the research examined and defined the context in which this practice occurred. The research queries: "What are the assessment and treatment practices of a culturally proficient Black/African American therapist working with Black/African American clients?" and "What are the intrapersonal and interpersonal, experiential, educational, social, and institutional contexts that surround these practices?" These questions correlate with the researcher's belief in a need for practitioner cultural proficiency in the assessment and treatment process when working with Black/African Americans. Furthermore, this research has the potential to inform perceptions of culturally-proficient practice with Black/African Americans and training efforts to that effect.

Research Design

Based on the text of Baxter & Jack (2008) and Yin (2003) single case study research methodology was used. Case study methodology has been defined as

> . . . an empirical inquiry that investigates a contemporary phenomenon within its real- life context, especially when the boundaries between phenomenon and context are not clearly evident. The inquiry copes with the technically distinctive situation in which there will be many more variables of interest than data points and . . . relies on multiple sources of evidence, with data needing to converge in a triangulating fashion and . . . benefits from the prior development of theoretical propositions to guide data collection and analysis. (p.13)

The use of case study methodology was appropriate for the purpose of describing, explaining or evaluating social constructs (Gall, Gall, & Borg, 2005). The use of case study methodology was selected for this study because the research questions intended to explain the clinical assessment and treatment practices of a single mental health professional that successfully engages Black/African American clients. The use of this methodology assisted in explaining the links between real-life interventions (e.g. the clinician's assessment and treatment practices), and outcomes (e.g. the engagement of the client) (Baxter & Jack, 2008, Yin, 2009). Further, a single case study was deemed as appropriate because of the potential revelatory nature of the case (Yin, 2009). Revelatory cases are cases that social scientists have not had the opportunity to study before and, thus, have the potential to reveal unknown or unanticipated factors involved in the case.

This case is also critical a case in that the therapist selected as a participant represents a desirable outcome, the ability to engage with Black/African American clients (Yin, 2009).

This case study used semi-structured interviews with a Black/African American clinician identified as successful in engaging Black/African American clients. The interview foci included assessment and treatment practices and considered the contextual development of these practices. The interviews were a method of data collection to answer "how" and "why" questions related to the therapist's practice. To achieve triangulation, this data was augmented by interviews with individuals knowledgeable of the therapist's practices, as well as quantitative assessments of client alliance and therapist's multicultural competence to provide additional perspectives.

Questions and Theoretical Propositions

This research intended to add to the discussion of factors that encourage successful engagement of Black/African American clients in therapy with a culturally-similar clinician. For the purpose of this study the investigative questions were:

1) How do identified culturally competent mental health professionals engage and remain engaged with Black/African American clients during initial and ongoing assessment and treatment?
2) What are the contextual factors believed to influence their ability to engage with Black/African American clients during initial and ongoing assessment and treatment?

Theory development prior to data collection is one characteristic that distinguishes case study methods from other research methods such as ethnography (Yin, 2009). The purpose of including theory in case study research is to guide data collection and analysis of data. This set of propositions provides an analytic template to which data were compared for during analysis. These propositions were developed using the theoretical literature in the area of culturally competent counseling. The propositions used to guide data collection and data analysis in this study were:

1. Culturally-proficient clinicians use language that is familiar to the individual, rather than the language of the field.
2. Culturally proficient clinicians start to build rapport before assessment begins. This is accomplished through:
    a. Developing a therapeutic alliance by listening to client needs and concerns, being open and descriptive, and using language that is familiar to the individual rather than the field terminology.
    b. They equalize power differences by putting self 'out there' in terms of culture and what the therapist has to offer the client. They take on a 'service-oriented' stance from the first interaction.
    c. They are aware of differences in among culturally-specific experiences between therapist and client.
    d. They understand local environment and culture and how it might impact the client.

3. Culturally-proficient clinicians explore past reasons for lack of engagement – with sensitivity to client culture (such as individual and familial experiences with psychological treatment).
4. Culturally-proficient clinicians identify issues in the client's social environment that may or may not be perceived as traumatic in mainstream culture.
5. Culturally-proficient clinicians continue these behaviors and attitudes through ongoing assessment and treatment.
6. Culturally-proficient clinicians explore new themes and emerging information during ongoing assessment and treatment, with a mind toward identifying individual coping skills that might be familial, generational, culturally-specific, or related to racial-stress.

Validity and Reliability

Yin (2009) states that the quality of case study research can be ensured by using methods that address construct validity, internal validity, external validity and reliability. Several procedures were used to enhance the validity and reliability of this study including the use of a theoretical framework, use of multiple sources of evidence (a variety of participants and instruments) to establishing a chain of evidence, and member checking where informants review the case report to verify how well it represents their perspectives.

In this single case study, external validity was promoted through the use of theoretical framework. Development of a theoretical framework or set of propositions

based on existent theory and research before carrying out the research is considered beneficial in conducting sound case study research. Yin (2009) explains the benefits of prior development of theoretical propositions to guide data collection and analysis. Data were analyzed using the theoretical propositions developed for this research.

Data triangulation was used to ensure the credibility and trustworthiness of research findings (Yin, 2009). Multiple sources of data were used including interviews with the primary participant, supervisors and past clients. Observations within the work site were made whenever possible and reflections from the researcher's journal were incorporated as well. After analyzing the data, member checking was used to ensure that the researcher accurately represented the participants' emic perspective (Gall, Gall & Borg, 2005).

Data Collection

Data collection was conducted to gain an understanding a culturally-proficient clinician's therapeutic style of engagement and assessment. Interviews were conducted in the employment setting to allow for a direct observational opportunity and collaborative data collection with clinical supervisors and past clients. All verbal data collected was transcribed. Semi-structured interviews with the clinician, clients, and supervisors were used to collect data. The interviews focused on participants' perceptions of how the clinician gained and maintained client engagement throughout the process. Supplementary data collection utilized an adapted Working Alliance Inventory - Short (WAI-S, 1989) given to both the clinician (participant X) and any client volunteers to validate the strength of their working relationship. The WAI-S was modified to

specifically determine if the therapist and clients felt congruence on key cultural and familial factors. For the purpose of this study the new instrument will be referred to as the Working Alliance Inventory- Short Revised (WAI-SR). The WAI-SR contains an additional two questions that address the cultural aspects of the treatment process. Additionally, it assesses the clinician and client(s) perceptions of shared goals, process, and trust in the therapeutic relationship. Additionally, the clinician was asked to take the Multicultural Counseling Knowledge and Awareness Scale (MCKAS, 1995) to verify her level of multicultural knowledge and awareness.

Interview questions. The in-depth interviews included open-ended questions. These questions were designed to guide the interview and explore questions surrounding initial and ongoing assessment, building and maintaining a rapport with clients, as well as addressing the clinical and cultural needs of the client. A similar set of questions was developed for the clients and supervisor(s) of the clinician who agreed to participate in the study in an effort to provide another perspective on primary participant's assessment and treatment practices. Questions for the primary participant included:

1. When working with _____ how did you build rapport with the client?
2. When working with _____ how did you begin assessing their treatment needs?
3. When working with _____ how did you maintain rapport with the client during the assessment process?
4. How do you validate clients' culturally or racially-specific experiences during your assessment and treatment processes?

5. How do you deal with the non-explicit cultural differences between you and your clients?
6. How do your life experiences affect how you relate to your Black/African American clients'?
7. How do you feel your cultural background affects your therapeutic relationships with Black/African American clients?
8. As you think about your path to becoming proficient with this client population, what experiences helped you?
    a. Education?
    b. Supervision?
    c. Other training or experiences?

Questions for past clients and supervisor participants were similar but worded to be appropriate for their relationship to the primary participant.

Working Alliance Inventory. This study used the Working Alliance Inventory-Short (Tracey & Kokotovic, 1989) to support the perception that the primary participant forms strong working alliances with clients. One of the most popular measures of working alliance, WAI-S is a self-report instrument and administered easily and rapidly. Aligned closely with its parent instrument the WAI, the WAI-S is theoretically based and its scale scores have been shown to share significant similarity with other working alliance measures (Tichenor & Hill, 1989; Horvath & Greenberg, 1986, 1989). The WAI-S uses 12-items from the original Working Alliance Inventory (WAI). It has three subscales: Goals, Tasks, and Bond, each of which represents a critical aspect of the

therapeutic relationship. Each subscale is scored on a 7-point Likert-type scale ranging from 1 (*never*) to 7 (*always*) and has four non-overlapping items. Subscale scores can range from 4 to 28. Higher scores indicate more positive ratings of working alliance. For the purpose of this research, two versions of the WAI-S were used: a client version and a therapist version. The WAI-S was amended by adding questions specific to the population of study; questions highlighted Black/African Americans feelings about the counselor-client relationship and the counselors' ability to understand the client's needs.

Multicultural Counseling Knowledge and Awareness Scale. The Multicultural Counseling Knowledge and Awareness Scale (MCKAS) was used to verify the multicultural competency of the primary participant. The MCKAS explores variables: *1) social desirability, 2) counselor race, 3) multicultural training, 4) ethnic identity, 5) and color-blind racial attitudes* which influence multicultural counseling and the therapeutic relationship. The MCKAS consist of 32 items divided into two subscales, Knowledge (20 items) and Awareness (12 items). The MCKAS uses a 7-point Likert-type scale ranging from 1 *(not at all true)* to 7 *(totally true).* Higher scores represent greater perceived knowledge and awareness of competence in respective areas (Ponterotto, Gretchen, Utsey, Riger, & Austin, 2002).

Sample and Setting

The phenomenon of interest was how a culturally-proficient, Black/African American mental health professional encouraged and maintained engagement while assessing and treating Black/African American clients. To address the issue of definition and identification of a culturally-specific and proficient clinician, the researcher turned to

Jennings and Skovholt's (1999) research, which used peer identification to identify master or expert level individual therapists. Peer identification has been supported as an effective method for tasks such as assessing interpersonal skill or discriminating between more and less effective therapists (Anastasi & Urbina, 1997; Luborsky, McClellan, Woody, O'Brien, & Auerbach, 1985).

For the purpose of this study, culturally- proficient clinicians are defined as those identified as being exceptionally effective, knowledgeable and skilled in their work with Black/African American clients. Additionally, to encourage connection to the real-world process of working with Black/African American clients, the sample required an individual currently working with Black/African American clients. Further criteria for participant selection included: educational framework (e.g. master-level counselors or related field), professional practice background (client demographics and length of time in the field) and ethnicity (identifying as Black/African American). Specifically, the target participant was a master's level mental health professional who actively works with Black/African American mental health clients and has been identified by multiple peers as culturally-proficient and as having a good record of engaging and maintaining engagement with Black/African American clients.

The primary participant (hereafter referred to as participant X) was recruited through solicitation of volunteers at community mental health agencies and professional membership associations near a large metropolitan area in the Pacific Northwest and by requesting that study information be forwarded to individuals who met the study criteria.

Once participant X was identified, other participants, past clients and current supervisors, were accessed through participant X who supplied them with study information.

Participant X is a Black/African American female who has worked in the mental health field for over 30 years. Participant X holds a master's degree in social work (MSW), is a licensed clinical social worker (LCSW) and is certified in drug and alcohol as well as gambling addiction by the state in which she resides. Participant X has worked for her current employer, a culturally-specific mental health agency, for over four years and was among the first therapists to be employed by the program. In completing the MCKAS, Participant X scored a 44 out of a possible 140 in relation to her knowledge of a culture. Additionally, Participant X scored a 21 out of a possible 84 in the area of awareness. The structure of the MCKAS is such that higher scores in the area of knowledge or awareness indicate that a clinician has higher multicultural knowledge and awareness in counseling issues. Although participant X scored in the low-to-mid range this is not to say that Participant X has a lack of cultural knowledge and awareness when addressing client issues. To the contrary, her cultural awareness allows for the use of intrinsic cultural knowledge in working with Black/African Americans. The MCKAS has no cutoff scores in establishing satisfactory knowledge or awareness of multicultural counseling issues; therefore the MCKAS was used only to gauge the significance of multicultural knowledge and awareness as perceived by mainstream counseling standards.

Two supervisors were interviewed for this study, one male and one female; both are Black/African American. Each supervisor has over ten years experience in the mental

health field and are licensed clinical social workers (LCSW). For the purpose of this study the supervisors are identified as Supervisor 1 and Supervisor 2. The past clients interviewed for this study both self-identified as African American, both are female and both have prior experiences with counseling. Client 1 is 53 years old, in an interracial marriage with three adult sons from her first marriage to an African American man. Client 2 is also in her mid to late fifties and self-identifies as African American, Mexican and Black. She is married with an adult daughter. Participant X scored 77 out of 98 and Client 1 scored 81 out of 98 on the WAI-SR respectively. In addition, Participant X scored 78 out of 98 and Client 2 scored 86 out of 98 on the WAI-SR respectively with the scores having a differential range of 4 to 9 points. These results indicate that both past client participants shared a strong working alliance with Participant X.

Data Analysis

The data analysis process was conducted using several strategies and techniques as outlined by Yin (2009). He identifies four general strategies for synthesizing case study evidence: 1) relying on theoretical propositions, 2) developing a case description, 3) using qualitative and quantitative data, and 4) examining rival explanations. Within these four strategies, data analysis techniques provided more specific guidelines for interpreting case evidence (Yin, 2009).

Five analytic techniques have been identified as suitable for case study analysis. These are: 1) pattern matching, 2) explanation building, 3) logic models, 4) time-series analysis, and 5) cross-case synthesis. Pattern matching was selected as the main method of analysis for this single case study. According to Yin (2009) pattern matching in an

explanatory case study can be done either by relating patterns to the independent and/or dependent variables in the study, or by using alternative explanations of patterns to explain the findings. This technique linked the data to theoretical propositions and rival explanations.

Quantitative data (WAI-SR and MCKAS) were used to promote the internal validity of the case. That is, these instruments were used to strengthen the research propositions that suggest this case indeed represented that of a culturally-competent clinician who built strong working alliances with clients. Additionally, qualitative data from all sources were also examined for multicultural knowledge and awareness as well as the efficacy of the therapeutic relationship.

Analysis of qualitative data began with transcription of all interviews. Then, the theoretical propositions were used as the starting point for data analysis. Pattern matching was used to determine if the data collected matched the expected patterns. All data carefully examined for themes that were similar to the initial propositions. Once all data was examined via this lens, rival explanations of the data were explored. Strong themes in the data were identified and potential meanings were brainstormed. Meanings that seemed to match participants' experiences better than the initial propositions were noted and examined further.

Subsequently, data were again sorted using both schemes (initial propositions and strongly supported rival explanations) and cross-tabulated with data sources (primary participant, client participant or supervisor participant). Following this sorting, original propositions were amended to reflect their support by participant data and were

synthesized with supported themes and rival explanations. New themes and initial propositions were used to create the framework for a case description, essentially a new set of propositions. All data underwent reexamination through the lens of the new, adapted set of propositions to ensure that they accounted for and provided an improved fit for all data. Finally, a rich description of the case was developed, illustrating the connection between data from all participants and the concepts that emerged from analysis.

Results

Data analysis resulted in the emergence of a rich group of themes that described the clinical practice of participant X from the perspective of the primary participant and four collateral participants (Supervisor 1, Supervisor 2, Client 1 and Client 2). The reformulated themes included: 1) the culturally-proficient counselor communicates a strong sense of cultural self, 2) the culturally-proficient counselor is experienced as having a strong cultural understanding of clients, 3) the culturally-proficient counselor is experienced as effectively engaging with clients throughout the counseling process, 4) the culturally-proficient counselor is continuously gathering and making sense of work and educational experiences to better work with clients. These reformulated themes also included subthemes that further describe key elements of the clinicians practice. Theme three, the culturally-proficient counselor is experienced as effectively engaging with clients throughout the counseling process, was most central to the research question regarding clinician practices and was richly detailed with subthemes describing what X does to engage clients and keep them progressing throughout counseling. Themes one,

two and four address the context in which participant X's practice occurs. These themes and subthemes are described in detail in the following sections.

Communicating a Strong Sense of Cultural Self

Participant and researcher observations illuminated an overall theme related to how this counselor successfully engages Black/African American clients that related to her communication of a strong sense of cultural self-knowledge and pride. This cultural pride was demonstrated by art, clothing, communication and a personal worldview that includes a strong belief in the essential resilience of the African-American people. Data from supervisor and client participants indicated that this cultural pride and personal worldview positively affects the therapeutic relationship.

Participants commented on how her office was decorated in way that demonstrated cultural knowledge and pride. Participants also indicated that this counselors dress indicated both professionalism and cultural knowledge and pride. They indicated that she wears what many would call business or professional attire, yet incorporates a sense of culture by adding jewelry, kente cloths/wraps, or other items of clothing made with traditional African print or inspiration. Here, Supervisor 2 talks about her impressions of X:

> She dresses in a way that is very professional yet has an ethnic flavor to it. How she wears her hair, I think that is a competency as well. She frequently has a little ethnic touch to how she dresses, as well as in her office. She has a ethnic flavor that I think shows her pride in her culture and shows pride in our culture overall.

On a deeper level, participants commented that the therapist's implicit and explicit communication of her belief that, in the face of current and historic oppression, Blacks/African Americans are survivors and have the potential to be successful and healthy. Here X alludes to this belief:

> …what I bring to them…is my understanding of just how important diligence is and how important it is to challenge the status quo… I bring to that my understanding of how culturally, as a people, we have been disenfranchised in many ways and still managed to think our way through problem solving so that we *thrive*.

Supervisor 1 also indicates that this deeply held belief is a gift X possesses that assists her in working with Black/African-American clients:

> Her world view is one of power and strength while looking through how to be successful in the time of oppression. But not have the oppression be your identity. That another skill a therapist needs to have is to be able to see the person, understand the oppression but understand the differences that that are separate. Be able to look at that strength of a person of color and the history of (the) strength of people of color.

Participants also indicated that the communication of this pride has a positive effect on both clients and colleagues. The supervisors interviewed expressed that after experiencing X's pride, the client is then more aware and comfortable with how to have and/or display pride in their cultural self. Clients reported feeling a connection as well as

observing a healthy perspective. Here Client 1 talks about how this happened, in part, for her:

> …what stand out for me is that she is successful; she has done things that I want to accomplish. She knows a lot about my struggle and I just feel connected with that portion. And that she knows I went from A now I am on D and she knows that I want to go back to school…she has just been beneficial with that and positive…I think being around her brings out the best in me, I don't know any other way to say it . She makes me want to succeed. I just feel like the possibilities are limitless and I use to think that there wasn't anything left for me.

Having Cultural Knowledge and Awareness of Clients

Exploration and analysis of this case also revealed a theme related to this culturally-proficient counselor having a strong understanding of the race, ethnicity and culture of her clients. All participants asserted that it takes more than just being a Black/African American counselor to successfully work with Black/African American clients. X understands and acknowledges the existence of oppression, racism and microaggressions, how these are played out in local and national events and the impact these forces may have on the community, family and client. She also has a strong awareness of the issues Black/African Americans face daily, including issues in accessing services and how this may be a part of her clients' experiences. Her understanding of the cultural implications for her clients' family dynamics and functioning seemed central, particularly to the client participants. She was also viewed as having knowledge of and

comfort with how her clients may use and view language. X also understands the cultural differences within the community.

The supervisor participants and X often directly discussed X's understanding of the broader concepts of oppression and racism. Clients' discussion of this was indirect, often communicated as them gaining a broader knowledge and awareness of these dynamics through interaction with X. Here, Supervisor 1 discusses the importance of this understanding:

> In order to be culturally competent you must understand the dynamics of racism in this county, you have to have a strong foundation of that. Then you have to understand how the systematic approach to how oppression occurs in this country how it is in the systems, not just racism alone but the multi levels of it.

In addition to these broader concepts, all participants discussed X's understanding of how clients might experience these things in their own lives. Examples that were brought up include the experience of microaggressions, internalized racism and barriers clients might face to accessing services. Participants related that X understands the potential for Black/African American clients to not seek out or to drop out of counseling due to multiple factors related to culture and the stigma of receiving mental health services. Supervisor 1 speaks here, linking X's overall understanding of oppression and racism to her understanding of how this plays out in clients inner and outer lives:

> … understanding and having a strong foundation of racism and how it works in (state) as you work with clients who are from (state), so she does that very well. So she understands that struggle so she engages on that level. Also she has the

> therapeutic understanding of why the behavior is happening. She is able to address that as well. So there is a way to engage and connect to normalize and hear their story, build that support that is important and to bring issues of racism to the table, in the very beginning, a variety of ways that oppression affects us and bring it to the point where they under understand it.

Similarly, Client 2 talks about how X's general and specific understanding of oppression and racism positively affected her ability to trust and work with X:

> The issues I have with my father are not related to race…*his* struggles *were* related to race. He was a black male in a white privilege society. So the way he had to go about it was different than a white man. But it was what a man has to do to make things better for the next generation…He was a smart, smart man. Only the way he went about succeeding was selling drugs and he became very high up on his ladder. Therefore he could financially afford to educate us… I can speak of these things with X. I don't think I could even…I think I would feel judged by a white counterpart because I don't think they understand that a black man has a definite deficiency in our society and sometimes that's the way they go about succeeding.

Additionally, all participants supported a subtheme around the counselor's extensive knowledge of how culture and cultural differences could be brought into the sessions by clients, particularly through language and other expressions along with family dynamics. Here Client 2 relates her sense that X understands the language she, on occasion, uses:

> …even if I…switch into some Ebonics phrase, she understands what I am talking about. You know you can't do that with everybody. Even though she is an educated, cultured woman she understands what I am talking about.

Client 1 discusses her sense that X understands her unique family dynamics and how this understanding both positively affects trust and X's ability to work with issues Client 1 brought in:

> I am more out spoken and we are a interracial couple, so I think people see me as more aggressive. I think once she seen that, "Okay she is just hurt or angry," and…it's more what's going on with me personally and the dynamics of being a black woman with three, black children, black boys …I think she was just able to come in and help me. I felt like I could trust her with anything…and she would not judge me… because I usually don't open up much about my family dynamics.

Effectively Engaging with Clients throughout the Process

The central theme that emerged during analysis of this case involved X's ability to engage and maintain engagement with Black/African-American clients. Reflecting on initial engagement, X was viewed as a warm and trustworthy person, representing in part, the clients' own culture. She was characterized as an extension of an organization that prioritizes and promotes equity of services for clients of color. To actively engage clients she assists and empowers clients by helping gain a better understanding of mental health systems, thereby reducing the shame and stigma associated with receiving services. To combat skepticism, this culturally-proficient counselor engages clients by using familiar

and accessible language, and engages clients by involving them actively in the treatment plan.

Finally, this culturally proficient counselor works with the clients' needs within a cultural context. As part of this, she examines all aspects of the clients' lives (social, environmental, familial) that may have brought the client into services. During treatment she is responsive to systemic oppression, regional and national racism, micro-aggressions and internalized racism and how all of these things may directly and indirectly affect her clients' needs. She utilizes techniques that both engage her clients and address cultural aspects of their issues. She is viewed by clients and supervisors alike to be responsive to emerging issues during treatment: coping skills (individual, familial generational) environmental issues (local or regional), and/or racial stress; this is reflected by her practice of ongoing treatment planning.

Gaining initial trust through authenticity and cultural identification. This culturally-proficient counselor is able to successfully engage Black/African-American clients' while working on client-identified issues. The culturally-proficient counselor in this study was viewed by supervisors and clients as having the ability to engage clients who might be skeptical of mental health counseling while building a healthy therapeutic alliance. Engagement for this counselor starts at the first contact, where she uses her ability to gain initial trust with a client who is skeptical of mental health services. Clients feel connected due to the counselor's warm, authentic nature and because the counselor represents, to some extent, their own culture. Additionally, she represents as a member of an organization that prioritizes services to clients of color, which is meaningful to the

clients. Here, Client 2 illustrates her sense of X's initial presence by comparing it to other experience she has had with the mental health system:

> So this doctor (I) was referred…I tried to talk to him about it. I don't know if it was because he was a white man, but I felt no kind of connection what so ever… They gave me no signs or signals. X seems normal. You can see expressions on her face, she has body language that are real. They are honest.

This effect extends beyond what Client 2 reports. All participants and the researcher noted the engaging mixture of authenticity, warmth and cultural acceptance and pride offered by X. Here, Supervisor 2 adds a perspective based on her own experience of X:

> …my experience of her in supervision, and what I am overlaying that too is what happens with the client, is she is real. She can bring in her own cultural experiences and bring a demeanor and attitude, warmth and a joy that feels very cultural to me being another African American person. So things like she is not afraid if the client gets loud…We have an expressive culture, we can get loud, we can get angry, and she is not afraid of that. She can sit with that and be calm…I think that helps people feels safe, like they are being met where they are at.

Reducing skepticism and stigma through education. Upon initial contact the counselor begins work with the client to reduce the stigma associated with mental health services and to demystify mental health systems. She does this utilizing personal knowledge of Black/African American culture, a focus on educating clients on how

mental health and human service systems work and how they can benefit the client. Here X talks about using her initial approach in explaining therapy:

> …I then explain my history of thirty plus years of experience working with African Americans, adolescents, adults and families. I then explain my systems approach to working with clients… For many of my African American clients that's helpful because that believe in systems…in that approach that things are connected and that if one part of the system has problems then the other parts have problems…At some point I explain HIPPA and I also explain what 'happens in Vegas stays in Vegas' so they understand that I am not going to disclose some of the shame, guilt related things that they may want to share with me … And that I am not tied to formal punitive systems…

Part of this is using language that is accessible and educating clients about language that may be used. By providing examples to the client that closely mirror their own experiences, X is able to reassure the client and thereby begins to reduce stigma. Here X provides an example of how she connects familiar language with clinical language:

> They know that are not sleeping, they know that they are anxious. So part of what I do with being culturally-specific is being able to identify the formal term (and) identify with what they are experiencing. So if someone says, "I can't sleep at night, I'm being irritable, I'm getting confused, " then I start talking about, "How's your diet, have you gained weight, that sounds a little bit like the blues to me." "Yes, I am blue most of the time or I'm blue all the time." Then we go into

> depression, and this is what it sounds like or maybe its dysthymia and this is what dysthymia looks like…

Here, X talks about an example of how the whole process of exploration and diagnosis might lead to increased rather than decreased trust and engagement:

> … we start identifying any learning disabilities that may have been undiagnosed … And then I have to back up and get some context… about what this is…"If you were not able to understand the information in school, then it is going to be very hard for you to build on that and it's not that you are dumb. It sounds like you have a learning disability. Let's empower you to go back to school and deal with this learning disability rather assuming that you can't do any better." So a lot of the cultural piece has to do with reframing, re-identifying, reeducating people about how the therapeutic community sees their behavior. How the community will accept their behavior and then what differences they can make. So that's kind of the cultural piece…somewhere between the first and third interview there's a developed trust… and if I get to the point of trust then we may even get into deeper traumas.

The impact of this education (to the mental health field and language) cannot be minimized. Here, Client 2 touches upon how she experiences this as an integral part of counseling with X that builds her confidence:

> I don't feel questioned (or) doubtful when I leave. If feels good. When I leave she explains things or if I need to give a signature for something for my chart she explains what it's about.

Empowering through involving clients in treatment planning. Additionally, X solidifies client engagement by actively involving her Black/African American clients in treatment planning. After initial contact, X demonstrates the ability to not only engage but to empower the client to take an active role in the therapeutic process. It is believed that this is an extension of her explaining the systemic process of helping. She also understands and validates clients' understanding of their problems and the goals that they may bring with them. As treatment unfolds, she routinely revisits the treatment plan to review progress and revised with the client.

Clients reported going to counseling in the past and sometimes feeling unheard or devalued. X demonstrates the ability to use the treatment planning process to meet with a client, hear their story and assist them in understanding the problems they face. Clients indicated they felt no judgment and that X understands what is going on with them. The following quote illustrates Client 1's perspective on how X met her where she was at:

> It felt like she was more in tune to me and what I was talking about and my goals. Helping me succeed in those goals rather than, "You have an issue with this," and things like some of the counselors I have dealt with in the past.

Here, Client 2 talks more concretely about the treatment planning process and adds her perspective on how it engaged her:

> It was real easy to do. She needed to do an intake and know what we wanted to work on and it was three things and it was so easy for her to get that out of me.

> So the three things we came up with, we are working on them now and it was stuff I wanted to do. She didn't impose.

Participants also described how X routinely pulls the treatment plan out and reviews it with clients to determine the progress made and the suitability of existing goals. X comments also on how this process unfolds and continues to develop:

> …checking in all the time with them. I even ask the question directly "is this helpful to you". Is there another direction you want to go in? Most people, especially if they are there by the third session will say, "Yeah, but I really want to tell you….about the trauma when I was a teenager…"… But I always check in, "Is this helpful what we are doing?" and they usually tell me.

Working with the cultural context of the clients' issues. A critical subtheme related to how X keeps Black/African American clients engaged throughout counseling is that she understands and works with the clients' needs within a cultural context. In essence this is an outgrowth of her foundational understanding of her clients' race, ethnicity and culture, as well as the many layers of supersystem, demonstrated in the actions she takes with clients throughout the process of counseling. As all participants emphasized, a clear understanding of clients issues from a cultural perspective, also often referred to as the "struggle", is demonstrated by X. This demonstration is seamless and reliant upon not only education, training and experience, but her own identification and pride as a woman of color. As part of this, she examines all aspects of the clients' lives (social, environmental, familial) that may have brought the client into services. To gain a

better understanding of all the dynamics that affect the client, past and present, this culturally-proficient counselor often seeks collateral information.

During treatment she is responsive to systemic oppression, regional and national racism, micro-aggressions and internalized racism and how all of these things may directly and indirectly affect her clients' needs. The supervisors interviewed that this counselor has a strong awareness of client perceptions and also relates to the dynamics of racism, oppression, or any form of discrimination or micro aggressions clients may present with. Clients reported that this counselor has a way of normalizing a situation through storytelling, building support systems and addressing, face on, any racism. Participants reported that she works with clients to dismantle oppressive situations and aids them in understanding systems including the mental health system. In the case of micro-aggressions she is able to interpret how the client sees the aggression and assists them in shifting their thinking. From there they can develop a plan of action to deal with any current or past racial stress. Here Client 1 talks about the process of unpacking internalized racism with X:

> I think she has just given me so much insight that I have not seen before. I know I just had all these people in my life that always put me down. So once you have that you start to feel that way about yourself…I told my sons that I just feel like slavery still exists because it is in our head. We have inherited it, and what I can't understand is how can my family be so down on each other and so negative?..., "You are lighter complexioned and you have better hair." I am so sick of (it) all…I am starting to see that I think they just don't like themselves, so misery

> does love company...I am sure X has something to do with that because I never really saw that… I couldn't understand how. Now I am looking at it saying, "Okay they are oppressed. There is something going on in their brain that makes them feel that way and it's not really me…"

Participant X utilizes techniques that both engage her clients and address cultural aspects of their issues. An example of such a technique is the genogram. X uses the genogram with almost every client to not only see what their concerns are, but to help gain a better understanding of learned coping skills. X also stated that creating a genogram allows her to become aware of the language familiar to the client, how they describe past or present events, as well as the clients' awareness of their own culture. Here X talks about how she uses the genogram to begin to link learned coping skills to engagement in treatment:

> One more tool I use is I do a genogram and when people talk about their family tree they start identifying repeating patterns then I am able to talk about you learn to cope from your previous generation and that if all you know is how to use a hammer you treat everything as a nail. And people understand the language and they understand the analogy. They are able to say, "Okay so how do I learn other tools?"

X is viewed by clients and supervisors to be responsive to emerging issues during treatment: learned coping skills that may no longer be effective, environmental issues, or racial stress and reflects this in ongoing treatment planning. Here X talks about her process of reframing learned coping skills using a culturally-accessible analogy:

> …so if we have a coping skill that says we are going to fry our food because it tastes good, it really does. Fried food really does taste good but they also affect our health… You need to be able to say - this is what has been helpful, that we have been able to (do)…But now we can eat other things that are just as helpful to use and also taste good…Why deny yourself that experience in order to honor your culture? You will still have your culture; you can still fry chicken once in a while. But sometimes you have defined your culture as limiting rather then something that is a base to expand on…That is a hard thing for everyone to do, 'cause a lot of people feel that they are invalidating their own culture if they try something from another culture that has worked for that culture.

Additionally, X keeps in mind that life issues happen, and as such, routinely conducts follow-up calls, sends letters and makes several attempts to reengage clients.

Gathering and Processing of Experiences and Education to Benefit Clients

A final theme that emerged during data analysis is the role of purposeful reflection on experience and continued education as a part of this counselor's culturally-proficient practice. Both are a large part of X's perception and the perception of her supervisors, of how she gained competence is her years of experience working with Black/African-American clients. Additionally, X seeks continued education through national conferences and trainings specific to the African American professional and client as well as more general trainings around diversity. This culturally-proficient counselor was viewed to be consonantly gathering information about Black/African American culture beyond graduate level studies in the quest to make sense of past and

present issues within that culture. Here, Supervisor 2 comments on X's attitude towards learning and cultural proficiency:

> … she doesn't just work with African Americans she works with Caucasians, Asians and Latinos. She doesn't claim to know everything, which is good. But she is willing to learn and find out how culture plays a role in the issues a client may have. I see that as a real strength.

X and her supervisors reported that she engaged in continuing education as well as sought out additional knowledge through reading. X's account of the trainings, in particular, was mixed. She valued them but characterized them as sometimes inaccessible and sometimes hard to translate into practice with real clients. While formal training may form a foundation of knowledge for her, X seems to value informal learning more. Here X talks about informal experiences that have helped her become the effective clinician she is today:

> Experience is really very helpful…Being able to have interfaces with a lot of other people coming from a lot of different worldviews. And who have…a lot of coping skills that I was not exposed to. So being able to pull from a pretty large treasure chest of other peoples experience that were similar to what my clients be going through has been helpful. And even in sharing how one client may have coped with a situation that I haven't had but my other client is having has been helpful.

She further specifies and continues describing what she views as the most helpful training tool in her experience, working with other African-American therapists and dialoging about clients and treatment:

> … working with other African American therapists and doing informal supervision with them and sharing with them. When African American therapists present they usually will provide information and examples from working with other African American clients, which enriches what I do. There are some very good clinical supervisors who can provide general information. (But) If I want to break it down to working with African American and how to apply it….the informal network is what works best.

In contrast X views general group supervision to be of mixed value for her culturally-specific population. Here X talks about one of the challenges of being a Black/African-American therapist working with Black/African-American clients:

> And that sometimes can get to be a very sticky situation for African American therapist because there is a majority thought process in clinical supervision and then there are the nuances of what will help me as a African American working with African American…When you are working with majority populations in group supervision there are so many situations that they don't get and that you don't have time to explain for example microaggressions. And some majority people would not see it as a micro-aggression or they would rationalize it or justify it. And that gets to be either challenging or you let it go.

Discussion

Participants in this single case study of a culturally-proficient Black/African American clinician working with Black/African American clients supported several rich themes describing assessment and treatment practices. The reformulated themes included: 1) the culturally-proficient counselor(s) communicate a strong sense of cultural self, 2) the culturally-proficient counselor is experienced in having a strong cultural understanding of clients, 3) the culturally-proficient counselor is experienced in effectively engaging with clients throughout the counseling process, 4) the culturally-proficient counselor is continuously gathering and making sense of work and educational experiences to better work with clients. These themes and their subthemes represent both support for and extension of the existing literature on engaging Black/African American clients in mental health treatment.

The first theme, culturally-proficient counselors communicate a strong sense of cultural self. The literature suggest that descendents of Black/African Americans acculturate to the dominant culture as such they tend to lose their cultural self (Comas-Diaz, 2007; Grier and Cobbs, 1968; Leary, 2007). This was seen in Participant X was able to communicate and support a strong sense of one's cultural norms and worldview. It is believed that the ability to identify with the cultural norms of Black/African Americans aids in the ability to make a client feel comfortable about opening up thereby aiding in the engagement process.

Cultural norms also identified as standards affect the coping strategies of Black/African Americans. How one displays anger rather than depression may be a more

socio-culturally acceptable and preferred expression of feeling for some members of Black/African culture. Other external factors can often bear a resemblance to the acculturation process, for example, socially acceptable coping skills found within the dominant culture. Many of these coping skills may be subconscious reflections of the mores, values, myths, fantasies, and beliefs of the dominant culture. This factor has a great deal to do with acculturation and belief systems about how to cope with stress, trauma or any other symptom of present mental health issue(s). A culturally-proficient clinician has the ability to identify the cultural norms that prompt these learned coping strategies and knows that often patterns are formed by familial behaviors and the variations of response to onset events (Danieli, 1998).

The second theme addresses culturally-proficient understanding of clients. Clinicians achieving master's level education often learn how to be culturally competent. Cultural competence in assessment and treatment has been conceptualized as encompassing knowledge, awareness, and skills (Sue et al., 1992). Scholars such as Sue et al., (1992), Dana (2008) and Leary (2007) describe knowledge and awareness as specific historical background, sociopolitical influences, and cultural heritage of diverse cultural groups. The ability to have a strong sense of cultural awareness enhances the understanding needed to address the issues facing Black/African Americans. Awareness goes above and beyond level of competence. It is a strong cultural understanding of the issues that Black/African Americans face daily that cause feelings of oppression, racism, and other micro aggressions. It is the belief that heightens knowledge and is essential in the development of a culturally sensitive relationship between counselor and client.

Furthermore, without a culturally sensitive relationship in place, building a therapeutic alliance may be difficult (Ridley, 2005). With strong cultural awareness, the clinician has the ability to work with the client to develop a strong therapeutic alliance while creating a relationship to acknowledge cultural differences (Sodowsky, 1996; Sodowsky et al., 1998).

A tertiary theme is that the culturally-proficient counselor is experienced in effectively engaging with clients throughout the counseling process. Authors recommend clinicians consider all factors (environmental, familial, and individual) when counseling clients of color (e.g. African American) (Carter, 2007; Sue et al., 2008). Considering these factors allows for the initial and sustained engagement of the client within the therapeutic alliance. Sue et al. (2008) shares that culturally different therapeutic relationships can be developed if clinicians are aware of the cultural issues facing clients. With consideration to all factors clients face increases the possibility that the client will answer questions related to the their experience. A clinician's knowledge of historical events may be predictive of the symptoms and also aids in the engagement process. Knowledge of specifics related to the culture and experiences of Black/African Americans and, in particular, assessment and treatment of Black/African Americans, is an important part of the engagement process.

Finally, the fourth theme centers on clinicians continuous gathering and making sense of work and educational experiences to effectively work with clients of color.

Understanding not only the historical context but the current issues facing Black/African Americans is a key component to being a culturally–proficient clinician.

Although much of the diagnostic process is based on measures such as demographics, biological information, and, often, self-reported events, there are those factors that are not captured in many assessment tools and/or processes (Brewin, 2005). This challenges current assessment tools that do not look at the differences *within* cultural groups, specifically Black/African Americans. Therefore continued education and training enhances the probability of correct assessment and engagement in treatment.

Limitations

Although this qualitative study utilized several measures to increase internal and external validity and reliability, several potential limitations exist. Foremost, this study utilized a single case. Although the case was richly described, supported by multiple perspectives and fits largely with existing theory and research, generalization to other cases should be undertaken with caution.

This case was also culturally-specific in that only a Black/African American mental health professional, her supervisors and Black/African American clients were interviewed for this study. This research does not explore the therapeutic relationship within a cross-cultural relationship. Therefore, the most common dynamic encountered in multicultural counseling is not reflected in this study.

Implications for the Field

This study is not intended to be a reified set of standards or competencies, but rather a continuation of efforts to produce counselors leaving training programs as culturally competent to work with all cultures as outlined in texts such as Sue and Sue (2004). Cultural competency does not equate to being culturally proficient nor does it

imply the ability to successfully engage or maintain engagement with clients of color (e.g. Black/African Americans).

It is anticipated that further discussion and research surrounding initial and ongoing assessment, engagement and treatment practices of Black/African Americans as well other communities of color will continue. These assessment, engagement and treatment practices should include a strong cultural understanding of client's life experiences as well as clinicians' abilities regarding communicating a sense of cultural self while engaging the client. It is hoped that further discussions will lead to enhanced training of counselors and mental health professionals, and that the mental health field will continue to explore what it means to be culturally proficient (rather than just culturally competent). With such exploration, it is hoped the ability to train counselors and mental health professionals on the environmental, familial and individual issues that affect the counseling process will lead to increased proper assessment of clients of color thus effectively engaging said clients from assessment and throughout the treatment counseling process. With the introduction of environmental, familial and individual level explorations at the onset of treatment, it is hoped that successful engagement will increase retention rates for this client community.

It is recommended that more advanced trainings occur that address oppression, racism and micro-aggression. With more venues to solidly train in not only knowledge of a culture but the awareness of the various challenges individuals in communities of color (e.g. African Americans) face, it is the believed that engagement of Black/African

Americans will increase from the current 50% success rate after the second session (Sue, 1997).

In conjunction with findings in the literature surrounding assessment and treatment practices of Black/African Americans, and the need for culturally-specific assessments to address the cultural constructs of Black/African Americans, this research suggests that the need to be culturally-proficient aids in the initial and ongoing assessment and continued engagement/treatment of Black/African Americans. There appears to be a correlation between Black/African Americans perceptions that the person assisting them with their mental health needs being of the same racial/ethnic background equates to a better sense of authenticity and ability to engage. Clients in this study noted that a clinician who has knowledge and awareness of their cultural needs as having the perception of having lived or currently living the same cultural challenges made it easier for them to trust in the therapeutic relationship, thus assisting with the engagement process.

Therefore, culturally-competent clinicians can gain cultural awareness and making themselves culturally-proficient through continued education, training and supervision specifically addressing the cultural experiences (challenges, needs and issues) related to that racial/ethnic population (e.g. African Americans). It is the belief of the researcher that with this advanced education, training and supervision there is a higher probability of properly inclusive assessment, engagement and treatment of clients of color (e.g. African Americans). Finally, it is important to be aware of personal limitations in respect to client's ethnic culture and worldview verse one's own ethnic culture and worldview. Having the ability to bring this knowledge and awareness of the challenges and limitations into the session can/will aid in building a healthy therapeutic alliance.

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CHAPTER 4: GENERAL CONCLUSION

This dissertation study created two thematically linked manuscripts examining of the assessment and treatment practices of Black/African American clients. To address this theme, the author explored culturally-competent assessment and treatment practices, as well as generational trauma as race-based stress. By looking at the implications of assessment of Posttraumatic Stress Disorder (PTSD) in Black/African Americans, the author was able to review empirical data which suggested that Black/African Americans are often left undiagnosed or received misdiagnosis for mental health disorders such as PTSD. Further, the study examined assessment and treatment practices. To determine potential differences in assessment and treatment practices towards Black/African American clients, mental health professionals from both the dominant culture and Black/African Americans were compared. The belief is that Black/African American mental health professionals who are not only culturally-competent but culturally-proficient have a greater success rate when diagnosing/assessing and treating Black/African American clients with disorders such as PTSD and race-based stress.

Review of the literature indicated the benefits of being aware of the cultural constructs of Black/African American clients. By having a strong sense of awareness of the environment, familial and individual coping skills of the client, a counselor may have a greater success in the assessment and treatment process. The literature suggests that many Black/African Americans are stressed by individual, institutional (i.e. environmental), and cultural encounters with various forms of racism, oppression, microagressions and race-based stressors. This professed racism and/or stressors may

vary, however, the effects these stressors have on Black/African Americans is real. The first manuscript provided empirical research addressing mental health professionals training and skills to be culturally sensitive as well as culturally-competent. In addition, background information needed to understand how generational trauma is transmitted from one generation to another was provided. Therefore the literature supported the need for not only cultural sensitivity in counseling but for cultural knowledge and awareness. Additionally, there is a need for personal knowledge and awareness surrounding one's own worldviews when working with racial minorities (Sue et al., 1992).

Exploring the question, "how do identified culturally-proficient mental health professionals keep their Black/African American clients engaged during initial and ongoing assessment and treatment?"; both manuscripts examined the initial and ongoing assessment and treatment process with Black/African American clients. The contextual factors that influenced the ability of the Black/African American clinician to engage with Black/American clients during initial and ongoing assessment and treatment were explored in depth in the second manuscript. However, both manuscripts examined the therapeutic alliance in relation to identifying the skills needed to be classified as a Black/African American culturally-proficient clinician.

Although many professional may find themselves working in a cross-racial relationship, having an increased awareness of the racial issues that Black/African Americans face can aid in the working relationship. Clinicians may find it beneficial to receive professional training in the follow areas: 1) race relations, 2) social justice and 3) multiculturalism. Reviewing the literature and investigating the assessment and

treatment practices of counselors and mental health professionals in same race relationships is one of the most important elements of this dissertation research. Both manuscripts point to the need for competencies in cultural knowledge and awareness to social, environmental, familial and individual stressors, coping skills and needs in treatment.

The second manuscript takes a closer look at how a Black/African American clinician successfully engages Black/African American clients through initial and ongoing assessment to treatment. When working with Black/African American clients, this clinician was identified as having the cultural knowledge and awareness to addresses the issues surrounding race such as oppression and racism. This manuscript highlights the importance of a strong working alliance, as well as a strong sense of knowledge around any cultural issues the client may encounter on a daily basis (e.g. cultural mores, values and race-based stressors).

The first and second manuscripts both indirectly and directly presented ways to start practicing and learning how to engage Black/African American clients. However, it is solely up to the professional to gain knowledge of the specified culture, while concurrently evaluating their own level of awareness and biases to the needs of that culture. It is this author's belief that each culture is membership has issues unique to that culture; therefore with knowledge of a specific culture comes a level of awareness. Nonetheless one's own worldviews can alter that awareness; knowledge of one's own worldview can aid in creating and maintaining authenticity. It is essential for a culturally-proficient clinician to have knowledge and awareness of the myriad issues that affect cultural groups. Complete cultural awareness (not just

cultural knowledge) is essential for one who considers themselves a culturally-proficient mental health professional.

Both manuscripts provided information for those who are new to the field or are hesitant to bring the topic of race into the session. It is the belief of this author that being comfortable with one's own worldviews may aid in successfully bringing the topic of race into the alliance/counseling relationship. This hypothesis was explored in depth in the second manuscript by exploring cultural context. The clinicians knowledge of cultural and/or racial issues faced by Black/African American clients as well as her comfort in discussing these issues, aid in the bonding and the creation of the therapeutic alliance. Therefore, the clinicians desire to become aware of the needs or 'struggle' the client faces aids in maintaining engagement.

Both manuscripts provided information for those who are new to the mental health field or consider themselves to be culturally-competent and desire cultural proficiency. One of the first steps is having been trained in the areas of race relations, social justice and multiculturalism, all of which happens during master level study. Further, steps should include educating and enhancing one's knowledge of the history of the specific culture of interest. This can be done by finding resources that make it possible to learn and gain said knowledge. Additionally, having conversations with colleagues of the specific cultural group, as well as those considered culturally-proficient, and reviewing reputable literature or other media can also aid in the process. Continuing to enhance one's awareness to the needs and social issues of the client requires awareness of your own worldviews while examining the issues related to the culture about which proficiency is desired. Continued education in the areas of

cultural knowledge and awareness, oppression, social justice and diversity could enhance the ability to be culturally proficient. In addition, finding and utilizing resources that make it possible to learn about a culture (e.g. African Americans) and to understand the mores, values and history of that culture aids in the continued educational process to becoming culturally competent, and culturally proficient in working with cross-cultural clientele.

Recommendations for Future Research

Further research should examine the educational background and/or training and supervision of culturally-proficient clinicians. For example, research could examine if advanced educational resources available to professionals who work with communities of color actually promote cultural proficiency. Research could also address if attending trainings that in cultural sensitivity assist clinicians when encountering or processing institutional and systemic racism. This education and/or training should be advanced outside of the initial education received at the graduate level around diversity, multiculturalism and social justice. Both manuscripts highlight the importance of continuing education around cultural engagement and issues. Therefore, future investigation should examine the necessary educational elements that ensure mental health professionals employ cultural sensitivity in the assessment and treatment process by adding cultural elements to the therapeutic relationship.

Further, research is needed that explores what elements and approaches to supervision and consultation are effective in acknowledging and processing the racial and cultural needs of clients. In helping mental health professionals understand the need to have such knowledge, as well as awareness, of a cultural group the

supervisor's role includes assisting the clinician in becoming competent/proficient in building, engaging and maintaining a therapeutic alliance with the client. It is the belief of the author that consultation and supervision are important elements in the mental health field, therefore research around consultation and supervision practices within culturally specific practices may elicit useful information.

Research on competencies more specifically related to cross-racial therapeutic relationships when dealing with intergenerational trauma would also be useful in diagnosing not only Black/African Americans but other communities of color. Currently, inadequate literature on how Black/African Americans meet the criteria for PTSD based on familial trauma exists; limited literature on generational trauma and undiagnosed disorders in Black/African Americans is another concern. Further exploration of how Black/African Americans develop coping skills related to generational trauma can aid not only in the assessment process but the treatment of Black/African Americans.

Increased empirical research on the assessment, treatment and engagement of culturally specific groups would increase competency when applying traditional techniques with clients of color (e.g. African Americans). As mentioned in the first manuscript, clients of the dominant culture engage in services far more than their counterparts. Many Black/African American clients are misdiagnosed or under-diagnosed for disorders such as PTSD. It is the belief of this author that many of these clients suffer from generational PTSD and meet the criteria set by the American Psychiatric Association in the DSM-IV-TR. The symptoms that Black/African

Americans display mirror those who are survivors or descendents of survivors of the Holocaust, thus warranting the diagnosis of PTSD.

Future Uses of Conclusions from this Dissertation

The express purpose of this dissertation was to review the literature on the implications of under-assessment of Posttraumatic Stress Disorder (PTSD) in Black/African Americans and to gain insight on the assessment and treatment practices of same race therapeutic relationships. However, future explorations of these issues would shed further light on the skill-set and competencies needed by mental health professionals when dealing with racial issues with clients of color. Future studies could also address whether or not there are significant differences in how same race professionals engage clients and keep them engaged throughout the treatment process. Experts such as Sue and Sue (2004) endorsed certain competencies based on demographic variables related to racial/ethnic identity. However, further examination on how these variables aid in building a therapeutic alliance when working with clients of color (e.g. African Americans) and their reluctance to engage in therapeutic processes could aid clinicians of differing racial group in dealing with issues around race/ethnicity.

Summary

There is sufficient evidence to suggest that mental health professionals who are culturally- proficient successfully engage clients in the therapeutic relationship. This engagement is not only beneficial but needed. As the number of clients of color seeking services increase there is a greater need to not only have cultural sensitivity and to be culturally competency but to be or become culturally proficient. While the

number of clients may be on the rise, currently there are less professionals to meet the demand. Therefore, knowledge of the cultural barriers can improve the client counselor relationship, thereby improving the therapeutic alliance. The literature suggests that mental health professionals need to engage in continued education and training to deliver adequate services to clients. In conjunction with the literary findings in the literature regarding culturally competent delivery of services, this research suggests that clients who work with culturally-proficient clinicians in culturally specific settings are more likely to receive and diagnose that best fit their situations, treatment plans that address individual needs experience engagement strategies that retain them in the treatment process at greater rates.

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APENDICES

APENDEX A

Working Alliance Inventory-Revised

Therapist Version

1. _____ and I agree about the steps to be taken to improve his situation.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

2. My client and I both feel confident about the usefulness of our current activity in counseling.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

3. I believe _____ likes me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

4. I have doubts about what we are trying to accomplish in counseling.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

5. I am confident in my ability to help _____.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

6. We are working towards mutually agreed upon goals.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

7. I appreciate _____ as a person.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

8 We agree on what is important for _____ to work on.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

9. _____ and I have built a mutual trust.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

10. _____ and I have different ideas on what his real problems are.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

11. We have established a good understanding between us of the kind of changes that would be good for _____.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

12. _____ believes the way we are working with his/her problem is correct.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

13. I feel I can relate to the cultural environment of my client (locally and/or nationally).

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

14. I feel I understand how my culture affects my relationship with my client.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

APENDEX B

Working Alliance Inventory-Revised

Client Version

1. _____ and I agree about the things I will need to do in counseling to help improve my situation.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

2. What I am doing in counseling gives me new ways of looking at my problem.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

3. I believe _____ likes me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

4. _____ does not understand what I am trying to accomplish in counseling.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

5. I am confident in _____'s ability to help me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

6. _____ and I are working towards mutually agreed upon goals.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

7. I feel that _____ appreciates me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

8. We agree on what is important for me to work on.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

9. _____ and I trust one another.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

10. _____ and I have different ideas on what my problems are.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

11. We have established a good understanding of the kind of changes that would be good for me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

12. I believe the way we are working with my problem is correct.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

13. I feel _____can relate to my cultural environment (locally and/or nationally).

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

14. I feel _____can relate to the cultural environment of African Americans (locally and/or nationally).

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

APENDEX C

Multicultural Counseling Knowledge and Awareness Scale (MCKAS)

A Revision of the Multicultural Counseling Awareness Scale (MCKAS)

Using the following scale, rate the truth of each item as it applies to you.

1	**2**	**3**	**4**	**5**	**6**	**7**
Not at All True			**Somewhat True**			**Totally True**

---

1. I believe all clients should maintain direct eye contact during counseling.

1 2 3 4 5 6 7

2. I check up on my minority/cultural counseling skills by monitoring my functioning – via consultation, supervision, and continuing education.

1 2 3 4 5 6 7

3. I am aware some research indicates that minority clients receive "less preferred" forms of counseling treatment than majority clients.

1 2 3 4 5 6 7

4. I think that clients who do not discuss intimate aspects of their lives are being resistant and defensive.

1 2 3 4 5 6 7

5. I am aware of certain counseling skills, techniques, or approaches that are more likely to transcend culture and be effective with any clients.

1 2 3 4 5 6 7

6. I am familiar with the "culturally deficient" and "culturally deprived" depictions of minority mental health and understand how these labels serve to foster and perpetuate discrimination.

1 2 3 4 5 6 7

7. I feel all the recent attention directed toward multicultural issues in counseling is overdone and not really warranted.

1 2 3 4 5 6 7

1	2	3	4	5	6	7
Not at All True			**Somewhat True**			**Totally True**

---

8. I am aware of individual differences that exist among members within a particular ethnic group based on values, beliefs, and level of acculturation.

1 2 3 4 5 6 7

9. I am aware some research indicates that minority clients are more likely to be diagnosed with mental illnesses than are majority clients.

1 2 3 4 5 6 7

10. I think that clients should perceive the nuclear family as the ideal social unit.

1 2 3 4 5 6 7

11. I think that being highly competitive and achievement oriented are traits that all clients should work towards.

1 2 3 4 5 6 7

12. I am aware of the differential interpretations of nonverbal communication (e.g., personal space, eye contact, handshakes) within various racial/ethnic groups.

1 2 3 4 5 6 7

13. I understand the impact and operations of oppression and the racist concepts that have permeated the mental health professions.

1 2 3 4 5 6 7

14. I realize that counselor-client incongruities in problem conceptualization and counseling goals may reduce counselor credibility.

1 2 3 4 5 6 7

15. I am aware that some racial/ethnic minorities see the profession of psychology functioning to maintain and promote the status and power of the White Establishment.

1 2 3 4 5 6 7

16. I am knowledgeable of acculturation models for various ethnic minority groups.

1 2 3 4 5 6 7

1	2	3	4	5	6	7
Not at All True			**Somewhat True**			**Totally True**

17. I have an understanding of the role culture and racism play in the development of identity and worldviews among minority groups.

1 2 3 4 5 6 7

18. I believe that it is important to emphasize objective and rational thinking in minority clients.

1 2 3 4 5 6 7

19. I am aware of culture-specific, that is culturally indigenous, models of counseling for various racial/ethnic groups.

1 2 3 4 5 6 7

20. I believe that my clients should view a patriarchal structure as the ideal.

1 2 3 4 5 6 7

21. I am aware of both the initial barriers and benefits related to the cross-cultural counseling relationship.

1 2 3 4 5 6 7

22. I am comfortable with differences that exist between me and my clients in terms of race and beliefs.

1 2 3 4 5 6 7

23. I am aware of institutional barriers which may inhibit minorities from using mental health services.

1 2 3 4 5 6 7

24. I think that my clients should exhibit some degree of psychological mindedness and sophistication.

1 2 3 4 5 6 7

25. I believe that minority clients will benefit most from counseling with a majority who endorses White middle-class values and norms.

1 2 3 4 5 6 7

1	2	3	4	5	6	7
Not at All True			**Somewhat True**			**Totally True**

26. I am aware that being born a White person in this society carries with it certain advantages.

1 2 3 4 5 6 7

27. I am aware of the value assumptions inherent in major schools of counseling and understand how these assumptions may conflict with values of culturally diverse clients.

1 2 3 4 5 6 7

28. I am aware that some minorities see the counseling process as contrary to their own life experiences and inappropriate or insufficient to their needs.

1 2 3 4 5 6 7

29. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.

1 2 3 4 5 6 7

30. I believe that all clients must view themselves as their number one responsibility.

1 2 3 4 5 6 7

31. I am sensitive to circumstances (personal biases, language dominance, stage of ethnic identity development) which may dictate referral of the minority client to a member of his/her own racial/ethnic group.

1 2 3 4 5 6 7

32. I am aware that some minorities believe counselors lead minority students into non-academic programs regardless of student potential, preferences, or ambitions.

1 2 3 4 5 6 7

Thank you for completing this instrument. Please feel free to express in writing below any thoughts, concerns, or comments you have regarding this instrument:

APENDEX D

Interview questions for the therapist:

1. When working with _____ how did you build rapport with the client?
2. When working with _____ how did you begin assessing their treatment needs?
3. When working with _____ how did you maintain rapport with the client during the assessment process?
4. How do you validate clients' culturally or racially-specific experiences during your assessment and treatment processes?
5. How do you deal with the non-explicit cultural differences between you and your clients?
6. How do your life experiences affect how you relate to your Black/African American clients'?
7. How do you feel your cultural background affects your therapeutic relationships with Black/African American clients?
8. As you think about your path to becoming proficient with this client population, what experiences helped you?
    a. Education?
    b. Supervision?
    c. Other training or experiences?

Interview questions for the client:

1. How did _____ help you trust them and build a working relationship?
2. What type of questions did _____ ask you so they could understand your problems and needs?
3. How did _____ come to understand you?
4. How do/did you know _____ understands you?
5. How do you feel _____ relates to your culture or background?
6. How do you feel _____ cultural background helps or hurts your relationships?
7. Do you feel _____ understand your family history and how plays a part in problems or concerns?
8. Do you feel _____ worldview (views on Blacks/African Americans) plays a role in how you work together?
9. What about working with _____allowed you to feel comfortable coming back?
10. What would you tell a new counselor to do based on your experiences with _____?

Interview questions for the supervisor will include:

1. How does _____ build rapport with the clients?
2. How does _____ engage in assessing clients needs?
3. How does _____ maintain rapport with clients?
4. How does _____ validate clients' culturally or racially-specific experiences during your assessment and treatment processes?
5. How does _____ you deal with the non-explicit cultural differences between you and your clients?
6. How do you feel _____ relates to clients of the same culture?
7. How do you feel _____ cultural background helps or hurts the therapeutic relationships?
8. Do you feel _____ worldview helps when working with Black/African American clients?
9. Do you feel _____ worldview plays a role in how he/she works with clients?
10. What do you believe is and import skill for a culturally-specific and culturally-competent therapist to have?

APENDEX E

Data Analysis - Single Case Study

Interview experience

Interviewing with therapist X was very informative. She was able to share important aspect of her practice as well as techniques. She shared that in her initial session with clients she with clients her professional background and experiences. She also educates clients on the objective of the agency; to work with African American clients and reduce the stigma associated with receiving services in the Black as well as dominate culture community. In the Portland area there is only one agency that can truly call themselves culturally specific to the African American population as it was founded by Avil Godly a African American woman who seen the need for services specific to Black/African Americans. It felt good to hear that the therapist interviewed reassures her clients that it is okay to have a mental health diagnosis, as she cited "reducing the stigma of mental health".

As therapist X shared I realized that getting collateral information is an essential part of the assessment process (supported by her supervisors). She stated that she routinely obtains names of individuals who can assist in obtaining a big picture of what is going on with the client. She shared the importance of having collateral information as it adds making an assessment as well as confirms possible diagnosis that have or have not been diagnosed. It appeared that with over thirty years of experience in the mental health filed that a lot of the techniques utilized have been developed and refined over time.

Meeting with therapist X felt comfortable, I could only imagine how her client's felt when meeting with her. She had a warm smile and was soft spoken. When I would ask her a question she would pause then answer. This to me felt like she has wisdom to share but wanted to make sure that when she spoke it was with intent. This was something I found to be profound. I have worked with a lot of therapists over the years as colleagues and have never

seen or felt such warmth. Sometime I feel as if they speak just to be heard or so the clients felt there where were present. She appeared to not want to be heard but to instill hope in her clients to only speak if she felt she had a value to add.

Techniques I found to be very reflective is sitting with the client and reviewing the DSM with them. Many clients have a prior diagnoses but are not sure how or why they have been diagnosed bi-polar or depressed so to review the DSM with them and have the client place words to what they are experiencing was a techniques I have not thought of but I could see how that would help a person of color become comfortable with the fact that they have a diagnosis or problem. I interpreted her techniques as a way to reassure the client that there is a way to manage the presenting problem.

Therapist X also talked about using a genogram with clients. This is a tool used to assist in identifying coping skills and or familial issues/trauma. What if found to be the most interesting part of the process of completing the genogram is that she would allow the clients to place the language to the behavior or possible trauma. Once the genogram was completed she would continue to use the language the client provided during that process.

Themes/Surprises

In interviewing the therapist and both supervisors a reoccurring theme was the importance/awareness of the life events or "struggle" that African Americans go through on a daily basis.

1. The knowledge of micro-aggression that African Americans go through consciously or unconsciously that assist clinicians being a culturally competent.
2. Having a strong understanding of racism regionally as well as nationally. I got the sense that education around what racism is and what it may look like for

many people is part of the education process that happens in assisting client find new coping skills

3. Know what the affects of oppression are and/or what it may look like.
4. Being open to hear one's life struggle and how they have learn to deal with problems personally or familial.
5. The importance for continued education around the African American culture in order to have a strong sense of the "struggle" as well as the history.
6. None Judgmental conversation and expressions. Clients felt therapist understood their language when utilizing slang or common phrases used to express themselves or others.
7. Clients feeling excepted
    a. "I don't feel questioned; doubtful when I leave"
    b. "I don't feel like I am just another patient or client"

Treatment Planning

A key component to engaging a client and keeping them engaged was the treatment plan. Although treatment plans are part of the profession this therapist was able to display a perfect example of goal, task bond (Bordin, 1979). It has always been a practice of mine to build a connection with the client while being client centered. Therapist X using the TX plan is a tool to do just that. Looking at what the problem is and all the steps they need to take to reach the goal. All parties interviewed agreed that therapist X reviews the treatment plan more often than other therapist in an effort to assure the counseling session is working for the client.

Therapist X clients also reported they felt therapist X engaged them in the conversation of goals: what they wanted to get out of treatment. What life changes they wanted to make as it related to the challenges they currently faced. Clients felt that therapist X was non-judgmental throughout the interview and treatment planning process. It was reported that part of the engagement process was feeling "like she was more in tune" to the needs they had. Feeling the therapist was helping them succeed in those goals. When treatment goals surrounded the family clients felt that "she understood some of the dynamics" in the family. The historical perspective of how the Black family came to be, the "struggles", the culture and all of the subcultures such as the Black church, it's community leaders and traditions. In understanding the historical mores therapist X was able to assist in making realistic goals around understanding trauma, oppression, racism as well as other mental health issues that may have come up during the treatment and ongoing assessment process.

Rapport with clients

Building a rapport with clients does not appear to be issue with therapist X. The clients interviewed reported she had a warm personality and was easy to talk to. Her supervisors report similar observations. I got a sense her personality was part of her overall professionalism. Clients and colleagues alike reported having a conversation with therapist X was very fluid. Clients could be having a conversation with her and questions related to the problem or related to seeking collaborative information was so nicely interwoven that clients never felt the conversation was one of a therapeutic nature. Client 2 repeatedly stated that the relationship felt "none judgmental." It was also noted that therapist X would routinely recall themes "stuff" that was brought up in prior sessions correlating the events with honest feedback "never in a judgmental way." Therapist X has two supervisors; Supervisor 2 reported that her demeanor and personality was one of nurturing. Supervisor 2 continued to

describe her as a warm, classy lady. It was clear that her sense of class and finesse is what makes her a success in engaging clients and keeping them engaged.

Overall themes in building rapport and maintaining it was her ability to be none judgmental, listen to the client and the client's needs. By doing so clients reported they were able to "trust her with anything" they could share anything with her and felt "she would not judge me." The honest feedback from the therapist was a valued trait. Along with feedback she was able to give clients insight and tools to assist with the problems they faced.

Having an understanding of the culture (historical knowledge and awareness) was a key to the success of many Black/African American clients. Her knowledge allowed her the ability to instill hope in the clients while remaining her authentic self in the sessions. She was able to install humor into a conversation and normalize a situation with the use of this humor and/or examples.

Her ability to reflect back to the client and paraphrase was a skill developed and appeared to be utilized in a way that the client would not feel as if it as a therapeutic relationship. The clients noted that they had seen different psychiatrist in the past that were "white" although there was a positive experience with one client it was noted that at the time of this therapeutic relationship the client was in a "very bad place." They also noted that there is a distinction between the two relationships in that therapist X was able to understand topics dealing with the African American populations. Client 2 was able to state that there were topics that would have never been covered if therapist X was not Black/African American citing worldview and knowledge of the culture as reason the topics could be covered in depth.

Therapist X Supervisors also noted that the empowerment of the clients to deal with life issues aided in the rapport building. Therapist would routinely educate clients on the therapeutic language, systems surrounding legal issues, the health system and more. Clients felt that by taking a few minutes out of a session to make a phone call to schedule a medical

appointment, follow up with legal concerns or sampling place their needs outside of the session first aided in keeping clients engaged.

Although there are several factors that could answer how to engage a Black/African American client in services it appears that it is how one employs a multitude of techniques that makes for successfully engagement and retention of clients.

Therapist uniqueness

Therapist X has been in practice for more than thirty years of experience working with African Americans, adolescents, adults and families. Her approach to informing the client of her style of practice and what it is she does (systems approach, client centered) she appears to come across in a thoughtful yet informative manner that approaches the client as an equal. She describes the experiences as one of teaching/educating the client about her practice, their rights and the language commonly used in the mental health field. Talking to her she describes how she listens to the symptoms that client is sharing and "identify the formal term, identify with what they are experiencing" and then relate back to them what the formal terms are. In talking to her you get the sense that she understands the gap in Black/African Americans seeking services so educating them on how the system(s) work.

Program Structure

I was impressed with the success of the program and the structure of their assessment. The program is culturally specific although they staff with say them are culturally specific to African Americans with a multicultural feel. The assessments are structured to capture with a good portion of the standardized assessment form capturing ones cultural background and beliefs. I was impressed with this as I have worked with varied assessments that ask questions such as what is your ethnic background. What are some cultural norms? What religion do they ascribe to? But none of them asked the questions that this assessment asked that prompts the client to think al little more and give a little more detail. I got a sense for the

therapist and the supervisors that not only being aware of the culture there is a level of comfort one needs to have with themselves to probe a little more when the client is resistant to answering or the need to change the language used in order to assist the client in understanding what the question is trying to ask.

The mission is to improve and protect the health of racial and ethnic minorities. Although there are a verity of programs under this agency this specific not only strives to protect and improve they strive to "reduce the stigma related to mental health" in the African American community. One of the ways they has successfully bridge the gap is through the advertisement of the services. The agency has engaged in outreach programs in the African American community educating potential clients of the services and a way to seek assist with any mental health concerns they may have. In the process of educating the community the agency engaged in informal panels to determine what would encourage the community to seek services. What they concluded is that many African Americans want to seek services but the barrier to engagement is a lack of clinicians that look like them. To assist in getting the word out that there is an agency that will not only be culturally specific it is culturally proficient. Part of the advertisement for the services is a brochure that is circulated in the community highlights the holistic and Afrocentric principles many African Americans ascribe to. There are photographs of the staff with a short biography so potential clients feel like they have a sense of who that will be working with. Upon entering the facility the Afrocentric feel continues with the art work displayed, Afrocentric proverbs located throughout the building and the overall sense of pride in blackness. In the office space of each of the clinicians there is a different feel that speaks to the clinician yet keeping to the theme of Afrocentric pride.

In looking at other programs that call themselves culturally specific there appears to be a theme of wanting to match African American clients with African American clinicians. All of which are aware that there are some disparities in the African American community in

accessing and remaining engaged in services. Each look at the employing best practices and multiple treatment modalities such as:

- Traditional theories such as Gestalt
- Eye Movement Desensitization Reprocessing (E.M.D.R.)
- Dialectic Behavior Therapy (D.B.T.)
- Motivational Interviewing
- Cognitive Behavioral Therapy

The program I focused on for this project refers to itself as a multicultural outpatient treatment clinic providing:

- Individual therapy
- Group therapy Marital, couples and family therapy
- Psychiatric evaluation
- Medication management
- Risk reduction training and education
- Coordination of care with the primary care physician
- Mental Health
- Substance Abuse
- Gambling Treatment

There are many components to the program/agency. They offer culturally-specific Afrocentric services for clients identifying with African and African-American culture. Because they focus on African American, Asian and other communities of color they revisit what works for each cultural group in the diagnosing and treating mental health issues such as:

- Post-traumatic stress
- Bipolar and psychotic disorders

- Depression
- Anxiety
- Panic disorder
- Adjustment to chronic medical problems
- Substance abuse/dependence
- Gambling

The staff is trained to provide care for all areas as many of the clients are dealing with a combination of problems.

In refining the assessment and treatment practices they have revised the assessment to incorporate more questions that address the cultural needs of the clients. Individual supervision is done by African Americans supervisors. It is the wrap around cultural exposure in dealing with specific needs that allows the clinicians to feel more open about discussing client issues. To assure that all the clinicians of different cultural are also getting the same benefits of knowledge group supervision or team meetings are done with all clinicians regardless of ethnicity.

Questions outline in a culturally competent assessment utilized by the participating agency included:

1. What does culture means to you?
2. On a scale of 1-10, how much do you feel that you belong to your culture?
3. Are there any cultures that you feel that you belong to?
4. What are the activities and practices that you do that honor your culture, contribute to your culture, allow you to participate in your culture or help you learn more about your culture?
5. Are there racial experiences that you struggle with?

   a. What are they?
   b. How are they interfering with your daily life?
   c. How do you cope with racial experiences that you struggle with?
6. What are some of the positives messages you have gotten from family, friends, the media (TV, magazines, music, movies, ect.), school and your community about your culture?
7. What are some of the negative messages you have gotten from family, friends, the media (TV, magazines, music, movies, ect.), school and your community about your culture?
8. How do you cope with negative messages that you have received about your culture?
9. How does the way you speak (language, dialect, and accent) affect your experience in society?

Therapist

Therapist X has been in practice for over 30 years. She has masters in Social Work and several certifications (LCSW, CGA, and CADC). She has worked in several positions in the mental health field. Clinician, supervisor, program director and educator. As part of her continued education she has attended several workshops surrounding diversity and does a lot of research and continued education around African American cultural.

Therapist X has worked in several geographical locations so she is aware of the challenges of African American in a verity of social environments. She identifies herself as a systems orientated therapist. Her work revolves around the belief that we all live in systems and assisting clients navigate between systems. This is something she feels she does well. In

talking to her supervisors it was noted that she has a passion for dealing with and addressing the disparities of African Americans in many of these systems. This is the one thing that tends to upset her. She takes a lot of the injustice personally.

Therapist X is able to work with complex clients form those involved in the criminal justice system, Department of Human Services to clients who are homelessness and/or dealing with domestic violence. She is able to work with all clients in a humanistic way with no judgment. Clients can come in resistant to change and she is able to work with them and assist them in moving from point A to B and so on.

Supervision was noted as an important part of the therapeutic practice. Therapist X noted that prior to working at this agency she relied on informal supervision from peers when dealing with African American Clients because all of her supervisors where Caucasian. At place of employment there is approximately 90 percent African American staff and African American supervisors. Therapist X has been in her current position for four years. She notes that it has been helpful to have peers who look like her and deal with the same issues to "bounce things off of."

In relation to worldview therapist X feels that her spirituality and upbringing as added to how she relates to her client. She feels she is a much grounded person and this is validated by her supervisors. She is aware that there are things out of your control and these elements affect you in one way or another. In talking to her supervisors they indicated that she has a strong since of worldview. It is the belief that her "powerful and strong worldview". She is able to understand her clients and because she has a strong since of self she is able to assist the clients in doing the work to make positive changes. Her worldview allows her to see the good in people, the possible success of black/African Americans.

Her personality is one that was note worthy. Her clients noted that she is warm and easy to talk to. Her supervisors/colleagues note that she is a "classy" lady with charm. She is friendly and always smiling. In meeting with her I can see her smiling a lot. If felt very natural talking to her. There were times I would get so involved in what she was saying that it didn't feel like an interview. It was this charm and graces that the other interviewee's spoke of that I recall seeing in my interview with her.

WAI-SR (Working Alliance Inventory – Short Revision)

The Working Alliance Inventory – Short Revision is a modified inventory that is a derivative of the Working Alliance Inventory (WAI; Horvath and Greenberg, 1989). The WAI is a 36 item self report inventory that consist of three subscales: therapeutic bond, agreement on tasks, and agreement about goals. The WAI-S also looks that the three subscales however there are only 12 items all of which come from the WAI.

What many counselors who activity work with clients would agree that the higher the counselor-client alliance the better the outcome. The WAI and WAI-S took the approach of exploring the effectiveness of the therapeutic relationship by examining the non-specific variables present in the working relationship. This non-specific technique variable is the therapeutic alliance that one develops between the counselor ant the client (Horvath and Greenberg, 1989). This alliance includes a bond with the therapist, and the sense that the tasks and goals of counseling/therapy session are in agreement with both the counselor and the client. I concede that the stronger the counselor client alliance the greater the possibility of successful outcomes in counseling/therapy.

For this study the WAI-S was revised to included two questions that addressed the cultural component of this study. The two questions that where added are

1. Can the counselor relate to the cultural environment of the client (locally and/or nationally)?
2. Can the counselor understand how culture affects the relationship with the client?

In reviewing the questionnaires both the clients and the therapist there was a consensuses that all parties agree that there is a good working relationship and are meeting the three subscales: therapeutic bond, agreement on tasks, and agreement about goals.

Multicultural Knowledge and Awareness Scale

The Multicultural Knowledge and Awareness Scale (MCKAS) is a 32-item inventory, developed to self-assess the extent mental health professionals demonstrate multicultural knowledge and awareness. In review of the questionnaire in review of the awareness scale questions (n=10) utilize reverse wording as such they have a reverse score. The items that scored in reverse order are 1, 4, 7, 10, 11, 18, 20, 24, 25, and 30. The range for the awareness scale after reverse scoring is 12 to 84 using aggregate score of 1 through 7. As such low scores indicate high awareness. The mean score is derived by dividing the total aggregate score by the number of subscale items (n = 12) with higher scores indicating higher awareness of multicultural counseling issues. The counselor interviewed for this study scored a 21 in awareness. Thus the mean score is for this study is 1.75. The total score for that area without reverse scoring was 63 indicating high awareness of multicultural counseling issues. Utilizing the total score the mean score is 5.25.

In review of the knowledge scale questions (n=20) are worded in a positive way where high scores indicate higher perceived knowledge of multicultural counseling issues. The items that are scored to establish the level of knowledge a counselor has when working

with clients are 2, 3, 5, 6, 8, 9, 12, 13, 14, 15, 16, 17, 19, 21, 22, 23, 27, 28, 31, and 32. The counselor interviewed for this study scored 44. The range the knowledge scale is 20 to 140 using aggregate score of 1 through 7. The mean score is derived by dividing the total aggregate score by the number of subscale items (n = 20). Thus the mean score is 2.2. Although the scale is helpful in collaborating ones multicultural knowledge or awareness surrounding counseling issues there are not cutoff scores reported to assist in establishing satisfactory multicultural knowledge or awareness.

Relying on Theoretical Propositions

The propositions that will be used to begin analysis of the data are:

I. During assessment, culturally-proficient clinicians focus on the quality of individual and familial experiences with psychological treatment.

Client 1

1. Client feels heard. There is a sense that the therapist understands the family dynamics as well as how the individual responds to events within the family.

"With her being black I think that there were just things we could relate to. "

"The family dynamics, when we talked about family my personal family I think she had more of an understanding of what I was going on"

Client 2

"She remembers the stuff I told her and she will give me honest feedback"

"Never in a judgmental way, it just feels like a fluid conversation"

"I don't feel questioned; doubtful when I leave"

Therapist

1. The role of the therapist appears to have two parts. The first is to find out why the client feels that they are seeking services the other is to assist the client in understanding why they are seeking services.
2. For the African American client this may be their first time seeking help

"For many of the clients I work with since this is their first time in treatment they don't know why they are here. They just know they are fighting with somebody or that they can't figure out problems and solve problems the way they use too and they know something is wrong."

1. In many cases when the client is not aware of the purpose for services then the therapist role is to use their words and assist them in finding out why they are there.

"So part of what I do with being culturally specific is being able to identify the formal term, identify with what they are experiencing. So if someone says I can't sleep at night I'm being irritable, I'm getting confused then I start talking about how's your diet, have you gained weight? That sounds a little bit like the blues to me."

Supervisor 1

1. The therapist role is to assist clients in addressing the issues that bring them into services wither or not they are known to the client.

"Dealing with their internalize racism , dealing with their micro aggressions racism and all that struggle so depending on where they are you can take it to the next level an do the healing piece or are if they are not ready for that she will work with that the best she can. "

Supervisor 2

1. The therapist plays varied roles in assessing the quality for their client.

"she does whatever case management they need and linking people to higher levels of care when they need it, so residential treatment or hospitalization she is just very through in address what people are going through"

Review

The role of the therapist is to look at all the factors that could hinder the therapeutic relationship. There are factors that are related to prior treatment as well as ones culture. In building the relationship a counselor/therapist should be open to taking on the role of a case manager, advocate and educator. Working with communities of color clients come to the table with negative experiences, no formal experiences of counseling and the deep rooted stigma of counseling that can be related to familial experiences.

II. Culturally-proficient clinicians explore reasons for lack of engagement in past – with sensitivity to client culture.

Client 1

1. Client feels they have a part in treatment process.
2. Client feels understood by therapist
3. Feels therapist was present and assisted with accomplishing goals

"It felt like she was more in tune to me and what I was talking about and my goals. Helping me succeed in those goals rather then you have an issue with this and things like some of the counselors I have dealt with in the past"

Client 2

"Never in a judgmental way, it just feels like a fluid conversation"

Therapist

1. Therapist should be are that there is a stigma related to mental health treatment and the need to seek help.

"The program I am working with does supports reducing the stigma of mental health for African Americans and that we do that by being client centered"

2. In assisting in the engagement of clients therapist may need to assist the client in understanding their theoretical perspectives in treatment delivery in a way that the client can understand.
3. To assist in the engagement process therapist may employ language and terminology that the client may understand.

   "Then we go into depression, and this is what it sounds like or maybe its dysthymia and this is what dysthymia looks like we then go into what's the differences between depression and dysthymia because most people haven't heard that term before. So I do a lot of education around therapeutic language and tie it to everyday language"

Supervisor 1

1. Therapist need to be aware of all the factors that may prevent a client from seeking services.
2. Clients of color don't follow prescribed treatment norms

"Working with people of color they're not going to follow those guidelines and requirements. So we have to figure out how to continue to engage them so we don't have to lose them out because we understand that they are still here and need services. so it takes a lot longer to

engage client so she does that and she keeps the rapport going she listens to them and takes feedback, if clients don't like what happening they well say it."

3. Client may not engage in treatment due to stereotypes that have been ascribed to people of color including therapist of color

"When you have internalized racism; when you are dealing with racism you are a person of color and you have been told over and over that you ….and you see a black therapist you have to work through that thinking. "

"You have been trained for years and years that African Americans …you look at the new paper, hear the radio you are taught the negative things about black people so you have that with you so when you see a black therapist you still have that same ideology and you still see that they are bad people so even you are from that same culture. "

Supervisor 2

1. Mistrust of therapist of the same culture due to ascribed stereotypes, stigma and phobias

"Black therapist you (the client) still have that same ideology and you still see that they are bad people so even you are from that same culture"

2. Social conditioning that seeking mental health treatment is bad. Potential clients want to be seen by practitioner who look like them however find that the still subscribe to the stereotypes set by the dominate culture.

"2009 and we did probably 30 community forums that were with all African Americans and all African American presenters and when we asked people what would make you want to

seek services in our client they would say I want to see, well if I could see someone who looks like me and then they would do this (hold arm out and gesture skin color) and they would rub their skin and this would happen over and over again. Now this was 2009 and it is still, the internalized oppression is still there that is not okay to say I want to see an African American provider even in a group of all black people."

"black men working with white women here and I get the story all the time of "he is try to work me" and I believe it in terms of, they don't say he is trying to work me (now I am talking about white woman) they don't say his trying to work me they tell me what's going on and I tell them he's trying to work you and if I transfer that guy to Ms. X he doesn't act like that toward her like he did with the white practitioner."

Review

There may be many of factors that prevent clients from fully engaging in services. A common theme that could prevent a client from fully engaging in services is the feeling that the counselor/therapist doesn't understand them. Many of these thoughts could be related to ethnicity. Whatever the cause if the client doesn't feel the professional helping them understands and has a non judgmental stance this could affect the relationship from the start. To assist with this it appears that developing a plan for treatment in the beginning and having the client participate in the planning and review process helps the client feel that the professional is listening to them. The client then buys in the treatment and is more open to working on the goals set. There is a since of ownership on the behalf of the client. Although the client owns the goals they feel the counselor/therapist is present and willing to assist them in accomplishing goals.

III. Culturally-proficient clinicians ask questions about family experiences and history.

Client 1

1. Therapist is able to listen for familial themes and tie them to current treatment needs.
2. Therapist seeks information to assist in the treatment process
3. Inter-racial marriage with step children being from first marriage and Black.

"I felt like she understood some of the dynamics that were in my family."

"I felt really connected when I saw that because you know what was best for me. If just felt like she cared about what my needs and wants were. "

Client 2

"I was brought up my family of origin the man takes care of anything and I should not press my husband"

1. Client is bi-racial Hispanic and Black
2. Therapist is able to listen for familial themes and tie them to current treatment needs.
3. Therapist seeks information to assist in the treatment process
4. Asked probing questions to relate current issues to past events.
5. Client facilitated the conversation and lead the topics for each session

Therapist

1. Does collateral contact with family and support members to get additional information in regards to client's mental health and needs.
2. Utilizes a genogram to get additional information on family history as well as mental health and coping skills.

"One more tool I use is I do a genogram and when people talk about their family tree they start identifying repeating patterns then I am able to talk about you learn to cope from your previous generation"

1. Explore generational coping skills and how that may have aided in the clients learn coping skills or lack thereof

"Talk about what moms skills were, that mom did get up get up, she did have to go to work, she may have come back home and gone to her room but we have to talk about many times we had to use skills out of necessity and how did are family do that, how did they handle that the best they could."

2. Clients feel stuck and socially isolated (learn coping skill)

"When a person feels that they cannot reach out to anyone else for help then they are really stuck and they are socially isolated. And so being able to ask have your tried reaching out to friend's family have you ever tried attending church "no I don't want to do that"

3. Therapist assist client in seeing his/her learn coping skills

"Try to help them understand how if everything that is going on around you impacts you"

Supervisor 1

1. Seeking collateral information to validate what client is stating the issues are

"As well as having collateral information so she can contact family to continue creating support so that the stay engaged. "

Supervisor 2

"very good at getting collateral contacts, you can't she her without coughing up a significant other or somebody that she can talk to and get a broader sense of what is going on"

1. Seeking additional information assist in the historical piece of why client may act or feel a particular way.

"Black men who have felt that black women are oppressing them, historically that have felt that black women are oppressing them. Black woman have felt I am not oppressing you I am helping you"

Review

Seeking collateral information from family and friends with every client is a way to introduce the topic of family. A tool that many counselors/therapist have at hand is the genogram. Incorporating the genogram in the assessment and treatment process is a way to probe more into the family history and get a since of historical coping skills. What was determine is that therapist X engages clients in a conversation so when familial topics come up she is able to get more information from clients and they reports feeling like it was just a conversation. What was agreed upon by therapist X and her supervisors is that seeing familial information assist in the historical piece of why client may act or feel a particular way. It can also assist in seeing how a client may act/react towards microagressions, racism and oppression.

IV. Culturally-proficient clinicians identify issues in the client's social environment that may or may not be perceived as traumatic in mainstream culture.

Client 1

1. Ability to listen to themes in the family and social environment and build on the themes

"I think that when we were talking about my husband and I there was one person who came up a lot and I noticed that she would ask me about this person or different scenarios and it made me open up about t this person. And the person who ruin or I feel came between my husband and I, my marriage. You know I just couldn't put the pieces together to the puzzle with that person and she really helped me open my eyes to the dynamics of that person and what they were thinking."

2. Able to see themes and teach new coping skills

"I had a problem when X did the same thing that X did and I was just mortified and I was like oh my God I just could believe it I think that with counseling I was like what a minute lets step back let's look at the whole situation so I went an talked to her about it and it was so perfect we resolved it and you know I think of a professional therapist I don't think I would have been able to feel comfortable another person that I have just grown a lot and it think it is because of her I know I tell her that all the time she is like no it's you and I am no it is really you"

3. Cultural dissidence
4. Micro- aggressions

Client 2

1. Ability to listen to themes in the family and social environment and build on the themes

"I came from a lower economic background and had no education none what so ever about the world and I certainly knew nothing about the white world so it was a culture shock"

"I can talk about that about that experience"

“She kept asking me…. I kept asking, I kept saying I want to know why? Where did this money go? So we would talk about this and then another session on down the line we would talk about it again. So she made me think why do I need to know this so bad do I want to punish him or what? So she would ask questions that made me think about the why. “

Therapist

1. Stigma related to mental health
2. Formal punitive systems
3. Formal systems i.e. DHS
    - Lack of understanding of the systems
4. Oppression
5. Classism
6. Sexism
7. Micro-aggressions
8. Undiagnosed trauma as a child
9. Familial mental health concerns un-diagnosis

“Oppression and “isms” you know racism, classism, and sexism”

“Legal system”

“Learning disabilities that may have been undiagnosed. “

“Any behavior problems that may have been legitimist but where not dealt with.”

“So if they mom was always irritable and sometimes she would go to her room for days I always ask was mother diagnosed?”

“Trauma when I was a teenager or when I was a kid and I never told anybody that this happen and that it happened in our family.”

“Feeling that you have experience racial basis”

Supervisor 1

1. History of racism
2. History of oppression

“The history of racism and oppression that affects people coming in to get services. “

3. Geographical racism
4. Cultural norms in different reigns

“Racism that is prevalent in Oregon”

5. Affects of oppression systemically
6. Lack of understanding of systemic oppression

“Ways that oppression affects us and bring it to the point where they under understand it because a lot of people don’t understand what is going on they just know something is not working right and they are being targeted and they don’t know why they are being targeted so they internalize it”

“Understand anti-oppression and dismantle oppression because when you are working with clients there are a couple things you need to keep in mind, how do you empower the client to deal with racism and oppression and how do you challenge the system.”

"You have been trained for years and years that African Americans …you look at the newspaper, hear the radio you are taught the negative things about black people so you have that with you so when you see a black therapist you still have that same ideology and you still see that they are bad people so even you are from that same culture."

Supervisor 2

1. Assisting in the process of change in the client

"She looks at that and finds ways to shift that thinking and deal with the micro aggressions in a healthy way"

2. Cultural mistrust and oppression (within African American Culture)
3. Systemic stereotypes of African Americans
4. Resilience of the African American culture

"African Americans deal with struggle and dignity all the times."

"It is a major component to culturally competent services. Knowing that culture from the inside out and having similar experiences to that client and being able to relate to the dynamics of racism, oppression and any form of discrimination any form of micro aggressions."

Comments

Engage and connect with client to normalize and hear their story by building a rapport and showing support that is important in the process of bring issues of racism to the table

Very powerful comment see if you can incorporate: This comment speaks to how some MHP feel they are competent but lack understanding of all the issues that a cultural group may be dealing with. If oppression occurs with a different appearance for each group it is my assertion that each professional should not only be competent they should have a level of proficiency to asset a client in identifying the oppression and developing new coping skills to move past the event. The same skills would assist them in future events of exposure.

"In order to be culturally competent you must understand the dynamics of racism in this county you have to have a strong foundation of that. Then you have to understand how the systematic approach to how oppression occurs in this country how it is in the systems, not just racism alone but the multi levels of it. You also have to be able to have the compassion to want to work with the population, support the population and to hear their story you also have to have the strength to be able to endure what you hear and to find ways to heal yourself because you will hear some stories that are horrendous so you have to heal yourself so you stay engaged with the client so they stay engaged in services. "

a. "a major component to culturally competent services"

"Knowing that culture from the inside out and having similar experiences to that client and being able to relate to the dynamics of racism, oppression and any form of discrimination any form of micro aggressions."

b. Ability to work with complex clients and situations

"She deals with highly complex clients and they may have criminal justice involvement or DHS involvement homelessness, domestic violence, anything from college students struggling in school to people dealing with employment discrimination to all kinds of things and she just handles it."

". She is very aware of racism and systemic oppression, and accountability with an opportunity to view things differently. I think that it helps her work with the client from a very positive cultural perspective."

Historical views of elders in African American culture (Supervisor 2)

"It is an interesting supervision relationship in that in our culture we respect our elders and I look at it as she should be my supervisor because I don't have the kind of wisdom she has. "

"It is a cultural thing in the African American culture that we look up to them and there are things we will not say so we don't offend them."

Review

The ability to identify issues in the client's environment requires an understanding of the historic presence of racism, classism, oppression as well as cultural dissidence. In order to effectively assist a client in moving past the trauma real or perceived a counselor needs to understand how the trauma could have come to be. The ability to listen to the familial and social themes and educate clients on how these themes have build a frame work for how they function in society either with family, community or formal systems is important to the process of change.

V. Culturally-proficient clinicians utilize language that is familiar to the individual, not the language of the field.

Client 1

None

Client 2

1. Conversations appeared fluid
2. Client could utilize language that was comfortable to her without feeling judge.

3. Client felt therapist understood cultural phrases and norms in conversation

Therapist

1. Able to employ language that the client uses to assist in the assessment and treatment process

"So part of what I do with being culturally specific is being able to identify the formal term, identify with what they are experiencing. So if someone says I can't sleep at night I'm being irritable, I'm getting confused then I start talking about how's your diet, have you gained weight that sounds a little bit like the blues to me."

2. Utilize the language the client provides and/or is familiar with to aid in the treatment process.

"In the genogram they supply the language"

"I am able to talk about you learn to cope from your previous generation and that if all you know is how to use a hammer you treat everything as a nail. And people understand the language and they understand the analogy. "

Supervisor

None

Review

Utilizing language that is familiar to the client can assist in building a therapeutic relationship that is productive. Many clients enter services with no prior treatment experiences. Terms such as depression can mean something different from one client to the next. In educating the client asking them what does something mean? Or what former diagnosis they may have had

is a good way to start the conversation. When exploring the topics with clients they will provide a language that the client is familiar with. Paraphrasing and restating their words, incorporating this language in the session assist in the process. You may also find that during the assessment process a client will provide verbiage they are accustom to. Using this and other familiar works can aid in the engagement process and in many cases make the dialogue feel more like a conversation then a interview.

VI. Culturally proficient clinicians build rapport before assessment begins – developing a therapeutic alliance through listening to needs and concerns – being open and descriptive.

1. They equalize power differences by putting self 'out there' in terms of culture and what the therapist has to offer the client. They take on a 'service-oriented' stance from the first interaction.

2. They are aware of differences in culturally-specific experiences between therapist and client.
3. They understand local environment and culture and how it might impact client.

Client 1

"I think that is was good that she did get to meet my husband because she does know what I am going through and where I've been so now I think it is a better relationship that we have"

1. None judgmental
2. Ability to listen to the client

"I felt like I could trust her with anything I could tell her anything and she would not judge me she made me feel like"

"Think that her being able to listen to what was going on in my life."

"She gave feedback and gave lots of tools and things that I had not heard of before and gave me things to work on. "

3. Cultural understanding (knowledge and awareness)

"But with her being black I think that there were just things we could relate to defiantly. Just the way the family dynamics, when we talked about family my personal family I think she had more of an understanding of what I was going through"

4. Instills hope
5. Remaining positive while being authentic self

"She makes me want to succeed I just feel like the possibilities are limitless and I use to think that there wasn't anything left for me"

"X is just been a real positive force in my life"

6. Therapeutic alliance
7. Listen to the client's needs
8. What a new counselor should know

"I would tell them defiantly get to know each individual person and what their needs and their journey cause I don't think and that is one thing I like about X is that I don't think that everybody fit is a little box"

- Having similar world views

"I just feel like she understands what I am talking about"

Client 2

1. None judgmental
2. Ability to listen to the client
3. Ability to reflect back to the client
4. Ability to have a fluid conversation. Client felt conversations had questions "interwoven" that it was difficult to notice that questions that where therapeutic in from those in a natural conversation.

"I have been to two different psychiatrist who were both white; one male one female. They were very bad experiences id didn't feel no connection none what so ever. "

"She remembers the stuff I told her and she will give me honest feedback"

"Never in a judgmental way, it just feels like a fluid conversation"

"I don't feel questioned; doubtful when I leave"

"She is none judging she is nonjudgmental her facial expressions are kind…no judging. "

"She made me think but why? Why do you need to know about this so bad?"

Therapist

None

Supervisor

1. Empower the client to deal with racism and oppression
2. Educate clients on how navigate around the system

You can't just deal with the system and start making change because you can't just do clients because that does not solve the problem. So you have to work with clients and the system.

3. Successful engagement of client

"You have to validate the client if you don't validate the client they will not come back and she does very well at that. The validation is not superficial, she takes real examples tells them what they are doing well and also very clear on telling them what they are not doing well. "

4. Removing assumptions of knowledge of client experiences
5. Place client's needs and life struggle first.

"Doesn't assume that because she is African American and they are African American they have the same experiences. Instead she comes to the table you are African American I am African American I have to pay attention to you more because you're not going to come from the same experiences that I come from, you can't."

6. Knowledge and awareness of micro aggression related to African American culture

"When you understand the micro aggressions that occur sometime when people come to you and they are coming from the same culture. They may not see you as coming from the same culture. They may view you as part of the dominate culture because you are coming to them in this setting."

7. Understanding taboos around African Americans going to counseling
8. perceptions around African Americans who are therapist in this field
9. being vulnerable and open to understand clients world view

10. Having empathy with clients

“you cannot pretend that it does not exist but you have to understand that just because you are an African American therapist it does not mean that you walk without the stereotypes that have been placed upon you. “

11. Therapist world view

“Her world view is one of power and strength while looking through how to be successful in the time of oppression. But not have the oppression be your identity. That another skill a therapist needs to have is to be able to see the person, understand the oppression but understand the differences, that that are separate.”

“Your worldview plays a strong part in working in a therapeutic alliance if you don’t have a powerful and strong world view that is a healthy world view you are not, you are only able to take the client as far as you are willing to go. You have to do the work and are able to understand the success of black people you will never be able to help a balk person get well. “ Review: Building rapport with clients is part of building a successful therapeutic relationship. Clients are more likely to engage when they feel their counselor/therapist is listening to them. Feeling heard with no judgment. Clients connect to counselors who are open to showing that they are human and have feelings. Being able to say that you are not perfect is one of the ways that clients feel that you can relate to them. Clients have awareness that there are differences within the relationship. They are open to the differences as long as they feel you (the professional) have a since of understanding to what their daily struggles are or could be. If they feel you hear their needs. Understand their needs. Then they can believe in the hope that you are attempting to instill in them.

VII. They continue these behaviors and attitude through ongoing assessment and treatment.
Through listening to clients needs and concerns related to everyday life. Therapist is able to assist client in identifying micro aggressions and dealing with theses micro aggression.

Client 1

1. Therapist paraphrased and repeated themes for clarity

"She would say this is what I hear you saying and ask me if that is what you are saying.

Which is what I like because I have always felt misunderstood really misunderstood."

Client 2

1. Open to conversation
2. None judgmental to language used by client
3. Understands references to race and discrimination
4. Understood cultural norms (i.e. hugging, comforting touch of the hand)
5. Ability to comfort client
6. Ability to utilize gestures to assure client they are heard or understood.

"She told me and I broke out crying and she reached out and took my hand. "

"I have been to two different psychiatrist who were both white; one male one female. They were very bad experiences id didn't feel no connection none what so ever. "

"Gestures lets you know she understands you and lets you feel she understands you? "

"Yeah and I'm okay with her and I am an okay person. That she can accept me."

Therapist

1. Understanding

Supervisor 1 and 2

1. Understanding of racism
2. Understanding of inter generational trauma
3. Understanding of historical learned coping skills

"Understands the internalization of racism and how to begin to work that angle so that people can begin to get some healing"

4. Understanding of clients treatment goals
5. Continued assessment and follow through on treatment goals

"One of the things I think she is good at is treatment planning she really gets what the client wants to do and makes that the goal. "

"She is consistently updating the treatment plan. I know that she uses the treatment plan as a working tool to make sure the clients are getting what they want out too out of treatment."

6. Encourage clients to seek outside support
7. Encourage clients to learn different coping skills with alternative treatment
8. Systemic therapy approach

"At encouraging clients to go to group treatment and to seek additional services outside of individual counseling."

"She has a very systemic approach to her therapy and I think that is very engaging to the client"

9. Assist without being intrusive

10. Mastery of skills
11. Ability to utilize a verity of theoretical approaches

"So she was able to skillfully and gently just enquire the validity of that as an outcome of wanting. How will that benefit the client? So even if that client didn't see how that was self, when the client has an outcome that is less affective or self destructive and help the client see how unhealthy that is. She is very good at using that motivational interviewing and saying who that going to weed is or weeding that out of someone. She knows when to back off. This client was very defensive resistant and I just listen to hear her just gently cruise through a difficult area when it did work. She is a non threatening person so people tend she is none threatening and she challenges people"

12. Ability to address a verity of needs
    a. Support systems
    b. High level of care

"case management they need and linking people to higher levels of care when they need it, so residential treatment or hospitalization she is just very through in address what people are going through"

13. Empathy
14. Nonjudgmental

"She is warm and non judgmental so people feel comfortable bring themselves in and I don't think"

15. Cultural awareness
16. Knowledge of cultural norms

"She can bring in her own cultural experiences and bring a demeanor and attitude, warmth and a joy that feels very cultural to me being another African American person. So things like she is not afraid if the client gets loud. I think that is a very common cultural thing so she is not hitting the panic button if a client gets loud. She can laugh loud with a client and I think those are cultural things"

Example of therapeutic alliance

"We have an expressive culture we can get loud we can get angry and she is not afraid of that she can sit with that and be calm she can be fine and if people want to throw attitude she can hold her own too. I think that helps people feels safe like they are being met where they are at. And within that she has the versatility to cross between cultures so it is not all about being one way or another she can just meets people where they are at and match them where they are at and I think that is part of what makes her good."

Review

The relationship continues from assessment to discharge. Successful engagement doest just end at the assessment it is the ongoing efforts to remain authentic with the client that assist in maintaining the rapport with clients. If the client feels you care about them as a person and not just a client then they are more apt to engage in conversations about their everyday life. In doing so the counselor is able to assist clients in identifying micro aggressions and dealing with theses micro aggression that could be adding to the ongoing trauma in their life. Clients cited that having an understanding to cultural norms as well as being open to hearing their stories have added in the rapport building.

VIII. They explore new themes and information that emerge during ongoing assessment and treatment, with a mind to identifying individual coping skills

that might be familial, generational, culturally-specific, or related to racial-stress.

Client 1 and 2

1. Asking questions around familial structure
2. Exploring family norms
3. Assisting with coping skills around familial issues and cultural norms

Therapist

1. Some coping skills are intergenerational
2. some coping skills are learn from environment
3. Some clients don't know they have coping skills

"A skill that says we are going to fry our food because it tastes good it really does. Fried food really does taste good but they also affect our health. And in building a coping skill you need to be able to say this is what has been helpful that we have been able to"

4. Difficulty staying within ones cultural norms while making progressive change
5. Seeking collateral information to explore and continue the assessment and treatment process

Supervisor 1 and 2

1. Exploring cultural norms
2. Seeking collateral information to explore and continue the assessment and treatment process

Summary

The data collected deviates in that the skills and tools that a culturally specific counselor has are the same as other professionals. What makes them unique is that they specialize in familiarizing themselves in all the facets of a culture. Although there appears to be an advantage to being of the same ethnic group and having an awareness of the cultural norms and values. There is awareness within culturally specific counselors that being of the same ethnic group doesn't mean that they have the same life experiences. Having a different world views can aid in the relationship in that it adds a new point of view. What the client may see is there is someone who looks like so they more than likely think similar to me. If they don't think like me then they more than likely understand me and my issues/struggles.

Reviewing the literature there are historical issues that speak to the mircoagressions, oppression and racism that Black/African American face. Having knowledge of the history and being sensitive to the reality that the aforementioned exist in one form or another aids in building the therapeutic alliance. Client's cited that they felt a therapist from the same ethnic group understood them and their issues. They also cited that there are norms such as being affectionate (hugging, touching) is a cultural thing. In prior relationships they didn't feel the connection when they felt the situation could have called for it. The ability to be less ridged in the sessions and more of a person having a fluid conversation also added to the relationship and the success of the relationship.

Based on the data collected it appears that there is a combination of personality, professionalism and awareness of a culture that aids in building the relationship. Therapist X has been in practice for over 30 years so it is my belief that experience aids in the therapeutic relationship.

APENDEX F

Interviewee: Therapist

Affiliation: Therapist working in culturally specific counseling services

(Start of Interview)

Interviewer: When you are working with African American clients how do you build rapport?

Interviewee: I usually tell them about myself first. I tell them about the agency and what our focus is for the agency. That the program I am working with supports reducing the stigma of mental health for African Americans and that we do that by being client centered. And I then explain my history of thirty plus years of experience working with African Americans, adolescents, adults and families. I then explain my systems approach to working with clients and that I am a systems therapist and I believe things are connected. For many of my African American clients that's helpful because they believe in systems although not having formally described systems. So I believe in that approach that things are connected and that if one part of the system has problems, then the other parts have problems. So after I go through the explanation, I check with them about the way systems therapy works and in the interview at some point I explain HIPPA (Health Insurance Portability and Accountability Act) and I also explain what happens in Vegas stays in Vegas.

Interviewer: Which is important.

Interviewee: So they understand that I am not going to disclose some of the shame, guilt related things that they may want to share with me in order for treatment to happen. And that I am not tied to formal punitive systems in the same way they have approached social workers with DHS (Department of Human Services) or with any part of the education system and so I usually give an example that if you have made some mistakes in your life that is between you

and me as long as it's not of danger to yourself or others and that just kinda gets us on the same page and we can start in.

Interviewer: So to me it sounds like you go over this is where I am at as far as confidentially and you work within these particular parameters. So as long as there is no indication of danger you or others it then stays between you and I. So you put it in their word or words they may understand it? You explain it in a way that they may relate to other than the legal jargon that maybe on the consent to treat forms?

Interviewee: Exactly, and we do have consent forms and I review the highlights with them you have to break it down so they understand. So after we have gone over the formal piece then there is an assessment form that we use as part of the agency. Which again, I have to modify the language sometimes. It starts with a presenting problem, "why are you here?" For many of the clients I work with sense this is their first time in treatment they don't know why they are here. They just know they are fighting with somebody or that they can't figure out problems and solve problems the way they use to and they know something is wrong. They know that are not sleeping, they know that they are anxious. So part of what I do with being culturally specific is being able to identify the formal term, identify with what they are experiencing. So if someone says, "I can't sleep at night, I'm being irritable, I'm getting confused" then I start talking about, "How's your diet?" Have you gained weight? "That sounds a little bit like the blues to me." Yes, I am blue most of the time or I'm blue all the time. Then we go into depression, and this is what it sounds like or maybe its dysthymia and this is what dysthymia looks like. We then go into what are the differences between depression and dysthymia because most people haven't heard that term before. So I do a lot of education around therapeutic language and tie it to everyday language.

Interviewer: So part of the rapport is educating them on the language you use as a therapist and this is the language used within the therapeutic community. This is what it means for you the lay person who knows nothing about it. So really explaining the

differences between depression and dysthymia and checking in with the client to see which one they feel they fall into?

Interviewee: Exactly, and for many of my clients, I will literally go through the DSM (Diagnostic and Statistic Manual) with them and I will ask them, "do you know what your diagnosis is?" And they may say I have had that diagnosis for a few years and I never known what it meant. Someone called me borderline am I borderline…. yeah you are and go over it with them.

Interviewer: So it's "let's pull out the DSM and see what that looks like?" That's interesting; I don't think many therapists routinely do that.

Interviewee: Well that is part of the education, and if you are going to empower somebody to make changes they have to know what it is that they want to change; what it is they can change, how to go there. So we go through this DSM, I may give examples from the history they gave me that apply to the DSM criteria. So that even though it may sound offensive to be identified as borderline personality, I can explain to my client that because it is identified as a disorder it does not mean that its bad, or that It's not manageable or that they don't need to do something about it.

Interviewer: So taking the stigma out of you have borderline personality or any other issues that may be going on. So it's more like "let me educate", this is what the criteria says. So as I am educating you I hope you are getting with this process, it's okay, lets remove the stigma from around it.

Interviewee: To remove the stigma and let's empower you to take charge of the changes that you want to make. So part of the strengths based approach is recognizing that we have strengths as a culture and then encouraging, I do a lot of motivational interviewing, encouraging people to use the strengths that they already recognize they already have and then going on to help then identify the strengths that they have and didn't recognize as strengths. So after we get to that point we get into the assessment and it does talk about culture in a not

very thorough way. It does ask what languages do you use at home? What religion you are? What do you define as spirituality? And then we have a question that talks about oppression and "isms", you know racism, classism, sexism and most people, most African Americans that I work with, unless they have been through some kind of formal education and therapeutic experiences, they may not even recognize cultural biases and the impact they have they may feel guilty about having experienced discrimination for example. So Post Traumatic Stress Disorder (PTSD), we have, I have clients with PTSD, because I have some African clients who have come to this country and don't understand the rules and that some of their behavior is not acceptable here and have been incarcerated because of just plain paperwork not being done. I have African American clients who are just as traumatized because they found themselves in the legal system and not understanding "how did I even get here?" I was just parenting my child the best I could and got into a relationship or situation that I didn't handle well, but I didn't think it would land me in jail or take my child away. So then I go back to the DSM and this is the criteria for PTSD, and this is what I think relates to you, does it make sense? The other part of the cultural piece though is if I have the capability and the time, I may do a collateral contact with a family member. Moms are wonderful, moms know a lot. What kind of boy was he? What kind of problems did he have? So that we start identifying any learning disabilities that may have been undiagnosed. Any behavior problems that may have been legitimate but were not dealt with. And then I have to back up and get some context and information about what this is, if you were not able to understand the information in school then it is going to be very hard for you to build on that and it's not that you are dumb, it sounds like you have a learning disability. Let's empower you to go back to school and deal with this learning disability rather assuming that you can't do any better. So a lot of the cultural piece has to do with reframing, re-identifying, reeducating people about how the therapeutic community sees their behavior. How the community will accept their behavior and then what differences they can make. So that's kind of the cultural piece and as trust is

developed throughout the process somewhere between the first and third interview, there's a developed trust and if I get to the point of trust then we may even get into deeper traumas. And then we may get into some criminal activity that clients may share, or some biases they may have as well.

Interviewer: Biases with the therapeutic community or biases in general with the community?

Interviewee: Biases in general with the community. Some of it is with the therapeutic community. Because they have had such a mixed experience. But some of it is. for example, some people may feel that they are victims and that all majority population is against them and then the work becomes unraveling that. Doing a little bit of DBT (Dialectical Behavioral Therapy) and CBT (Cognitive Behavioral Therapy) is this accurate? Have all majority population been against you? Have any every helped you? If so how did they help you?

Interviewer: So to make sure I am on the same page as you, the majority would mean Caucasian, European American community that you are refereeing to?

Interviewee: It is, and in some cases other races as well. It maybe Asian, it may be second or third generation immigrant families from another country. It could be Hispanic, because when we are looking at acculturation the dominate culture here is European and people will except that model of behavior and those values. After about the third session people start to share deeper information and then the work really begins.

Interviewer: So it sounds like the rapport building is something that happened in three sessions maybe longer? With a lot of educating, finding out the presenting problem even if they don't know what it is? Breaking it down for them, utilizing the DSM, getting some historical information from them and maybe some self disclosure of "this is what I have seen in my thirty plus years" this is what I see now and helping them get from point A to B. Is that accurate?

Interviewee: Yes, that is accurate. One more tool I use is I do a genogram and when people talk about their family tree they start identifying repeating patterns. Then I am able to talk about you learn to cope from your previous generation and that if all you know is how to use a hammer you treat everything as a nail. And people understand the language and they understand the analogy. They are able to say, "okay so how do I learn other tools?"

Interviewer: So instead of using therapeutic language like "so what are your coping skills?" I am going to go through this genogram and ask "what did your sister do?" "How did she deal with stressed?"What she ever incarcerated? Gathering information on coping skill but using words that they understand or use?

Interviewee: Exactly, and in the genogram they supply the language

Interviewer: So just repeating the language they start in the genogram?

Interviewee: Exactly, So once we have done the genogram that I refer back to many times. So if they say. So if they mom was always irritable and sometimes she would go to her room for days I always ask was mother diagnosed? Sometimes she was diagnosed with depression and sometimes she was never diagnosed.

Interviewer: So is that uncommon in the African American community?

Interviewee: It is not uncommon, and we explain that at that time it just was not available…bummer. That doesn't mean you have to stick there and cope the same way mom did. And maybe you need to forgive mom for not being able to be there with you.

Interviewer: There is a lot to the rapport building portion of your assessment.

Interviewee: There is a lot but then we can talk about what mom's skills were. That mom did get up, she did have to go to work, she may have come back home and gone to her room but we have to talk about many times we had to use skill's out of necessity and how did our family do that? How did they handle that the best they could? And then how are you going to handle it as best you can so it's a process and many times as we are doing the check-in at the beginning of each session. "How did this work week go?" "What issues did you deal with?"

"How did you deal with them?" "Did you get what you wanted?" And then pushing on to new areas. So that's kinda how I apply culture into the therapeutic process.

Interviewer: When working with African American clients how do you begin assessing their treatment needs?

Interviewee: In a capsule I assess their treatment needs through their history. Through the genogram, through looking at the factors that apply, the features that they have that apply to any diagnosis.

Interviewer: So as far as assessing your clients, it sounds like you do it in the first three sessions. Do you formulate a diagnosis in the first session or do you wait until you have met with then for several sessions?

Interviewee: If it happens in the first session I tell them in the first session. If they have had a previous contact and are sophisticated enough to get around the mental health process and treatment processes which some of my clients are and they report a previous diagnosis, I immediately go to that and just verify it.

Interviewer: So assessment to me and correct me, if I am wrong, happens in that first session but can be an ongoing thing; verify information and seeing where they are at?

Interviewee: Exactly. I do that a lot, and especially when we are looking at risk assessments. Because I really have to address that as soon as possible. You know are that they are suicidal or homicidal? And another area that is not often addressed is self harm. For years I under-diagnosed self harm as well. Cutting, hair pulling, skin-picking. Things that people thought were ticks: pulling eye lashes out people didn't always associate that with self harm and so that is part of how I started looking at assessing what is going on.

Interviewer: I know we see people picking and cutting but we often leave that out of the assessment process.

Interviewee: Some people think of it as a tick but I pick at it until it bleeds. And when I say do you pick at it until it bleeds and they say yeah…its self harm. You are anxious.

Interviewer: I wonder if that is a cultural thing to disassociate from self harm. Is it that African Americans don't see themselves as self harm through picking and cutting?

Exactly, we just say stop that. And so it is part of the process of education and part of my growing as well.

Interviewer: Thank you for that insight. How do you maintain rapport with the client during the assessment process?

Interviewee: Checking in all the time with them. I even ask the question directly "is this helpful to you?" Is there another direction you want to go in? most people, especially if they are there by the third session will say "yeah, but I really want to tell you….about the trauma when I was a teenager or when I was a kid and I never told anybody that this happen and that it happen in our family. Or that I did this thing and I have never been able to forgive myself for it. But I always check in is this helpful what we are doing and they usually tell me.

Interviewer: So it's offering them an opportunity to empower themselves. Therapy is for you, not for me kind of approach. Are we addressing your needs is what it sounds like.

Yes.

Interviewer: Do you find a lot of clients will come in and say this is helpful but this is the direction I want to go?

Interviewee: I do find that people who have had previous therapy because they have something to compare and contrast. And so they are able to say "my previous therapist didn't address this" or I will have clients say that you laugh with me or you give me verbal, physical feedback. And my previous therapist was dead pan that I never really got any sense of connection.

Interviewer: So that goes back to the rapport building. Because I am laughing with you and I am giving you the connection you need so you feel safe enough to explore those things.

Interviewee: To explore those things and to validate those feelings and to be able to share safely. And it's there is a clinical discussion about self disclosure with a client and some people would see laughter or making fun of yourself as self disclosure which may be clinically inappropriate. However, in may working with African Americans I can tell them, "look, I can't find my glasses…and you're going to have to put up with me until I can find my glasses." Or I will tell them that I have a sever hearing loss and it gives permission to say I have defects and losses as well. I will tell them I know you have a teenage daughter and I hated mine too. But they turn into real people at about 21.

Interviewer: So if a parent is coming in complaining about their child, being able to come back in a humanistic way you can say you know what I have been there too. You're going to survive this and we can survive this together.

Interviewee: Exactly, and so that whole discussion about how much are you going to disclose. With African Americans, if you see someone as perfect it is very hard to disclose something you feel might be shameful or looked down upon, especially by a majority population person. Like criminal history; that might be looked down upon, or an attitude. Feeling that you have experienced racial basis that you don't want to tell know a majority person. You know what that is what they did to me and it was a micro aggressions and I couldn't figure out what was wrong about it. So being able to explain and validate the micro aggression is real helpful.

Interviewer: So I am looking at a therapist who is like me and may understand the aggression whereas the therapist who is of the majority culture and may not understand this situation. As well as the fact that I have build a rapport being open about my deficits allows them to feel comfortable to share theory deficits. Is that what I am understanding?

Interviewee: Yes.

Interviewer: You touched on this earlier. How do you validate clients' culturally or racially-specific experiences during your assessment and treatment processes?

Interviewee: Validating their cultural issues, spirituality and there is a discussion about separation from church and state and feel they cannot talk about their spirituality during a therapy session but being able to validate that someone has had a history growing up in a church and understanding the structure of some of the churches, that they have the pastors, deacons, and boards of various kinds and that there may be a breach between what they heard in their spiritual life and how they're performing in their secular life. And for many African Americans bridging that and accepting how they felt as opposed to how they were told to feel is many times a clinical issue.

Interviewer: So when you say how they were told to feel by the secular community, church community or both?

Interviewee: By both and the conflict and sometimes the cognitive discordance about behaviors for some of my clients, African American clients, they will see or hear something by a prominent church member they know is a sin, that they know is unacceptable, and yet they are expected to look up to this person. And validating their feeling about that; validating their self doubts. And empowering them to explore that more deeply and in several different contexts. I refer people to classes. Maybe it doesn't work that way all the time. Maybe you need to understand that more-so you can develop your own spiritual definition better. And I don't know that majority therapist do that…they may. But it has been helpful in my working with African American clients.

Interviewer: Do you see a lot of struggle with their cultural as far as being in the church or growing up in the church with things that they are doing do you see a lot of conflict

Interviewee: Frequently, yes.

Interviewer: Are they upfront about it or is it something that comes out throughout the process?

Interviewee: It comes throughout the process and usually after the third session. They say I am struggling with this and I have been thinking about it all this time: shame guilt and all

those things associated with it. Or either totally abandoning what core religious experience because of something that may have traumatically happen to them. and so we do some CBT DBT around is this true for all spiritual people? is it true for some spiritual people. Are there people who are not spiritual who are in the church organization?

Interviewer: So working on the conflict with people in the pulpit who are preaching the life but not living the life?

Interviewee: Exactly

Interviewer: So part of the validating is helping them or leading them to a place where they can be reeducated on their spirituality?

Interviewee: Exactly, or with the criminal element. And many people who have been working with DHS are fearful of sharing their coping skills and so there may be for example a mother or father who is working in undocumented labor in order to bring in enough money to take care of their family. And many times I have to re-enforce what happens in Vegas stays in Vegas. That they're working in undocumented work or as we say "under the table" is not something that is going to interfere with their therapeutic process. Sometimes people do what they have to do. Or people who sometimes are working in a job that they are over qualified for and are fearful and they are thinking I don't want this on my resume I am saying you don't have to put everything on your resume. To give that permission for many people who have been taught that they are being un-honest because they are not disclosing everything about themselves. Back it into the what is reasonable to disclose and what is unreasonable to disclose. And what is a need a compelling need to disclose certain information. What is safety?

Interviewer: So if is not safe then don't disclose that information. Educating them on what is they can disclose …

Interviewee: Exactly, if you feel it is unsafe then it is legitimate not to disclose it.

Interviewer: So do you feel that some of the things that they may disclose are culturally specific or racially specific to them? In the sense of criminal history and I don't want to be labeled as a person sold drugs and the stereotypical things that come with it? Do you talk about it with the clients and validate that you did what you felt you needed to do now let's talk about it and move on…?

Interviewee: There is quite a bit of that but there is also; "you do have this criminal history so when you apply for that job you haven't because that criminal history is always going to come up." So it is okay for you now to step out of the box and think of how you are going to become self-employed.

Interviewer: Legally self employed?

Interviewee: Legally self employed. How you're going to use the skills that are traditionally to our cultural and what has taught us to use and maybe doing work that you've considered minimal at some time because someone told you it was menial but that will feed your family. And that is a big issue with sometimes people seeing some stigma as menial and not wanting to do that anymore when actually they not how to do it and do it well.

Interviewer: So can you give me an example of what some body may consider menial

Interviewee: One of my clients was a waitress and she had waited at hotels for years. She felt she needed to have a college education that she needed to do, I guess, more acceptable work but she knew how to be a waitress and accepting living off of tips was really something that I reminded her she had done and done successfully for a long time. When she was younger and that she needed to explore that again. Or an example of a kind of self employed doing hair. Get your license and do hair. You can hire yourself because you have that skill and no it is not something you have to go to college for you, don't have a degree to do something legitimate. Those kinds of self defeating thoughts.

Interviewer: As you are saying that what goes in my head is the historical context were African Americans did do what you described as menial jobs of waiting tables

housekeeping and hair. Like madam CJ Walker. The cultural context that these are things we have done so it doesn't have to be menial

Interviewee: It doesn't have to necessarily be menial and then when we think about the Help, the movie and the book is out and some people remember the history of discrimination that happen during that time, some of the uncomfortable and traumatizing experiences that happen and people could have with many micro aggressions and are reluctant to want to identify in that role of a house keeper but have those skills and can do it well haven't been able to see themselves as managing a business rather than as being a modern slave.

Interviewer: Let me make sure I an understanding what you are saying. Culturally these are things that we have done and you don't have to be a modern slave, you do it well, so why not work in something you do well and remove the shame for that….

Interviewee: Yes.

Interviewer: How do you deal with the non-explicit cultural differences between you and your clients?

Interviewee: one of my clients calls me Dr. X; some of my older clients have done that out of a sign of respect. Some of my younger clients just didn't understand and of course I need to go back and educate this is the difference between a PhD and a masters and whatever. And then I have to explain that I still come from the same cultural context that they came from, and there is a model that I learn in a cultural competency program that talks about levels of acculturation in which at one point you may not trust anyone outside of your immediate culture and then you might find some people where you start to accept within a certain context from another culture. And then you may expand your vision to accepting some people of another culture are nice and some people of another culture are not. And then you may start accepting other people based on their behavior. And they need to accept me in the same way.

Interviewer: So it's educating them on this is the acculturation process and accepting me throughout the same type of process, not the same steps, but similar process?

Interviewee: Very similar process and asking them were they are in that process

Interviewer: So still going back and empowering them throughout the process? Asking where are you at?

Interviewee: Yes, where are they at.

Interviewer: It sounds like you do a lot of education throughout your sessions with them.

Interviewee: Exactly, because I believe, my philosophy is that everybody really knows what they need to do to get better, they just need a coach.

Interviewer: That is good philosophy and I think it helps with those differences. The example you gave about education was good. You educated the….

Interviewee: Yes

Interviewer: Do you find it difficult for some of your clients to understand the acculturation and assimilation process?

Interviewee: Not to understand it but to accept it. Because some people have had such a traumatic experience either in school or in their history. It's such a limited experience that they, for example, met people of a dominate culture who were supportive of their behavior or were. Or people in the criminal justice system who wanted to support them and they will tell me "huh".

Interviewer: So it's like my Probation Officer doesn't want to help me, they only want to keep oppressing me and all these other micro aggressions?

Interviewee: Exactly, "my DHS worker is out to get me." And that's sometimes where the work is.

Interviewer: That's good, I can see where that would help the client with those non explicit cultural differences...non explicit with you but then you are taking it outside of the therapeutic session where is the majority culture at and how are they assisting you or not assisting you through the acculturation or assimilation process to fit it?

Interviewer: How do your life experiences affect how you relate to your Black American clients'?

Interviewee: I'm old.

Interviewer: You're not that old, you age beautifully!

Interviewee: Experience is really very helpful. In being able to have interfaces with a lot of other people coming from a lot of different worldviews and who have come from a lot of coping skills that I was not exposed to. So being able to pull from a pretty large treasure chest of other people's experience that are similar to what my clients are going through has been helpful. And even in sharing how one client may have coped with a situation that I haven't had but my other client is having has been helpful. And sometimes they are able to adopt that and sometimes not.

Interviewer: Have you ever found that your own life experiences were you self disclosed or not, help that client and bring that into the session with the client and give them that as a tool to work with.

Interviewee: Yes, and especially around the addictions area and people will frequently ask the question of the therapist regardless of culture have you been addicted? And that's the questions and I always rephrase it that I will answer your question eventually. The question then is why do you ask the question. Is it part of bounding or what? Then my secondary explanation is everybody is dealing with something.

Interviewer: I am very impressed with that because that is something I do with addictions clients and my response is everybody is in recovery from something or I don't say addiction I say affliction and we all have an affliction. I then tease them and say my affliction is shopping and I relapse daily. I bring humor in the room so it sounds like to try to take it to non personal and just make it humanistic that we all have some type of issue.

Interviewee: I do and I talked about chemical addictions and I talk about interpersonal addictions to other people and I talk about addictions to gambling and shopping and eating and the more I add to it the more they are able to say yeah everybody has something. And I can identify something that happens in every family or at least every family. So that kind of redirects it away from me and into the therapeutic process.

Interviewer: But you have that treasure chest of things to pull into that can help and guide that therapeutic process….

Interviewee: Yeah

Interviewer: That's good. So how do you feel your cultural background affects your therapeutic relationships with Black American clients?

Interviewee: Cultural background.

Interviewer: Yeah your cultural background your upbringing. How you have dealt with things and how that may help with the client. I am trying to think of a good example. So you talked about church and how church has its own culture and the Black church, has its own culture, so a client who may have never had that experience your back ground and your experiences that you have had through your assimilation process, how do you feel that has helped you in the therapeutic with a challenging client or even one who doesn't present with any challenges?

Interviewee: Well, if we narrow it down to let's say spirituality then many people will understand the term higher power. And sometimes translating that into something that would be meaningful for them. It's helpful because when a person feels that they cannot reach out to anyone else for help then they are really stuck and they are socially isolated. And so being able to ask have your tried reaching out to friends; family; have you ever tried attending church? "no I don't want to do that…." Then what outside of you is stronger then you are? And is the whole greater than the sum of its parts. I'm a systems therapist. What else am I going to say right? But I really try to help them understand how if everything that is going on

around you impacts you that in fact is a spiritual experience. And so how are you going to trust something outside of your control that can help you get stronger? And how are you going to get the courage to try some things that you have never tried before? So we can even go through the Johari window. What do you know about yourself that other people don't know? So what I try to pull out all of those threads and weave them together in a way that might empower them to take more risk

Interviewer: So do you find that you bring more of a perspective of a AA therapist in when you are doing this and pointing out that these are all the things that are affecting you here, but as a AA person what are some things you can do to effect the things that are on the outside? Do you find yourself using more of your own cultural experiences in that process?

Interviewee: I do…I, what I bring to them to that process is my understanding of just how important diligence is. And how important it is to challenge the status quo, and I bring to that my understanding of how culturally, as a people, we have been disenfranchised in many ways and still managed to think our way through problem solving so that we thrive. And so I bring that out on my own personal experience and there are other qualities that I, experiences like just plan humor, when to use humor to deescalate and um sometimes challenge other people and their thinking and their deflection about who they feel I am as a person and sometimes I encourage my clients to do that same challenging, asking, being persistent, even when they feel that they will not overcome a situation.

Interviewer: Okay, that is using a lot of what we learn over time. To cope and changing coping skills

Interviewee: And trying new coping skills even if they don't believe in them.

Interviewer: You mention some of them learn intergenerational coping skills. Do you believe that they are intergenerational or social?

Interviewee: Some coping skills are intergenerational and some are things we learn. Some of the work and some of them don't. So if we have a coping skill that says we are going to fry our food because it tastes good it really does. Fried food really does taste good but they also affect our health. And in building a coping skill, you need to be able to say this is what has been helpful that we have been able to …food or eat organ meets because that was what was available to us but now we can eat other things that are just as helpful to use. And also taste good; and why deny yourself that experiences in order to honor your culture?...um you will still have your culture, you can still fry chicken once in a while but sometimes you have defined your culture as limiting rather then something that is a base to expand on; and that is a hard thing for everyone to do cause a lot of people feel that they are invalidating their own culture if they try something from another culture that has worked for that culture. So it's kind of mixed.

Interviewer: I can see it being difficult for someone to try to stay within their own culture and their own beliefs but still trying to try something different. So the last question is as you think about your path to becoming proficient with this client population, what experiences helped you? Education? Supervision? Other training or experiences? What has made you proficient?

Interviewee: All of the above. Because as you know, in order to get licensure you have to do continuing education and after a couple of years you know what will be new information and what information you could have probably taught to yourself. So sometimes that is a challenge to find new therapeutic approaches that you haven't tried yourself or you haven't thought of in a while and clinical supervision is very good and very important. And that sometimes can get to be a very sticky situation for AA therapist because there is a majority thought process in clinical supervision and then there are the nuances of what will help me as a African American working with African American's and if we are talking about group supervision when you are working with majority populations in group supervision there are so many situations that they

don't get and that you don't have time to explain for example micro aggressions and some majority people would not see it as a micro aggression or they would rationalize it or justify it and that gets to be either challenging or you let it go. And so I could probably be strengthened if I had a different addition to the clinical supervision that I get. And the one-on-one supervision, that is case-by-case and I can get some insight with those readings, information that comes throughout the internet, people are still writing and that is good. So that is, you know, continuing education, research, supervision, it all helps.

Interviewer: So you said group supervision seems to be a little difficult because the majority population that participates in that but individual is more case-by-case. Do you find it difficult to find CE that is helpful for AA clients? For example different modalities that would work with your clients?

Interviewee: Yes and there is a diversity conference that PGE use to do every year but usually only attended by managers. And it would be great for clinicians because it talks about diversity within several different ethnicities, but we usually not exposed to that. It's a once a year, once in a while, kind of event. And so that is not availability and in most training it's not training on…it's not a training that is that rich. It's a one-time single focus workshop on how to work specifically with Native Americans who live in Oregon and Idaho through the years.

Interviewer: So it doesn't tell you this is what to do with Native Americans and this is how you can adapt it to AA, Asian Americans and so on?

Interviewee: Right and so sometimes the culturally specific workshops are so narrow that you have to work really hard to translate it and use the material

Interviewer: I know you touched on it before but are there any professional experiences that you have had that have helped you when working with AA populations?

Interviewee: Well, the professional experiences are the trainings. At one time there was an association of African American social workers. National association of black social workers

and they had national conferences and trainings for working with African Americans and they had national presenters which was very helpful and I have either lost touch with that or I can't find access to that at this point. So that is a deficit and something I miss. And it maybe available and I just haven't found it.

Interviewer: Do you find that there is a shortage of organizations that helps empower Black clinicians to help them stay on top of what …when working with AA?

Interviewee: Yes, that is my experience. At least here in the west coast.

Interviewer: Do you think there are any personal experiences that make you more proficient with your clients that may help with the process?

Interviewee: None, other than working with other AA therapists and doing and informal supervision with them and sharing with them. When African American therapist present, they usually will provide information and examples from working with other AA clients. Which enriches what I do.

Interviewer: It sounds like the informal supervision is almost better then the formal supervision or group supervision especially when it is with the majority population and not your own population.

Interviewee: Yes for working with AA because I can get general information from them. There are some very good clinical supervisors who can provide general information. If I want to break it down to working with AA and how to apply it. But the informal network is what works best.

Interviewer: Okay, is there anything you feel would be helpful for me to know that I didn't ask about how you work with your AA clients?

Interviewee: I can't think of anything right now.

Interviewer: Well feel free to call me if you think of anything that would be helpful.

APENDEX G

Interviewee: Supervisor 1

Affiliation to Interviewee: None

(Start of Interview)

Interviewer: When thinking about how therapist X works with clients, how do you feel she builds rapport with the clients?

Interviewee: I think she does outstanding She's one of the clinicians that goes beyond the call of duty to connect, especially with African American clients, because she understands the history of racism and oppression that affects people coming in to get services. So she does very well at bringing that to the table. As well as having collateral information so she can contact family to continue creating support so that the stay engaged.

Interviewer: Do you find that she always seeks collateral information?

Interviewee: Yes, always.

Interviewer: Do you feel she does it more than any other therapist you supervise does?

Interviewee: Yes, yes, more than any other therapist, yes she does.

Interviewer: So it is part of her forte of things she does when meeting with a client?

Interviewee: Yes, because she understands. She has been in the field for quite some time and she has worked in different parts of the state and she has realized the amount of struggle that people go through especially people who are African Americans, goes

through in order to get services and help as well as all the racism that is prevalent in Oregon. So she goes beyond the normal interaction in order to engage clients and create the safety. Also, doing some of the research we understand the history of how African Americans have been targeted in the medical system and unethical treatment has been done like the Tuskegee institute, and there are a couple other things that we know of so we don't engage in services, we have to go beyond the average in order to engage clients.

Interviewer: How do you feel she engages clients in assessing their needs? So when she starts working with clients how to you feel she starts that process of engagement and assessment?

Interviewee: She does very well again. What she does, the thing that is key is understanding and having a strong foundation of racism and how it works in Oregon as you work with clients who are from Oregon so she does that very well. So she understands that struggle, so she engages on that level. Also she has the therapeutic understanding of why the behavior is happening. She is able to address that as well. So there is a way to engage and connect to normalize and hear their story, build…. that support that is important ….and to bring issues of racism to the table in the very beginning a variety of ways that oppression affects us and bring it to the point where they under-understand it because a lot of people don't understand what is going on they just know something is not working right and they are being targeted and they don't know why they are being targeted so they internalize it, so she understands the

internalization of racism and how to begin to work that angle so that people can begin to get some healing.

Interviewer: So would you say it like, I see micro aggressions , I see the oppression even if the client don't see it and now I'm going to engage and connect those dots for the client and work from there?

Interviewee: Yes.

Interviewer: Thank you, I just want to make sure I understood what you are saying. So, how do you feel she maintains her rapport with clients?

Interviewee: I would say she does a good job. She works with difficult clients and sometimes clients disappear but they always come back, and that is because the issues of the client not because the engagement but the stuff they are dealing with. Because the when you are dealing with clients that are dealing with so much life struggle that coming to therapy is important but sometimes they can't make it for whatever life issues are, so she does very well keeping that engagement going. She does a little more than average outreach to them as well. Sending letters to following up , the state says you have to have so many… if you don't see them for so long you have to close them out and we understand that but when you are working with people of color they're not going to follow those guidelines and requirements. So we have to figure out how to continue to engage them so we don't have to close them out because we understand that they are still here and need services. So it takes a lot longer to engage clients. So she does that and she keeps the rapport going. She listens to them and takes feedback. If clients don't like what happening they well say it. Especially when

you are working with people of color and you build up that trust they're going to tell you what they think, so we are able to hear that. So it takes a clinician who is strong enough to hear that feedback; even when that feedback is not comfortable, you need to hear that and make the changes that are necessary and know the difference of feedback of change and where the client is having constructive feedback or when the client is just struggling and having their own mental health issues and see what's going on effectively and how to embrace that and honor, not disrespect, the client as they are going through those difficult times: she does a very good time in doing that.

Interviewer: You mention that clients will leave, them come back. Do they generally come back and request her or is it a process that they get assigned to someone?

Interviewee: Oh, they come back and ask for her. In fact, they will call her up and say I need to come in.

Interviewer:So that speaks to the rapport that she has developed within that relationship. You get some clients who don't particularly ask for their former therapist, so if it is a process of assigning they may ask not to be assigned with their person.

Interviewee: Thing is out of all clinicians I have I have, not had a clients ask to be removed from her caseload.

Interviewer:That's a good thing to know. What do you believe is an import skill for a culturally-specific and culturally-competent therapist to have?

Interviewee: There are a lot of skills but I will give you just a few. In order to be culturally competent, you must understand the dynamics of racism in this county. You have to have a strong foundation of that. Then you have to understand how the systematic approach to how oppression occurs in this country, how it is in the systems, not just racism alone but the multi levels of it. You also have to be able to have the compassion to want to work with the population, support the population and to hear their story. You also have to have the strength to be able to endure what you hear, and to find ways to heal yourself because you will hear some stories that are horrendous so you have to heal yourself so you stay engaged with the client so they stay engaged in services.

So then you need to understand anti-oppression and dismantle oppression because when you are working with clients there are a couple things you need to keep in mind, how do you empower the client to deal with racism and oppression? and how do you challenge the system? You can't just deal with the system and start making change because you can't just do clients because that does not solve the problem. So you have to work with clients and the system. I think she has a very good understanding of that, and she begins to figure out how to deal with the system in a way to empowers the client but she does well dealing with her stuff as well when working with the system and working on change.

Interviewer: So is it safe to say that she understands the system approach and everything else you were saying about the historical piece and how it is not just locally but nationally? Thank you, so how do you feel she validate her clients'

when dealing with culturally or racially-specific experiences during your assessment process as well as the treatment processes?

Interviewee: How well does she validate?

Interviewer: Yes?

Interviewee: You have to validate the client. If you don't validate the client they will not come back and she does very well at that. The validation is not superficial. She takes real examples. Tells them what they are doing well and also very clear on telling them what they are not doing well. So she validates client's experiences and she does its very well.

Interviewer: Do you feel there is anything she could improve on in relation to the validation process in assessment or treatment?

Interviewee: As of right now no, I think she does a really good job at that. I am really picky around that.

Interviewer: While working with culturally specific services I can see why you are particular in all aspects of the treatment process. How do you feel she deals with the non-explicit cultural differences between herself and the client?

Interviewee: I think she does very well. The thing is because you are African American and you look like us or talks like us that does not mean we are on the same page level. And just because they are African American there is such a brood spectrum of the culture and you need to know there is cultural differences even though you are from the same background and so she has a very good understanding of that, and she looks at that and works with that. She is aware that there is a difference

between African Americans in the west coast vs. east coast, the north and south so she is has an understanding of the cultural differences and she able to talk about that. She is not from Oregon, so she understands that dynamic that changes, so she is able to look at that culturally and begin to work with the clients as well. She is also very good at working with client who is not from that African American back ground as well. She understand that there is a cultural dynamic there as well.

Interviewer: When you say "not of the African American background" are you speaking more of the dominant culture?

Interviewee: Part of the dominate culture but other cultures as well. We are a multicultural agency; she might have clients that are from Asian decent, native American, first nation and a variety of ways they identify, so she works well with them as well. She has some from the Hispanic background as well.

Interviewer: So she engages all cultures on an equal plain?

Interviewee: She has a strong understanding of culture. The one thing that is important is when you are doing cultural work everyone has a culture. So when you are doing cultural work, you need to understand the dynamics of the people you are working with. Even though they come from a dominate culture, you need to understand the effects of racism that happens in the dominate culture as well. Some people look at it as they benefit from it but everybody gets hurt by racism and that plays out in the dominate culture as guilt and shame and she is able to engage on that level as well.

Interviewer: That's good, so how do you feel she relates to clients of the same culture?

Interviewee: She does well; I have nothing bad to say because she has done her work. She is consistently going to trainings and learning the diversity within her own culture so when she is at the table with a client she can bring that information to the table. She doesn't assume that because she is African American and they are African American they have the same experiences. Instead she comes to the table "you are African American, I am African American. I have to pay attention to you more because you're not going to come from the same experiences that I come from, you can't." So she brings it to that forefront that the assumption is that because you're black and I'm black that we are going to get along. She doesn't come from that point of view; she comes from the point that we are different. We have some similarities but we are different and I need to understand where you are coming from so I can understand.

Interviewer: So when you say "where you are coming from" are you saying your micro aggressions and oppression is different from my experiences and what I am dealing with?

Interviewee: Yes, everyone's micro aggressions are going to be different. Not all two people are the same. So she looks at the micro aggressions and try's to understand how they see it, how they interpret it. And then when she sees how they deal with it, she finds the ways that is not beneficial to them, and creates a way to target them or

puts them in jeopardy to a healthy life. She looks at that and finds ways to shift that thinking and deal with the micro aggressions in a healthy way.

Interviewer: Thank you. Do you feel how she deals with cultural background helps or hurts the therapeutic relationships?

Interviewee: Like I was telling you before, when you understand the micro aggressions that occurs sometimes when people come to you and they are coming from the same culture. They may not see you as coming from the same culture. They may view you as part of the dominate culture because you are coming to them in this setting. And they begin to challenge you on a huge level, so what I notice is she is able to sit with that with them and allow them to work through that so it doesn't become an issue. Sometimes it works, sometimes it doesn't but dealing with their internalize racism, dealing with their micro aggressions, racism, and all that struggle, so depending on where they are, you can take it to the next level and do the healing piece or if they are not ready for that, she will work with that the best she can.

Interviewer: So if I am understand what you are saying, it's not necessarily the cultural background that could hurt it but it is the background of being an educated African American woman?

Interviewee: Yes, but it could also be that you are African American. When you have internalized racism when you are dealing with racism you are a person of color and you have been told that over and over ….and you see a black therapist, you have to work through that thinking. You have been trained for years and years that African Americans …you look at the newspaper, hear the radio ….you are taught the negative

things about black people so you have that with you. So when you see a black therapist you still have that same ideology and you still see that they are bad people even though you are from that same culture. So she understands that and is able to work through that. And understand how to work through that because the more you attach that thinking, you are attacking yourself, so she looks at that and helps you work through that.

Interviewer: Okay. So I understand the perceptions you have a black woman or black man who is a therapist in this field and all the taboos we have around it. So for me to help you with that I am going to share with you that, yes, this is also my understanding and having that empathy with them?

Interviewee: Yes, you cannot pretend that it does not exist but you have to understand that just because you are an African American therapist it does not mean that you walk without the stereotypes that have been placed upon you.

Interviewer: Okay. Thank you, I wanted to make sure I got what you are saying.

Interviewee: I know sometimes I am very vague, so I am used to working with clients that you keep it vague so you can help them understand.

Interviewer: I understand. Do you feel her worldview helps when working with African American clients?

Interviewee: Yes, because when you talk about worldview this is how I look at worldview. There are African Americans in this county, African Americans in Africa, African Americans in Europe and you have to have an understanding that all those areas are different. How African Americans are viewed in different parts of the world.

You have to have an understanding of that as well. Especially when you look at past issues like apartheid and the affects it had on the world. If you don't have the understanding that you also have people that are affected by that and have that worldview, you are not going to be able to work with that client. Her world view is one of power and strength while looking through how to be successful in the time of oppression but not have the oppression be your identity. That's another skill a therapist needs to have is to be able to see the person, understand the oppression but understand the differences, that that are separate. Be able to look at that strength of a person of color and the history of strength of people of color. Because a lot of time the history teaches us that we all are descendants of slavery which is not true. We came in this county in the 1600's we didn't come as slaves they were world travels but because the way history is written and the loss of the civil war down south they got to write history book and wrote it to support their point of view. They wanted to categorize African Americans in a less than category, so they said they all came from descendents of slavery, not as a human being. So what you have to understand is that we don't have to. As you are working with clients, knowing that history, the success of African Americans and the contributions….because if you don't understand the history and contributions of African Americans and that they are successful people, you can't help the person deal with the issues.

Interviewer: That is very profound. So, do you feel worldview plays a role in how she works with her clients? I know you spoke to that but is there anything you would add?

Interviewee: The thing like I was saying is you have to have that worldview of success in you client otherwise if you come from an attitude or belief system that we are damaged goods then you will treat them as damaged good and all they will be is damaged goods. But if you look at them that you are incredible as you are and you are just dealing with some struggles that you are not damaged goods then you are always going t look at how successful you are and you are going to be able to help people be successful no matter where they are in life. and then they are going to be successful in life. So your worldview plays a strong part in working in a therapeutic alliance. If you don't have a powerful and strong worldview that is a healthy worldview, you are not; you are only able to take the client as far as you are willing to go. You have to do the work and if you are able to understand the success of black people, you will never be able to help a black person get well.

Interviewer: You feel she does all that?

Interviewee: She does all that, and is always looking at the success talking about it in a variety of ways.

Interviewer: Is there anything else about how when, she works as a therapist that you would want to add or that you feel is beneficial for me to know?

Interviewee: Yes I think what I would add is that once you become a culturally-specific therapist you are always looking at your culture, always, it never stops. People may go I "took diversity training, so I am good." No! You have to understand and what she does is you are always learning, always doing diversity trainings. You are always keeping abreast to things. You can't learn everything about that culture, even if you are from that culture you still have to learn. So as long as you keep your mind open and continue to learn, do the research,

participate in program to challenge your thing around race, people of color, African Americans, then you are going to be an excellent clinician. As soon as you stop that, the level you stop at, the level you stop, your skill set and improving so she is always doing that. Another thing she does very well is she does not breach confidentiality. When you are an African American therapist in the community if you even hint what is going on in therapy you are done. You don't have to say the person's name, you could say "I heard these issues" it's doesn't matter, if you breach that you're done. So confidentially is stronger in the African American community then cross cultural; same culture it is stronger in the African American community. Is very important

Interviewer: That it is.

Interviewee: She does that very well. Another thing about it is keeping the issues in the session and not bringing it out to the rest of the world. Because what the client brings you in the session is their view; it can be true, it could not be true, and that doesn't matter because it is their view therefore you work with that client and when you are done with that session you let it go, you don't bring it out to the rest of the world. That is what she is good at as well. I think it is important as a practitioner we talk about the importance of confidentiality, respect and dignity but African Americans deal with struggle and dignity all the time. They are bombarded with things that are not okay. So as you are doing work with the client it is more important that you to really look at how to build respect in the session, even when they are not doing what they are doing and how do you let them know that in a respectful way.

Interviewer: That is all true. Is there is nothing else I want to thank you and I appreciate your participation

APENDEX H

Interviewee: Supervisor 2

(Start of Interview)

Interviewer: When thinking about how therapist A works with clients, how do you feel she builds rapport with the clients?

Interviewee: I think she is fantastic in building rapport with her clients. She as a very warm, calm and grounded presence. She is classy yet completely assessable regardless of where the clients are coming in at. She has a sense of humor and a smile that invites people to feel comfortable. She is an excellent listener and she just engaging. She is engaging, she listens, she reflects and her clients tend to really love her and stay with her. That has been my experience on how she engages the clients. She is also thorough one of the things that, there are two things and this may cross over into another question. One of the things I think she is good at is treatment planning she really gets what the client wants to do and makes that the goal. She is consistently updating the treatment plan. I know that she uses the treatment plan as a working tool to make sure the client are getting what they want out too out of treatment. The other thing, well there are two things, is she is very good at getting collateral contacts, you can't she her without coughing up a significant other or somebody that she can talk to and get a broader sense of what is going one with you. She always gets a collateral contact for everybody. She is also really good at encouraging clients to go to group treatment and to seek additional services outside of individual counseling. So she has a very systemic approach to her therapy and I think that is very engaging to the client.

Interviewer: So hearing the issues that they are bring to the table and then try to link them some support systems to deal with those issues that they are bring to the table to have support outside of individual therapy?

Interviewee: Exactly, especially natural support. More than any other practitioner in this place she always gets collateral contact, even more than me.

Interviewer: Even more then you

Interviewee: Even more than me, she, I really admire that.

Interviewer: How do you think that came to be? What I am hearing is that is a natural thing for her to do. What is your impression of that?

Interviewee: She is a social worker and I am a social work so I have a bias to the training that I feel social work gives you. Social work is systems based, strength based and empowerment base. I think that her training has a part to this. Plus she has been doing this for 30 plus or more years so just her life experience of, and she has done it a verity of settings, she's done it at a verity of levels she has done management, she's done teaching, she's done running things she has done it all. She has seen what really works for people and she has done it all. She is also highly credentialed she a CADC, LCSW and problem gambling certification so she seeks out continuing education as well as those high level credentials. She keeps up on her education and I think it is her personality. She is a loving person and she cares about the community.

Interviewer: You touch on this, how do you feel she engages clients in assessing their needs? She does the treatment plan but can you elaborate a little more on how she engaged client in the assessment and treatment process?

Interviewee: I have had the benefit of the supervisor is, one of the things I started doing in the last years is either sitting with the practitioners and observing them as they are practicing and listening via audio. So I listen to an audio tape of hers in last couple of months and she is really asking them, she is skilled at motivational interviewing, she is really good at asking them what they want for their lives and helping them clarify, clarify and clarify. Even in the session listen to she helped a college student and really helping her work through what she wanted out of this relationship with an ex-boyfriend. Revenge came up in the conversation, essentially, I mean that is not what the young woman said it was I want revenge I want him to want me but I don't really want him. So she was able to skillfully and gently just enquire the validity of that as an outcome of wanting. How will that benefit the client? So even if that client didn't see how that was self, when the client has an outcome that is less affective or self destructive and help the client see how unhealthy that is. She is very good at using that motivational interviewing and saying who that going to weed is or weeding that out of someone. She knows when to back off. This client was very defensive resistant and I just listen to hear her just gently cruise through a difficult area when it did work. She is a non threatening person so people tend she is none threatening and she challenges people. I think that is why the none thirteen ways works and like I said she is laterally, as a supervisor I am also the quality management person here and I do chart reviews and she uses treatment plans and updates them every month so she is current on treatment plans. Our minimum requirement is quarterly and she is doing them way more than that. So that means she is really staying with the client and their needs. She is seeing what is changing and updating it

to their current situation. So as long as it is fresh she is staying with the current issues and that helps with engagement.

Interviewer: So how she maintains her rapport with clients? You spoke on it a little but is there anything else you feel she does?

Interviewee: People get better and I think the proof is in the pudding sort of speaking. I mean if you are working with somebody and you feel better you are going to keep working with them. she does whatever case management they need and linking people to higher levels of care when they need it, so residential treatment or hospitalization she is just very through in address what people are going through. Assessments and reporting that they may need for various legal matters. People just feel really comfortable with her because when they work with her they get good results. So I think that is the engagement. I think she instills hope and I think she helps people learn concrete skills. To live a more healthy and affective life style. So I think what she is doing in working and that is engagement. So when it works you want more, she is systematic and she uses evidence based practices. And yet she is warm and patient that is the big thing for her, she knows it can take people a long time to engage. So she is patient, she doesn't push them fast, she's not going to work harder than them but she works hard for her clients. She will go above and beyond, make the calls, talk to the significant other and find recourses.

Interviewer: What do you believe is and import skill for a culturally-specific and culturally-competent therapist such as ___?

Interviewee: I think that experience, I think in terms of skills and that's where I say experience coming from the culture is big. It is a major component to culturally

competent services. Knowing that culture from the inside out and having similar experiences to that client and being able to relate to the dynamics of racism, oppression and any form of discrimination any form of micro aggressions. I think and I have actually written this up on what I think a culturally-competent practitioner needs to have. Awareness of you own biases and be able to identify the chatter in your own mind that will prevent you from connecting with the client. .

Recognizing our own biases and agendas. Having our own cognitive restructuring which is something I value for myself having to work through those things and having a genuine empathy for the clients. Seeing clients as humans and not objects is really important.

I think for culturally competent practitioner who has grown up in American society you have to undo the conditioning, the thought systems, and the races ideology we have all been seeped in. To see African Americans as objects because that is what we were viewed as, that is what chattel slavery was it is chattel is about having an object. So even when I do workshops on this topic I talk about the differences that same people slaves are calling them enslaved Africans or enslaved African Americans and I teach people about the semantics around that. I say they are people not objects but you are tough about objects so you are taught that distances. That causes dehumanization which is larking in the sub consciousness, of our entire society. I'm kinda off of a tangent, but I believe you have to illuminate that within and see it directly and work with it and work actively to dismantle it in order to work affectively.

Interviewer: So do you feel these are skills and traits ____possesses?

Interviewee: Exactly, we all have our biases and we all have our stuff. But I see a real sensitivity and compassion with people of color within her. Willingness to learn she doesn't just work with African Americans she works with Caucasians, Asians and Latinos. She doesn't claim to know everything, which is good. But she is willing to learn and find out how culture plays a role in the issues a client may have. I see that as a real strength.

Interviewer: How do you feel she validate her clients' w culturally and their or racially experiences that may come up during assessment and treatment?

Interviewee: You know, it's funny because don't know how to answer that question. I don't want to lay my own though of how I do that on top of that. I think she is just non-judgmental. She is warm and non judgmental so people feel comfortable bring themselves in and I don't think they feel like that have to change in order to be around her.

I think my experience of her in supervision, and what I am overlaying that too is what happens with the client is she is real. She can bring in her own cultural experiences and bring a demeanor and attitude, warmth and a joy that feels very cultural to me being another African American person. So things like she is not afraid if the client gets loud. I think that is a very common cultural thing so she is not hitting the panic button if a client gets loud. She can laugh loud with a client and I think those are cultural things. We have an expressive culture we can get loud we can get angry and she is not afraid of that she can sit with that and be calm she can be fine and if people want to throw attitude she can hold her own too. I think that helps people feels safe like they are being met where they are at. And within that she has the versatility to

cross between cultures so it is not all about being one way or another she can just meets people where they are at. And match them where they are at and I think that is part of what makes her good.

Interviewer: So if my trait is to be loud she meets me where I am at and allows me to be loud and if my trait is to be teemed and soft spoken she can come down to that level?

Interviewee: Exactly, but she doesn't always match them where they are at. But she can if she needs to. She tends to be more of a soft spoken person but she can be loud if she needs to and she can tolerate being loud so she can do it in way that is accepting not over baring. That is my perception of her and she is just classy she is the kind of lady you want to be your mom, or grandma or our sister, or friend. She is just warm and classy and so she is easy to relate to with rally good boundaries.

Interviewer: I think that is good having good boundaries

Interviewee: I don't want to give you the impression that she chameleons into the other cultures. She is very authentic but can get there if she needs to. I think that is an important trait for a culturally competent practitioner. How do you stay your authentic self hold the space for where the client is at and if you need to intervene somehow but you can do it in a way that is appropriate and I think she can do that.

Interviewer: How do feel she deals with the non-explicit cultural differences between her and the client?

Interviewee: I think she handles them well. I go back to the non judgmental attitude and level of experience she has. I am thinking of things like differences in religion or differences in socio economic status differences in educational level. She is very

educated and we see clients from surgeons and lawyers o people who are homeless to varying educational levels and economic levels , those in-between and I think she just helps people by modify materials and speaking in a ways that are excisable to people. She doesn't talk above peoples head or judge them wither or not they go to just, or wither or not they go to moss or what they believe in at all yet she draws from any strengthens they may have, family strengthens religious strengths economic or employment strengths and builds on that wherever they are. And her sense of humor. Acceptance and sense of humor I just keep going back to that. I think she just sees people as valuable regardless of where they are at and they differences. So she works with their differences where they are at instead of trying to bring everybody to a cretin place it like what do you want in your life and let me help you with that.

In our culture we can get into our internalized oppression of your not black enough your too black, blah blah blah your bi-racial your not black enough and she doesn't play those kind of games with people. I never heard her say that person is not rally black or that person is not really whatever. She doesn't judge people like that, I think she embraces the spectrum of culture and then cross culturally she sees whites clients, we all see Caucasian clients and I think she has a demeanor that her whit clients just love her as much as her black clients. That has been my experiences when I observe her coming to get them from the waiting room. They are just and eager to see her as her black clients and they have just as many appointments. I this she has a level of bi-cultural that transcends and no just affective with African American clients but that she has lived in and understands white culture as well. And in a way that makes white people comfortable as well. So she is very versatile.

Interviewer: That is interesting, she is bi-cultural

Interviewee: I thing that a lot of African Americans are bi-cultural but we do not. I don't think the general employment world as seen us as such. Yet but as time goes on and the county starts to brown out I think they will see the value in our cultureless of having to life in white culture. A lot of use work effectively in white culture as well as with African Americans and a lot of places don't see that. The assimilation process and ability to adapt to other cultures

Interviewer: How do you feel she relates to their needs?

Interviewee: I think she is great, I think she relates with them very well. I did a stent of intake for awhile and there would be cretin clients that would come in and not every black client that comes in will be assigned to a black practitioner when I first came here I didn't anticipate that for a number reasons but there were some clients that I would say "oh you have to see Ms. X" like Ms. X is the only one that can relate to this person. She will understand she will be able to handle all of this. So I feel confident that whenever I or someone else assigns and African American client to Ms. X that she will never complains or come back and say this is to hard or this is too much. She has come back and asked for additional time to work with a client doing case management because she deals with highly complex clients and they may have criminal justice involvement or DHS involvement homelessness, domestic violence, anything from college students struggling in school to people dealing with employment discrimination to all kinds of things and she just handles it. She is always very respectful when she talks about the clients. Very respectful not complaining and so I feel confident that she does a good job with African American clients.

Interviewer: Do you feel she has any challenges when working with clients of the same culture?

Interviewee: I think the only challenge that I see is she feels very strongly about what DHS has done to our children, African American children. So that is a source of reactivity for her. When she is working with somebody who is DHS involved she is not reactive about the client she is reactive about the DHS involvement.

So it the systemic issues that related to the culture?

Yes that triggers her that is the one thing that I see set her off consistently and it is never about the client. She works very hard, she works very collaboratively with DHS so she does not power struggle in any way. If they need her to attend meetings or send reports she will do that but that is the one thing that I see consistently be a challenge for her. She is how our children in up in the system how they are treated how the parents get treat that is a defiant sore spot for her.

Interviewer: Have you notice any other systemic issues that become a challenge for her when working with the African American culture?

Interviewee: No, I haven't with her. You can mention DHS and she "I would never let a child that was related to me go into the foster care system if I had any power over it" that is the only thing I have ever seen her react to.

Interviewer: How do you feel her cultural background helps her in the therapeutic relationships?

Interviewee: I think it is essential in working with African Americans because she has lived it from the inside. One of the things I have learned as a practitioner and some of the trainings I have received you have who you are on the inside and then you have

what you represent on the outside to the society. So just being a successful African American woman who is warm, caring and nurturing it just makes such a huge difference. I think people will tell her things that they wouldn't tell a white, African Americans will tell her things that they will not tell a white therapist. And I know there are things they won't tell a whit practitioner. Well I can't say that but what I can say is that people have reported that they have had white practitioner in the past and they haven't shared as much as they have with her. And so I have anecdotal information that that's what going on. I just thing knowing that for a lot of African Americans being able to talk to someone who looks like them is just hug. We did outreach out in the community in 2009 and we did probably 30 community forums that were with all African Americans and all African American presenters and when we asked people what would make you want to seek services in our client they would say I want to see, well if I could see someone who looks like me and then they would do this (hold arm out and gesture skin color) and they would rub their skin and this would happen over and over again. Now this was 2009 and it is still, the internalized oppression is still there that is not okay to say I want to see an African American provider even in a group of all black people. So that shows how deep it is but people do what that and have a hard time finding that especially in the state of Oregon. So I just think it is essential that we have African Americans providers for African American clients and that we have cultural specific programs.

Interviewer: How do you feel her cultural background hurts her in the therapeutic relationships?

Interviewee: I don't think it does. I don't think it is her cultural background but every once in a while she will work with a male client, African American male clients who doesn't necessary no how to related to woman well. I think that is a gender issue not a racial issue. So in terms of her being an African American I would say only with an occasional white client who doesn't respect what she has to say and request to be transferred. And that only happen once in the three years I have been her. It seem like she want getting through and the culture seem to be a part of it.

But I can't think of any other incense.

Interviewer: So you said African American males an she worked with and the where some challenges. Would you say they are the same challenges she would have a with a white male?

Interviewee: It wouldn't be the same because of the racial dynamics. I don't think it can be exactly the same. With a Caucasian male because of the racial dynamics between white males and black woman and black woman and black man.

Interviewer: So some cultural and some gender pieces entwined.

Interviewee: I think that….that is really event an issue.

Black men who have felt that black women are oppressing them, historically that have felt that black women are oppressing them. Black woman have felt I am not oppressing you I am helping you because I have been victimize by white people so you didn't have too. So part of me says it is a cultural piece of what black men have towards black women. And then you have black men say why he would date a white woman and not me. Black mean say I don't date black woman because that have an attitude or other negative remarks.

Interviewer: So the is a cultural piece as well as a gender piece to that?

Interviewee: Yes and I gotta say where it think I am hung up there are black men working with white women here and I get the story all the time of "he is try to work me" and I believe it in terms of, they don't say he is trying to work me (now I am talking about white woman) they don't say his trying to work me they tell me what's going on and I tell them he's trying to work you and if I transfer that guy to Ms. X he doesn't act like that toward her like he did with the whit practitioner. So the situation I am telling you is very rare but I see how the men will work the white women. I don't have the money and blah blah blah. It seems to somehow stop if they work with her or ___. So I made even have to retract what I am saying. It is the rare person that doesn't work affectively with Ms. X I mean it is just rate. I do think this is a racial component to it but her demeanor defuses that. They treat her with respect almost always it is the rare person who doesn't do that.

Interviewer: I just want to make sure I am getting clarity on what you are saying

Interviewee: Yes because I have this other situation in my mind and I see how white therapist get worked by African American clients. She has not experience that. But he

Interviewer: I think that part of that is I'm trying to get over on someone.

Interviewee: When we have problems its oh you need a session with so and so and that is how we handle it. Oh he needs to see X for one session.

Interviewer: Is that so you can see the differences?

Interviewee: Yeah so you can get some straighten up. Brother we are not trying to send you to jail but we will. And it won't be because of us it will be because of your

behaviors. So one conversation…that is a cultural intervention. That one conversation likes that and they tend to act totally different. So that's what makes me say that some people are working it. That is a racial dynamic, racial and gender dynamic. So we just intervene with it because we care and we don't want to see a brother go to jail. This is usually the DUII clients and that think they are just going to skate through the program. This are a few in group the DUI group and it's like yep yep

Interviewer: Do you feel her worldview helps when working with African American clients?

Interviewee: I believe that she believes that African Americans can be successful and healthy and have self care self respect, balance in their lives and self worth. I think that that world view helps her intervene for with at client in a way that is respectful powerful.

Help them have a healthy cultural identity. She is very aware of racism and systemic oppression, and accountability with an opportunity to view things differently. I think that it helps her work with the client from a very positive cultural perspective>

Interviewer: Do you feel like it plays a curial role as far as her world views?

Interviewee: Absolutely, because people are in all different stages. I have talked to African American practitioner and they are like "oh racism is not a big deal" and it umm yeah it actually is. Then I have talked to people and it racism dictates everything. So to me that is a cause for concern to think that racism predetermines one's life because that kind of world views of it doesn't really exist or that it doesn't really affect people. It's everything and subscribes your life. Those kinds of world

views can impact how you work with a client. Whereas saying yes it exists and you have personal accountability and how are you going to deal with it. Validating the hurt of those experiences and not only empowering the person to take accountability and see it differently and see themselves differently.

Interviewer: So for clarity for me if she said yes racism exist, yes we have all the system issues and all these other things going on. So now my role as your therapist is to bring it to the table and help you move forwarded. Is that what I am hearing you say?

Interviewee: Well yes and no.

She acknowledges the reality and the positions that African Americans hold overall based on our history and simultaneously you also have personal accountability in your life. So the system doesn't make you eat junk food at night. Well in some ways it can but it doesn't force you to drink and use drugs. Although it is there you can blame everything in your life on system like oppression what are you going to do to take care of yourself in what we know is an oppressive environment. So what can you do different. You're not a victim of being black in America your just black in American and that means something and you got to deal with the reality of that but how do you treat yourself to?

Interviewer: So racism is here now you have some self image issues s it could be because of the racism but it is the self image issues you need to work on not the racism?

Interviewee: Or you are working on the racism

Interviewer: So do I work on racism first or self image?

Interviewee: Well it depends on what your situation is. If you are being decimated at work then you need to work on how you are feeling at work you need to take care of yourself but you may need to get a lawyer. The two are mutually exclusive so you may need to get our support system in order. Looking at another job if you are talking about suing people and be prepared to follow it through.

So it is realistic, it is reality based, it is both and.

Interviewer: So is there anything else about the abilities of a culturally compete clinician that you feel I should now or will be helpful?

Interviewee: I think her style of dress is part her dresses, she I say classy that is part of the symbol. She dresses in a way that is very profession yet has an ethnic flavor to it. How she wears her hair I think that is a competent as well. Because if we are symbol of what you see individual. She frequently has a little ethnic touch to how she dresses as well as in her office. She has a ethnic flavor that I think shows her pride in her culture and shows pride in our culture overall and that you can work in a Eurocentric, this is a more afro centric multicultural environment but you can work in a euro centric system and still have your own flavor. I think that is sutle but I think it is powerful environment but still represent you culture and I think we did that a little but I think that is powerful.

Interviewer: So are you saying even thou we are part of a system you can still represent your culture in a way as you said classy and still develop a bind with you client even though we are in this system?

Interviewee: Yeah, it is affirming for me to see. I am her supervisor but she is my elder. I am 30 years younger than her so she could be my mom. It is an interesting

supervision relationship in that in our culture we respect our elders and I look at it as she should be my supervisor because I don't have the kind of wisdom she has. But with that we have good collegiality and boundaries. That is a total dynamic is I don't view myself as superior to her in any way. I'm her supervisor but I feel like I am her to serve. I am that way with all my supervisees. I try to make sure they have what they need to service the client

It is a cultural thing in the African American culture that we look up to them and there are things we will not say so we don't offend them.

I will consult with her so even though I am the supervisor I will ask her for advice just because she has good advice and information, I know where I stand and she is very voluble member of the team.

Interviewer: Well thank you for your time

APENDEX I

Interviewee: Client 1

Affiliation to Interviewee: None

(Start of Interview)

Interviewer: How do you feel therapist A helps you in regards to building trust and working on the relationship?

Interviewee: I feel like therapist A has been able to give me a perspective that I am not aware of. She is able to give me different sides that I am not able to see because I am emotional involved in whatever particular situations she is able to help me see this side and this side. Then we are able to come to a conclusion together.

Interviewer: When you first started working with X how did she build that trust and rapport?

Interviewee: Well it was a little difficult because my husband was going at first. It was very odd the way our relationship started because my husband and I stated going in for marital counseling and then he had a separate, we had marital counselor, he had his own counselor and I had X. So I think at first I kind of felt like, well it wasn't about me it was more about my relationship with my husband and I um , it was really difficult because I felt like I was being attached kind of and it was only because I was going through such a hard time with my husband. And once he stopped going it made it easier for her and I to have a better relationship I felt. Because I had said some things about my husband that did come true that he would stop coming and when he gets to a certain point that's when he stops and that is how our marriage was so once that relationship dissolved our marriage isn't dissolved but him going and what we

would do is we would all get together at some point and she would communicate with his therapist and our marriage therapist and that did not work well for me. But once she was just my therapist is worked really well and I think that is was good that she did get to meet my husband because she does know what I am going through and where I've been so now I think it is a better relationship that we have. Sometimes you know I think my husband and I not together but have been in therapy he had been in therapy and I would come in and tell them what I thought I think when that happens you only see one side of it. I think since that happens with X and the other therapist she gets the whole picture it like okay this is where I am coming from and this is where he is coming from and this is their family so now I can see why client A would say that. I was angry when I first came actually I don't even know because I was mad and angry so it's been a good work through.

Interviewer: So when you came into counseling and you were hurt, angry , frustrated and all these other emotions are going on how did she help build that trust level that you could work through all those emotions and start to work with her?

Interviewee: How did she bring it out? I think for me it was just being able to trust another person. I felt like she understood some of the dynamics that were in my family. I personally myself had another counselor because I had two kidney transplants and I was really in a bad way and my husband wasn't very supportive so when she moved to Colorado I was really kind of lost so I think I really didn't trust anymore therapist I just didn't think it was going to work because that one person was so helpful so it was hard for me to trust and build a relationship with her but I think

just the more I saw here I seen she was genuine and she understood my plight because I think my husband is rally passive aggressive and to most people he is mild manor and I am more out spoken and we are a interracial couple so I think people see be as more aggressive and I think once she seen that okay she is just hurt or angry and that it's not just ___ its more what going on with me personally and the dynamics of being a black woman with three black children black boys and just…my husband and I have been married for 20 yrs so we have been together a long time I think she was just able to come in and help me. I felt like I could trust her with anything I could tell her anything and she would not judge me she made me feel like… yeah I just felt like she would not judge me because I usually don't open up much about my family dynamics and I felt like she could understand what I am talking about so I think that is what build our trust.

Interviewer: What type of questions did she ask you so she could understand the problems and dynamics of what was going on with you?

Interviewee: she just asked me about you know like I said at first it was about my husband and our marital relationship we talked and discussed that then we talked about my goals and what I wanted. I felt really connected when I saw that because you know what was best for me. If just felt like she cared about what my needs and wants were. And she wrote it out and we talked about it and discussed it and that was that.

Interviewer: You said she asked questions about your needs and your wants, so was there a treatment planning process?

Interviewee: There was

Interviewer: Did you feel you had part in that?

Interviewee: I do feel like I did. It felt like she was more in tune to me and what I was talking about and my goals. Helping me succeed in those goals rather then you have an issue with this and things like some of the counselors I have dealt with in the past.

Interviewer: So it was more of this is what I hear the problem is and this is how we can work on the problem?

Interviewee: I think we worked on it together and that is what I like. She would say this is what I hear you saying and ask me if that is what you are saying. Which is what I like because I have always felt misunderstood really misunderstood. And that going back to that first question that is what made me feel closer to her because I felt like not only is she understanding what I am saying about me where I came from and where I am today and where I want to be tomorrow I think that's what we worked on. I really like that she listens to me you know she will ask me do you think, you know there was a time that I was really in a bad way my oldest son had went to prison he is gone to prison for a long time and I guess for me it was a hard hard hard thing to deal with I couldn't sleep and you know she asked me if I wanted to see this other doctor about getting some meds and I was not adverse to meds but I just did want to take them because I had taken them before after I had my transplant and I just felt good about what we did and I didn't talk them and we just work through it together and that was really good.

Interviewer: That's nice

Interviewee: It was nice, yeah I really feel confident with her.

Interviewer: You said you didn't really open up a lot about family. Did she ask a lot of questions to help her get an understanding of your family and what your needs were around that?

Interviewee: I think that when we were talking about my husband and I there was one person who came up a lot and I noticed that she would ask me about this person or different scenarios and it made me open up about t this person. And the person who ruin or I feel came between my husband and I, my marriage. You know I just couldn't put the pieces together to the puzzle with that person and she really helped me open my eyes to the dynamics of that person and what they were thinking. And she did suggest this one thing art therapy. My goodness I was so opposed to that but I must tell you when she suggested that I was like um really I don't think so a group and art I thought then she was like you can try it and if you don't like it then you know you don't have to do it but I think it might be something you might want to try I am a people person and I can talk to people but being in that group I had all of these expectations of what are these people going to be like, what are they doing to say, what are they going to think of me. I just have never been in a group before and it was rally one of the best things that helped me. I think that it helped me deal with my son and his incarceration because there was a gentleman in there and he really helped me understand things it was probably have done one of the best things that I have done.

Interviewer: I am sure that I may ask something like this later on. You said it is a interracial marriage, do you feel she asked questions to find out if there were any issues or concerns around that she could help you with?

Interviewee: Well she wasn't really the marital counselor. X was my counselor and he had his counselor. I don't think it was particularly the interracial part of the relationship it was more about his personality and my personality which is actually is good because I have never felt like color was a issue as far as our marriage you know he had some issues and I had some issues my kids are from my first marriage and that are all African American so it is a different dynamic, but no she didn't.

Interviewer: The only reason I ask that question is to see if she may have seen a potential problem or concerns.

Interviewee: Yeah, no I think that if she would have seen something she would have said something. Now I can tell you one thing that she did that I found to be offensive is she say I don't understand men and I was like I am 53 years old and I have 3 boys plus a husband I felt like. She wanted me to watch this film and I still haven't watched it maybe I should revisit that. I was going to watch it then I was I don't know I thought that was interesting. I probably don't understand men as well as I could or should that one I didn't understand and maybe that's because I don't understand men.

Interviewer: Well maybe as a therapist she seen something you didn't see

Interviewee: Yeah that's what I thought. And when I get some time to watch the film I might have too. That was one of the things but now I think I have done this leap and she is like wow.

Interviewer: What do you think she did as a therapist to help her understand you?

Interviewee: well I think that her being able to listen to what was going on in my life. I think that was the beneficial thing as far as my therapy with her. But she didn't just

listen she gave feedback and gave lots of tools and things that I had not heard of before and gave me things to work on. And I felt they were very beneficial and umm. Now about the film there was a book she told me about. The book of the little black note book or the notebook for black men. Now I am a reader so I read that and that has been beneficial. I think that her giving me tools to work with rather than just saying I see this or I see that she would give me leaflets and say you can read this you can do this we just worked together she would give me different options and scenarios. **Interviewer: Do you think she did anything different or unique to help her understand you as a person?**

Interviewee: I don't know.

Interviewer: I heard you saying she gave you a lot of feedback so outside of giving you feedback do you there is anything else she did that let you know she heard you?

Interviewee: Well we had some commonalities that I think that I didn't have with my other therapist. But with her being black I think that there were just things we could relate to defiantly. Just the way the family dynamics, when we talked about family my personal family I think she had more of an understanding of what I was going through you know the noise, I think every family has the noisy person in it the person that tries to control everything. I just think she understood what was going on more, she could, and I felt connected to her.

Interviewer: So what about working with her allows you to feel comfortable coming back? Interviewee: just being able to recognize that, wow what stand out for me is I like that she is successful; she has done things that I want to accomplish. She

knows a lot about my struggle and I just feel connected with that portion and that she knows I went from A now I am on D and she knows that I want to go back to school and she has just been beneficial with that and positive and it just makes me want too. I think being around her brings out the best in me, I don't know any other way to say it she makes me want to succeed I just feel like the possibilities are limitless and I use to think that there wasn't anything left for me. Not just because of my illness but because I was so down trotted and I just felt like there was not hope and when you have no hope it no good. And she is just helped me see that there is hope and there is still things I can do and I think when I first saw here it was all about my husband and now the focus is on me. What I think that I really learned is that nothing has really changed, my husband hasn't changed, my kids haven't changed but I have change. That's the biggest, that's it right there.

Interviewer: so you have seen changed in yourself and that makes you want to continue to see her.

Interviewee: yes

Interviewer: I just want to make sure I understand you

Interviewee: yes, very much so and what I have found that. what I have learn from working with X is that well before I felt like I was in a rat race, I had to please this family member I had to do this I had to do that I was just caught up in this rat race and I use to think well if I dint nourish me how can I do all of this and she just help me see that that is not selfish, I use to think that that was selfish and know I know if I don't take care of me there will not be room for anyone else and I learn that what other people do I don't have to let it affect me I have the option on what I can do I can only

take care of myself I use to be a people pleaser and what I learn from her for sure is I just need to take care of me first.

Interviewer: you said earlier that you had seen a counselor before you seen X, is there a difference between the dynamics of X and the other counselor?

Interviewee: Yes I did, well I loved my other counselor so much I was just devastated when she left. What I can say is what I don't care for is I don't want a man I can tell you that but when I was with a female that was better.

Now the other counselor was Caucasian and I can't say what the real difference was. I was really sick when I first went to the other counselor and she was just really just made real good discussion and carried me. I couldn't make them and my husband couldn't make them in fact my husband was going with me then he couldn't make the discussion I could make them so she was really kind of helping us do that and X didn't help us do that because at that time I was trying to figure out…I was still working and on dialyses and I was just so warn out and tired and couldn't make rational discussions So with X I was not that so there is a different dynamic there um it is really hard for me to decipher other than that but X is just been a real positive force in my life where XX (the old therapist) was, you know we talk about hiccups what I see is what XX started X just kind of picked up and now I am in the middle of my journey cause I could not see what XX was talking about. I know she would tell me things like just put him on the shelf (talking about my husband) just put him on the self don't think about his or that and you know you don't have to think about our kids you don't have to think about all these things just think about being healthy and all that so when I met X I was defiantly not in that state of mind it has been 5 years since I had my kidney

transplant so I think I just feel like she has helped me get over another plato in my life and I am so thankful for that I use to be I think with my husband I was opposed to therapy and probably because for a majority of our relationship at least the last 12 years he has been in counseling of some kind and I didn't see any resolve so I was really skeptical I was very skeptical but I know now working with X it really what the client puts in it as well not just the therapist if the client doesn't do anything it's not going to work so I feel that's what she has done for me it has open my eyes to move me along to the next level.

Interviewer: what would you advise a new counselor to do base on your experience with her?

Interviewee: I would tell them defiantly get to know each individual person and what their needs and their journey cause I don't think and that is one thing I like about X is that I don't think that everybody fit is a little box and I don't think that she does that because that is kind of what I have seen one of my husband's therapist was judgmental and I don't think X was judgmental at all cause that is really not good one thing I do have to say is I had some issue with X and I know I have grown because I was able to go back and tell her about it and we worked past it and it was just a peculiar thing that the person in my family that I had a problem with did the same thing and X did it and I was just mortified and I was like oh my God I just could believe it I think that with counseling I was like what a minute lets step back let's look at the whole situation so I went an talked to her about it and it was so perfect we resolved it and you know I think of a professional therapist I don't think I would have been able to feel comfortable another person that I have just grown a lot and it think it is because of her I know I tell

her that all the time she is like no it's you and I am no it is really you I think she has just given me so much insight that I have not seen before I know I just had all these people in my life that always put me down so once you have that you start to feel that way about yourself it's like I was scratching and clawing my way out trying to be a better person then with society and how they feel about black people it's like okay now I am getting into this thing I told my sons is that I just feel like slavery still exist because it is in our head we have inherited it and what I can't understand is how can my family be so down on each other and so negative and growing up you are lighter complicated and you have better hair I am so sick of all that you know I am just so and that was hard for me to rationalize and understand but not I am starting to see that I think they just don't like themselves so misery does love company.

Interviewer: how do you think you put those pieces together and educating yourself about your culture?

Interviewee: How do I think I did it? It has been just recently and I am sure X has something to do with that because I never rally saw that I never really paid attention I couldn't understand how. I am a pretty outgoing loving person and I love people it doesn't matter about color so I guess for me it was the one family member who treated my husband better then they treated me and they would just say all these things and now I am looking at it saying okay they are oppressed there is something going on in their brain that makes them feel that way and it's not really me there is something more going on there so it's been an interesting journey

Interviewer: so what I heard is not being judgmental and not putting people in boxes is that correct?

Interviewee: what I like about X is that she listens. So just like you're asking she ask is this what you mean or this is what I see rather than just taking notes and taking what they are thinking because I think that it is hard to be a therapist because you are going to bring your personal thoughts to it I think that is what for me I think that is a hard thing not to do but if you ask the person is this what you mean I think it makes it a lot easier for you to see where they are coming from their point of view because I know a lot of ___therapist would think that I was, this does have to do with race. I think they thought I was wow ___you had to live with a woman like that but by the time I thought that when you get to therapy you can let it all out but these people white therapist. I remember one time telling my husband that I was not going back to him because I think he is a racist I did I really did and I said if you continue to go to him that is your provocative but I'm not going back yeah he was like ___has a illness if he had cancer would you want to leave him I was I couldn't comprehend what this man was talking about I was like I'm having problems he is having problems aren't you suppose to be helping us? That's what I was talking about the judgmental.

Interviewer: So what I heard is some cultural stuff there, like this is who I am this is my demeanor on how you communicated or who you felt you are.

Interviewee: yeah and I never got that with X I just didn't feel comfortable. Like the one lady XX she was white but she never talked to me in that way and never made me feel like it's about white black or like that it was more like okay ___ can't you see that you need to help your wife more. You need to maybe help with a meal if you cooked one meal or something I remember her saying things like that it was never like the one Caucasian male. I could kind of feel that some of the therapist he had they judging us

our relationship when I would talk to ___ about it I would say I can talk to XX about anything I'm not the lily blond girl this is me and this is where I am at it has been a challenge as far as therapist I know the world and how the world views us but when you go to therapy and you think you are paying for it and you think that they are going to be subjective.

Interviewer: so is it like in the world I am a black person and I can except what they are giving me because it is their worldviews but in therapy their world view should not affect my services

Interviewee: exactly , that is it exactly and I just feel so comfortable with X and the staff there I don't feel like that at all I feel I can say anything and be anything, and she did come back to me and say the marital therapist I see ___stopped coming and I said I have been married to him this amount of years and I think I know him pretty well and you think because I am angry I didn't know what I was talking about but I said you will see mark my words and I said it in front of him because I didn't want people to think what they call it angry black woman…diary of a mad black woman I said I just want you to know and X did come back and say he is not coming and I said ummm hmmm no he is not and it had been about a year and you would think he would stay but it is like when he gets to that point when he is going to get help he stops like he is scared I don't know but for me it was thank you for acknowledging it I think that is what helped build the trust because it was like okay she acknowledge and she sees that I am right about and it's not that I have to be right but I know my husband who else should know him better I live with him I know what he is about and I may not know everything but I know his habits or at least some of them yeah it was just good to not

feel she never made me feel like I was a bad person for feel that way or for expressing myself and with some therapist in didn't feel like I could express myself.

Interviewer: I also heard you say that the Caucasian male treated you a particular way and earlier you said you would never work with a male therapist again have you ever worked with a African American male therapist and see the difference in the two?

Interviewee: No I haven't worked with a African American male therapist I don't think I could work with a male therapist I just don't think I could.

Interviewer: How do you feel your therapist cultural background helps or hurts your relationships?

Interviewee: I think she understands it like I was saying earlier about the family dynamics I defiantly know that she understands it because I have Caucasian friends and I just maybe last week was talking about the dynamics of my family now I have know this girl since I was about 10 and I was talking to her and you know she lives the white life her kids have never been to jail her kids don't have any of the same issues my kids. my sons can't get a job her sons have jobs her son did help my son get a job at one time it's just a different world and I see it and um so I have know her since I was 10 and um you would think she would understand my culture pretty well but I don't think she does I have know her for 40 years that is a long time she knew my mother before she past, she has been involved in my family but I just don't think she understand the culture and what are struggle is. I don't think I understood it until recently but the mental part of it I told her I think my family still has a slave mentality with what the master did separating the black male from the black female and the

mind control and the games that they played I didn't think it was inherited but I think that is something that has been passed down I said I don't get how that happen but I just see it and she related it to her job and how when her mean boss was there everybody got together and I could comprehend what she was talking about so I know that when it comes to X she can understand what I am saying

Interviewer: So let me make sure I am getting this right your friend of 40 years you are explaining something to her about what is going on in your family and how you feel the thought process has been passed down generationally and instead of her understanding what you where saying se equated it to her white world view or what you considered to be her white worldview

Interviewee: right where X could understand what I am talking about

Interviewer: in the worldview of an African American?

Interviewee: right and I have only known her for several years and I just feel like she understands what I am talking about whereas my friend that I have known for most of my life just doesn't understand. I thought she could understand but she cannot she does not and I don't know if it's because she refuses to or I just don't think she can understand. I think my husband can kind of understands a little bit but I don't think he completely understands you know he can see that his black steps sons are treated different so I think he understand a little more because he has had to live it my friend hasn't had to live it for 22 years so he can see where and we did talk about this how our 3 well yeah our 3 because he does consider them to be his son that when they were young it was oh your boys are so cute aren't the so cute now that they are 6'4 and 6'2 and 300 pounds people are afraid of them. how do you go from that they are the same

people they are the same boys I just started noticing that when they got bigger maybe that's why she wanted me to watch that film I don't know but it really broke my heart it really broke my heart and you know it's just I just feel like she understands me and that aspect of being a black female I don't know I just think she understands me.

Interviewer: so why do you think you have these young black men who are boys and they become teenager's young men who are 6'2 6'4 why do you think those dynamics change?

Interviewee: I think it is because people view black males negatively now when I think they are manageable when they are young children they are manageable they aren't threaten but when they become young men I think they are more threatening an society or at least to white people I remember when I was working and I was devastated with the thought process but this one Caucasian lady told me she said I bet you never heard of this before but you know she told me that white people I want to say some because I don't want to believe that all white people say this that white people will see a white drug addict walking down the street and they will see a needle sticking out their arm and then they will see a black priests he's got the black on with the white collar an d you know he is a priest and white people will walk on the side with the white person even though you can clearly see that they are a horrible person or drug affected and when she said that to me it was like wow is that how white people think.

Interviewer: How long ago was that if you don't mind me asking?

Interviewee: it was awhile ago because I was still working so it's been probably 10 years or so and I was like that is just amazing to me I just don't get it I don't understand that thinking at all

Interviewer: you talked about the mentality of family members going backwards to you feel like that has to do with what I want to call stereotypes of blacks like tall Black/African American male some of those stereotypes?

Interviewee: I think that what has happen is that some black people hate themselves so much I think that they just don't realize it that it is embedded. It want to be a therapist now because how did that happen it is not like you hate your children but you say it in a different way just like now you have the light skinned woman the this kind of woman it is so prevalent that I don't know how that has happen but it has happen my godfather said it is a jealousy thing that is what equated it too but I think it is more then that I think it is self hatred a downing of yourself. A lot of what I see in my family is a lot of depression so it's like that reason I notice being in both worlds now that what I tell my white friend is your people may not like each other but they help each other and that is what I notice in the Caucasian community and she said yeah we were raised no matter what we help our own. I said yeah will if black people did that we would be so much further ahead we lost it if one person gets somewhere they don't want to help the other and its sad it amazes me you know like I don't think there is anything for anyone to be jealousy of for me I actually what I think happen to me my family member where afraid and it is not because my husband Is white because they like him more then they like me actually so I don't think it's that it was like they felt I should be happy where I was at like I should be really happy an never question what

he did or say it was your should be happy with all you have I just feel like I could have done it on my own I don't feel like there was anything baring me from being successful or having a house on the hill you know any of those things I could have done that on my own you know I don't know and I think black woman put a lot of pressure on each other and I think that is so wrong we don't paper each other enough

Interviewer: Do you think that X has an understanding of all these cultural things you are talking about?

Interviewee: I think so

Interviewer: do you think she brings that in the session with you

Interviewee: yeah because she defiantly understands my family dynamics and that is what I was saying about how she helped me see different perspective s about how their they being my family where they are coming from I just took it as a personal thing and was just so hurt that they would treat me in a certain manor but now I just don't take that baggage on I don't take it on it's a process you have to work through it each case by case or each incident by incident but yeah I feel like she has giving me the tools and knowledge to work through each circumstance

Interviewer: How do you feel her cultural background has helped the therapeutic relationship?

Interviewee: I just think her being an African American helps her understand. I don't know what she has been through or hasn't been through but I think she just understand and her being African American helps I'm not her journey and walk but I am sure she has a understanding of where I am going and what I have gone through

Interviewer: How do you feel her background has hurt the relationship?

Interviewee: no I think it benefits it actually

Interviewer: Do you feel you therapist understand your family history and how plays a part in problems or concerns?

Interviewee: definitely, yeah

Interviewer: I know you shared a lot about your family history. Is there anything you feel you haven't shared with me about how she has addressed our family problems or concerns?

Interviewee: I think the best thing I can say is she help me learn how to cope how to do beyond the judger ant the down trotness and how to no matter what is going on in the family to strive and just be better and not let it get you down

Interviewer: Do you feel her worldview (views on Blacks/African Americans) plays a role in how you work together?

Interviewee: yes I feel like it plays a very important role I think with her being African American she can understand what is going on in my world our world and how that would affect our inner world

Interviewer: is there anything else that you would want to share with me about your relationship with X

Interviewee: I just feel like it has been beneficial I feel like I was fragmented and now I feel like I am becoming whole through the therapy I have learn to like me to love me where I am and everybody has something to offer and we are all unique my family made me feel like there was something wrong with me and the way I think and working with X I realize no there is nothing wrong with me and how I comprehend me. Something that she helped me with about the black culture is that I was raised

that you respect your elders I don't know if white people were particularly raised this way so that is why I would say anything to this particular family member and I know she understand that with her being black she understands that so she help me see that I don't have to be disrespectful but you can let people know you will not tolerate this behavior by doing this behavior and I have never thought of that or how to that before that was just the best thing for me that put so much less stress on me I was trying to figure it out and I could not figure it out I mean I had different scenarios life if I ignored them if I did this or that but she just gave me the tools to be equipped so I could handle that I think she understands the African American family dynamic so that was so helpful to me to figure out what and how to work with that particular person and for me I cared about the person it isn't that I just didn't want them in my life but how do I work with them and not let them make me crazy

Interviewer: So her understanding of some of the norms in the African American culture and some of the familial norms within the African American culture helped you deal with a family member who is also African American

Interviewee: Exactly yes exactly I think for me that am something I will take away from this therapy that I have had with her it just held me so much

Interviewer: Do you think you would have been able to do the same if you had a Caucasian Therapist?

Interviewee: No I don't think a Caucasian person can understand the dynamics of a black family I really don't I don't know if they have to live with the person like my husband has. I grew up in a white neighborhood and around Caucasian I use to feel they understood what I was talking about and I know they said they understood but

they really did not understand and I just came to that conclusion in the last several years. Now we can love each other and we can do a whole lot of other things and I am talking about my friends cause I love them they are like my sisters but they don't really understand but I know X does and it is probably because she grew up in a black family she knows what I am talking about I think seeing my Caucasian friends and the way they grew up is a big differences so I think that it helps

Interviewer: Well thank you I appreciate you taking time out to meet with me

APENDEX J

Interviewee: Client 2

Interview Setting: Interview conducted at clients home

(Start of Interview)

Interviewer: How do you feel therapist A helps you in regards to building trust and working on the relationship?

Interviewee: Her responses to me seem to be in line with what I am trying to do and the fact that she is not going on her own tangent except to give me…. She remembers the stuff I told her and she will give me honest feedback. I think that is it's her honesty in her feedback. It's realistic and it helps me look at what I am saying or doing. And just never in a judgmental way, it just feels like a fluid conversation. With her and I feel understood so if I feel understood then it means she was listening to me. I never feel questioned I don't feel the need to question when I can talk about quoted unquote white folks or how it has affected our life. She can, she doesn't; I don't feel like she is going to be offended or judge me. She will hear what I am talking about and I can trust her to say the truth. And I cannot be judge and she will work with it, she will work with it, it's not a not a thing is like how does that relate to this subject here. I don't know maybe that's the best that I can describe it.

I don't feel questioned; doubtful when I leave. If feels good when I leave she explains things or if I need to give a signature for something for my chart she explains what it's about. She so claim all the time, just so claim all the time. It is really nice and when she laughs it's a genuine laugh and smile it just feels so real.

Interviewer: You said she remember the things that you said. So are you saying she remembers the things you said in prior session?

Interviewee: Things that I have said when we started. I don't feel like I am just another patient or client. It feels real. I have tried to get therapy for years. I have been to two different psychiatrist who were both white; one male one female. They were very bad experiences id didn't feel no connection none what so ever. The female when I told her about this really horrid dream I had. She stood up and said "I don't think we can have anymore sessions" she didn't refer me to anyone. It was just a violent kind of dream, it was just a dream. I just wanted to tell her and I wanted help to mend my own self and I needed guidance and help. The other was a white male and so of course my father is black and he just didn't seem to be able to understand, I don't know what it was. All I know is it feels safe to be with X. She can um, she feels close somehow (crying) it's that closeness is something I have been trying to find to releases this burden and she feels safe. I forgot what the question was you asked.

Interviewer: It's the building of the trust and I think you covered it by saying she remembers things you have said and you feel safe with her.

Interviewee: Right, not matter what it is I am talking about. She is none judging she is nonjudgmental her facial expressions are kind…no judging.

Interviewer: You said you can talk to her about things you feel like with "white folks" do you feel like she helps you explore that?

Interviewee: I don't need to say that "white folks". I went to a high school where I was the only black person in that high school. I came from a lower economic background and had no education none what so ever about the world and I certainly

knew nothing about the white world so it was a culture shock. I know culture shock but I didn't know what that meant then and event at the time I was going through it I didn't know what it was I just know it was a crappy kind of thing. It was just so different and I can talk about that about that experience and of course when you get into higher education and the higher you go the less of our own folks we see. That just a fact but that doesn't been you cannot function you cannot achieve but there is some realities one has to deal with. Especially in our world white people don't have to deal with or have had any interaction with Black folks. So I can see where they are coming from because I have been trying to deal with it since high school since the ninth grade. To see them and see their reaction to things. You know how to behave I guess is what it is. Again, I think that X can relate.

Interviewer: What type of questions did she ask you so she could understand the problems or needs?

Interviewee: It is so smoothly interwoven I don't think I can remember any specific questions she asked. I can remember this well; I wanted why…okay my husband and I are 300 thousand dollars in debt. That's a lot of debt and I kept wanting to know how we went through that amount of money. But the way I was brought up my family of origin the man takes care of anything and I should not press my husband. So I would sign tax papers like my mother always did just sign the tax papers. I don't know how to feel out tax forms but I can learn now because I am able to see myself separate from him. She kept asking me…. I kept asking, I kept saying I want to know why? Where did this money go? So we would talk about this and then another session on down the line we would talk about it again. So she made me think why do I need

to know this so bad do I want to punish him or what? So she would ask questions that made me think about the why. I think that is it, why do you need to know this so bad? What is it? It this, this or this? She made me thing about things I didn't really think about I just know I had a desire to know and I just needed to know. She made me think but why? Why do you need to know about this so bad? And made me think dig deeper and no matter what I needed to know. Why I need to know. So know it was not to punish him or degrade him or make myself feel better than. She helps me see what my true value was about it and that was honesty. And what I think is important in a partner relationship. So in the first time I feel like an equal partner as a woman; as a Black Hispanic woman. In the past he had the lead and I was secondary is where I put myself. So I don't think I can restate the questions she would ask.

Interviewer: So you said your mom just signed tax papers and you dad filled them out? Did X ask questions along the lines of why do you think you mom did that? Why do you think you did that? In order to see what the family piece is/was to help you think through why you do certain things.

Interviewee: It's so hard to remember how she so fluidly makes a session go on. Her technique meshes so much with me that I don't even see them as questions. It like we are just talking. I can't distinguish the questions. I don't know if that is helpful for you.

Interviewer: know that is helpful. So it sounds like you just have conversations about your family?

Interviewee: Yes, whatever I wanted to bring up. I can say X I would like to talk about this today. She never refuses or rejects me she just flows with it. So that is

trusting right there, that builds trust that I can come in and say anything I want and specify what I want to talk about. She can go slowly, there has been a lot of child abuse and she helps me. She gives me information on why my memory is so bad and information on the distinction between child abusers and sexual child abuse. So I don't know if she asked direct questions but she knew I wanted to get my memory back. So she told me that…I was like it was like I was never there and she told me "but you were there" and that is pretty direct and pretty true but I don't see myself as being there so she talks to me and tells me how that can be this disassociation thing that can be there. I feel that from an intellectual kind of point of view I can deal with things better that way. So, she is able to touch on the subjects and teach me to understand. So I don't have to beat myself up about things or even hold in the anger or blame because I know it doesn't work and I know that and I knew that intellectually but I never had a place to explore that (crying).

Interviewer: Do you want to take a break?

Interviewee: No. I'm okay but I don't know if that is helping you any.

Interviewer: No it is it really is.

Interviewee: It seems so not specific

Interviewer: No it is. Everyone has their own way of doing things and what I am interested in is how does she connect with you and help you put those pieces together. You spoke about some of the cultural things which to me is very important to me and helps me see how she is able to connect with you. So here it is I am a Hispanic/Black woman, here are some of the things I am going through and being able to have a fluid conversation with you.

Interviewee: she is having a fluid conversation.

Interviewer: So what it sounds like to me is that she is not being a therapist with her own agenda she is just having a conversation with you she allow you to dictate where you are going and what you want to work on

Interviewee: Yes, if there is something that she feels we need to dig deeper on, or she want to educate me on something so I can think of other things. More tools to work with she tells me. She tells me and it's in a fluid conversation. She would say "why do you think…" or" what would happen if?" or things like that.

Interviewer: you kind of spoke on this when you said you have fluid conversations with you. But can you think of anything else she does to help her understand you?

Interviewee: for her to come to understand me?

Interviewer: Yes, you as an individual. Is there anything she may have done to help her understand you X as a person not a client?

Interviewee: well I don't know. Maybe before or after the session she helped me get a doctor appointment. It was like a friend she took the time out to help me do this and it was important. Then there was my behavior she thought I was being manic and as it turned out I had increased this medicine and it made me manic and what she thought it may be or what was happening she told me and I broke out crying and she reached out and took my hand. Why is it she took my hand? Why is it? You don't know many therapist or doctors that will hold your hand (crying) it wasn't like she was touching me just holding my hand.

Interviewer: Comforting you?

Interviewee: Yeah, she really didn't want me to be upset or crying or whatever. fortunately it wasn't what she thought because we traced it back to the medication but still she could express that and I could listen to it. I thank God it was what she thought it was but I was happy that she noticed and cared enough to even notice. Nobody else noticed. So things she has done before and after. One day she had a cute outfit on and I said if I would have found that outfit it would be on me and we laughs and talked and when we were walking out I gave her a hug and it wasn't like it was off boundaries it was okay to give her so (crying) I cared about her caring about me. So I gave her a little hug and it was okay and she accepted it and she didn't act like it was a bad thing, it as acceptance. It's kind of like a forward nurturing and I feel it from her.

Interviewer: So all of those gestures lets you know she understands you and lets you feel she understands you?

Interviewee: Yeah and I'm okay with her and I am an okay person. That she can accept me.

Interviewer: You said that not everybody will except that (a hug) have you found that in other professions like doctors or therapist that you have not had that level of being comfort where you can complement someone, have them hold our hand or give them a hug?

Interviewee: Oh, never before this. Never ever, there is always a wall or a degree of a wall. Ant these doctors, so call psychologist are cold as a mother, cold, cold and hard. One doctor wouldn't even talk. There is some form of doctoring or therapy and there is a name for it but this particular man, white psychiatrist was employing. So how can I get better if you are not talking to me? If I am not understanding anything? Or you

are avoiding me? I need help to sort out my own stuff in my head that's why I'm here. To get something sorted out and get clarity of my own self to look at myself and one tends to not want to see stuff, anyway. If it is hard or ugly or things that are the reality of things. This man…there was no connection I don't even know. I think it was just a job for him. I was referred to him when I got out a drug treatment program and I was trying my best to work on my problems and they say you can't go get therapy until you get clean and I am saying there are things that are going on inside me and I need someone to help me it's like they don't want to give you help unless you go through their structured and I am sure it has worked but if you look at the recidivism rate there is more than just going to a program. It's not always the answer, there is psychological impact a lot of it is psychological because the physical goes away pretty soon. So this doctor was referred after and I tried to talk to him about it. I don't know if it was because he was a white man but I felt no kind of connection what so ever it was a dead, dead thing, no help what so ever.

I felt that they had no idea. They didn't know what the hell I was talking about. They gave me know signs or signals, X seems normal. You can see expression on her face she has body language that are areal. They are honest.

Interviewer: you mentioned you where the only black person that went to your school and came from a Hispanic and black family?

Interviewee: the ghetto

Interviewer: From a low social economic stand point. Do you feel like those where some of the barriers between you and the other therapist? That they didn't understand where you were coming from?

Interviewee: I don't think so I don't think that was it.

Interviewer: You just didn't feel they understood you? Or they just had a flat affect?

Interviewee: They just didn't want to deal with me. They didn't want to responded or deal with the subjects I wanted to talk about. They didn't know how handle certain subjects. They had no information they had no help. I couldn't figure out what it was all I knew was this is not working for me at all. I didn't want to look at it as it's because they are white because in my mind they are educated enough to know what they are doing. But now that I look back at it working with X that they couldn't connect because they didn't know how. I think that we can all relate to our own kind. I don't think that they are me I integrated to the white culture it is the individual person. I think that after integrating into the white culture and being educated I know it is the individual. But being a doctor you need to know how to expand your horizons and relate to different ethnic groups as well. I don't feel that I wasn't there. And now that I know X there is something about working with and knowing your own culture.

Interviewer: So what about working with her allows you to feel comfortable coming back? Interviewee: just her being her. Just being open to me every time I come. Every time I come she has a smile you know. I feel safe. I feel secure. I feel excepted. I feel cared about. It's a place I want to go; a place I want to go.

Interviewer: so having a warm place to go. Someone who is accepting and somewhere that is safe.

Interviewee: Yeah, exactly

Interviewer: I just want to make sure I understand what you are saying.

Interviewee: Exactly.

Interviewer: What would you advise a new counselor to do base on your experience with X?

Interviewee: I would say it depends on the individual. I can say what works for me but that may not work of everybody. Because some people may need somebody to be stern, direct and clear cut. No, I don't need that. I just need someone to be like you are and like she was: kind and um, see me as me. Not come with a preset vision in their mind of who I am or who they think I am. I try to be open minded and I need that in my therapist. To be kind. To be serious when working with me. To take it serious. Be open and hear where their coming from. Don't just start putting stuff to me and on me or what the expectations, rules and regulations but what can I do for you? How can I help you? What you like to talk about? If I say I need you to start for them to be professional and knowledge. They may not have the experience yet but to have some since of what you need and where you are coming from. I need to know that they know their stuff too. I am coming to you for help but if you don't know where to start at to help me that doesn't set well with me. I am counting on the fact that you know something and can interpret for me when I can't interpret something, to understand me and hopefully help me understand me.

Interviewer: So to be open, non judgmental. Be experiences or at least coming to the table with some kind of knowledge to help you when you are stuck.

Interviewee: yes so we can hash out some stuff. Give me some tools and say maybe we can try it this way or that way. These are things you can help me to explore and think about. Even to reflect back to me what they understand. I had one doctor tell

me you look disappointed. And yeah he was right I was disappointed, I was hoping for him to help me. This was a new doctor I had to see to get help when I went back to school for my ADD in California. This was in California where I am coming from. I had the diagnosis and they needed a doctor here because the doctor in California wanted me to get someone here because it was to long distance. So by getting this doctor he is new. What I would need from a new therapist need to do to make me feel like I want to deal with him.

The first is a white female this is a white male. She was cold as fish and just wanted to get through the intake. Granted you have so much time to get you work done but…I went to her a couple times and try to deal with her but just didn't feel like she understood what I was saying. Maybe personality I don't know but I didn't feel understood, I can try to make my language in a way to be understood to refine or change. But it is hard when you don't know what it is you are trying to get out.

Interviewer: Do you feel like you have to change with X or do you feel like she understands.

Interviewee: I have never had to change I can be straight forward and to the best of my ability. It just feels natural.

Interviewer: How do you feel X relates to you as it relates to your cultural or back ground?

Interviewee: I don't think we every talk about my culture or background. On an occasion it may come up but it's not really…if just feels so natural. The issues I have with my father are not related to race. The fact of his struggles were related to race. He was a black male in a white privilege society. So the way he had to go about it was

different than a white man. But it was what a man has to do to make things better for the next generation. But the way he went about it. He was a smart, smart man. The only way he went about succeeding was selling drugs and he became very high up on his ladder. Therefore he could financially afford to educate us, cauterized us, so I can speak of these things with X. I don't think I could even…I think I would feel judged by a white counterpart because I don't think they understand that a black man has a definite deficiency in our society and sometimes that's the way they go about succeeding. There are many of us who could go to black universities or colleges and we can all wear cantilenas but there is the other side of black folks that go the other route, the culturally unacceptable way. Not culturally but not the societal way. So as I was going up I would tell people which was not a lie because he had this money and could buy property, I would tell people that my father was into real estate. Now I can tell X and she understands. We know that the bottom line is different for a white man. You can achieve this and it's not because you are black that you can't achieve but there are hoops and stuff that I can talk about with X and I don't think I could with a white person. It is they have to except that this is a possibility and with X It is a given and she understands what I am talking about. So we can talk about it.

Interviewer: Let me see if I understand. It is not culture as it affects you but culture as it affects your family back ground and up bring.

Interviewee: Yes.

Interviewer: I want to make sure I understand you. So if I were you the client I can talk about things and I don't have to specify it's because I am a black. Or if I

am talking about issues with my father it is not necessarily because he is black but the fact he is a black man in society and he had to do certain things?

Interviewee: Right, and did things he had to do. And he had psychological stuff going on with him. So what X gave me to read they say child abuse is something that can start at a very early age and if it is not recognized then it will grow. The attraction is to the children and it just stays there it doesn't grow in the direction it should go. So I always think something happen to my dad. So the problem that trickled down to me was the past child abuse it wasn't because he was black or the struggle he had to go through being a black man. And this is what X was focusing on. What changed my life was the fact that he was a drug dealer and achieved high rank up the totem pole. But he had to go that direction to succeed because he was a black man.

Interviewer: So it was all the psychological stuff and understanding the life style he lead was due to the ethnic background? I am trying to understand what you are saying.

Interviewee: Yes, there is a distinction.

Thank you for clearing that up for me I don't want to assume it is something and it is another.

I think you got it.

Interviewer: How do you feel X cultural background helps the relationship?

Interviewee: I don't know. I think maybe the little mannerisms or even if I start to talk and switch into some ebonics phrase she understands what I am talking about. You know you can't do that with everybody. Even though she is an educated, cultured woman she understands what I am talking about. You know I slip into ebonics every

accidentally it is an expression that will come out like that and she understands what I am talking about.

Interviewer: How do you feel X cultural background hurts the relationship?

Interviewee: I don't, I can't see that at all

Interviewer: So it helps more than it hurts?

Interviewee: Absolutely.

Interviewer: How do you feel X understanding of your family history helps X helps you deal with your problems?

Interviewee: IF she understands my background then she can understand how I am and how I became who I am. How my thinking got molded. You know? How my experience molds my thinking and perspective. If she didn't understand then she would not be easy to work with. She would be this person out of the blues without anything to attach it to. We are a product of our environment, family, education so the more she knows the better equipped she is to deal with it. And interpret me.

Interviewer: Do you feel her understanding of the African American culture as well as you family has helped.

Interviewee: absolutely, I just can't see how these white psychiatrist could event understand what my father had to do to move forward and provide for his family. It was not just the everyday going to work, he wanted more for us but it takes money. I was raised in a foster family as well and they had to work hard. They where church going they worked a job the father worked mowed the lawn took out the garbage and mom did the wash and tough us chores. It was the ideal family. She didn't love me like she loved her own but as far as a functioning black family that was one of the best

models I think anyone could ever look at. As for my father he went for the money. My foster family went to work every day but they would never get any further then where they were. And it is not a bad thing it was stable, consistent and every. My father wanted something different and he wanted us to explore the world. Explore education, the privileges the middle class and upper middle class white folks take for granted. It's just the norm for them. But that is how my father could afford to pay for me to go to high school. It was a private high school. The college predatory school that was the name of it. How much better can it get. These kids had several homes, they had beach homes they had everything. I didn't know anything about that and he didn't neither. But he wanted me to know this stuff and live life or whatever it was I wanted. So to understand, I think X can understand. I don't know what her family history is and I don't know what kind of situation she came out of or her family and extended family and how they came out but I don't think they are all psychiatrist like she is. But she has lived in our culture but she knows of what I am speaking and I think you do too actually. I think there is a common bond and it is not always true because you have to be able to get along with this person and they have to be able to help you. You have to be able to work with them. So it is not just because a person is black that they can be a good therapist for you.

The fact that she may have some working knowledge of African Americans and their struggle even if the struggles are different she has some understanding of the struggle?

Interviewee: exactly that is how I see it. The struggles may be different but there are still some similarities. But the knowledge of someone who has lived it rather than someone who hasn't.

Interviewer: Do you feel her worldview (views on Blacks/African Americans) helps the working relationship?

Interviewee: we have never talked about her world views. But her being a black person and having been raised, well I don't know how she was raised she could have been raised by white folks but she don't behave that way. She understand what I speak of so I don't think that is true. But I think she has similar world views. There are things I say and her responses are like yeah, yeah I am right there with you. She will say something and it's like that's right X we are on the same page.

Interviewer: is there anything else unique about the relationship that you two have that makes it a good working relationship?

Interviewee: I don't know. Everyone wants to be special I am just another client but I don't feel like I am just another client. I feel like I am important to her.

Interviewer: Do you feel like she every tries to explore your family make up and understand who you are and how you came to be who you are?

Interviewee: I think she will listen and I can see her ticking in her head trying to put it all together. I can see it's making sense to her and she is making an effort to understand where I am coming from, what I was raised in, and how I am thinking. I feel she is sincerely doing this and I can't ask for anything more. This is what I needed and in that respect it is almost nurturing. Maybe the fact that she is a woman, a black woman helps. I feel a nurturing as well. That's special, I have never felt that

from anyone else and I needed that. I still need it and maybe will always need it. You have a mother who loves you; my daughter knows I love her. But woman in my life have always been separated at arm's length and she has allowed me to be close and that is special

The nurturing and helping you grow

Exactly, she told me to ask three people who I felt where important to me and ask them what they could tell me that I needed to know that would help me grow. That is a heavy question and that made me think and that made me reflect that they may see something I didn't because everyone has their own perspectives. So it allowed me to see how other people view me. So its little things like that that's has helped me get a better perspective and she is good at things like that. She is so good.

You mentioned you could come in and talk about whatever is on your mind. When you first started did you do a treatment plan?

Yes, we did it was real easy to do. She needed to do an intake and know what we wanted to work on and it was three things and it was so easy for her to get that out of me. The last time I looked we were doing what it was we set out to do.

Were they three things you wanted to work on?

They were and she helped me clarify them. I didn't know exactly what it was I needed to work on I just knew whatever was going on I was sabotaging myself and keeping myself back. I was holding myself down. I didn't want to do that anymore. I had already forgiven my parents but I learned how to be the victim and it was dysfunctional so I wanted to be functional and function to the best of my availability and in order to do that I have to get rid of this crap that is holding me down. So the

388 three things we came up with we are working on them now and it was stuff I wanted

389 to do. She didn't impose.

APENDEX K

Member Checks

Member checking took the form of individual meetings with three of the participants. The other research participants were no longer available due to scheduling conflicts and changes in contact information. During the member checking, the researcher reviewed the findings with the participants discussing the four themes and subthemes concluded from the data collection. Time was offered for the participants to voice their view of the findings. This review of the findings was done generally and by category. The participants made several general comments about the findings.

I What are your overall impressions of this (findings)?

T I feel it resembles a lot of what was said in the interview.

S1 I feel it touched on all the areas covered.

S2 It fits a lot of what Participant X does when working with clients

I Is there anything that you think does not belong in here?

T No, a lot of what was reveled is in line with what we talked about.

S1 Not really, I know I talked about all of this stuff. Especially the importance of cultural knowledge around the racial and ethnic history of Blacks.

S2 Not really, this is pretty much everything I talked about. If there is something I cannot remember it.

The participants provided general feedback about theme 1) the culturally-proficient counselor(s) communicate a strong sense of cultural self:

T knowing your own worldview, backgrounds an understanding of life helps when working with the black community.

S1 Participant X has a good sense of self and her worldview

S2 Participant X is able to show pride in self and her culture and it shows when working with clients.

The participants provided general feedback about theme 2) the culturally-proficient counselor is experienced as having a strong cultural understanding of clients.

S1 I think I covered this before, but having the ability to face the issues that black deal with daily is important and you have to have the ability to deal with some of the same things that don't feel good for you.

S2 Having knowledge of the culture is one thing but being aware of the systemic issues assist in the engagement process.

The participants provided general feedback about theme 3) the culturally-proficient counselor is experienced as effectively engaging with clients throughout the counseling process.

T Engagement happens from the first meeting and continues throughout the process. It is about trust.

S1 Clients trust you and open up to you when you are genuine with them and are up front with them.

S2 Participant X validates clients and this helps with the engagement. Clients just love working with Participant X

The participants provided general feedback about theme 4) the culturally-proficient counselor is continuously gathering and making sense of work and educational experiences to better work with clients.

S1 Having a sense of cultural background is important when working with the Black community so it is important to continue education not only around the culture but around oppression and the comments of oppression.

S2 Ongoing training is important factor in having a sense of culture from all perspectives helps you when working with clients of all ethnic groups.

There was a sense from all of the participants that all of the properties and themes were correct and appropriately expressed their views.