HEALING COMMUNITY RESEARCH AND PRACTICE: A CALL TO ACTION FOR EDUCATORS, COUNSELORS AND COMMUNITY MEMBERS

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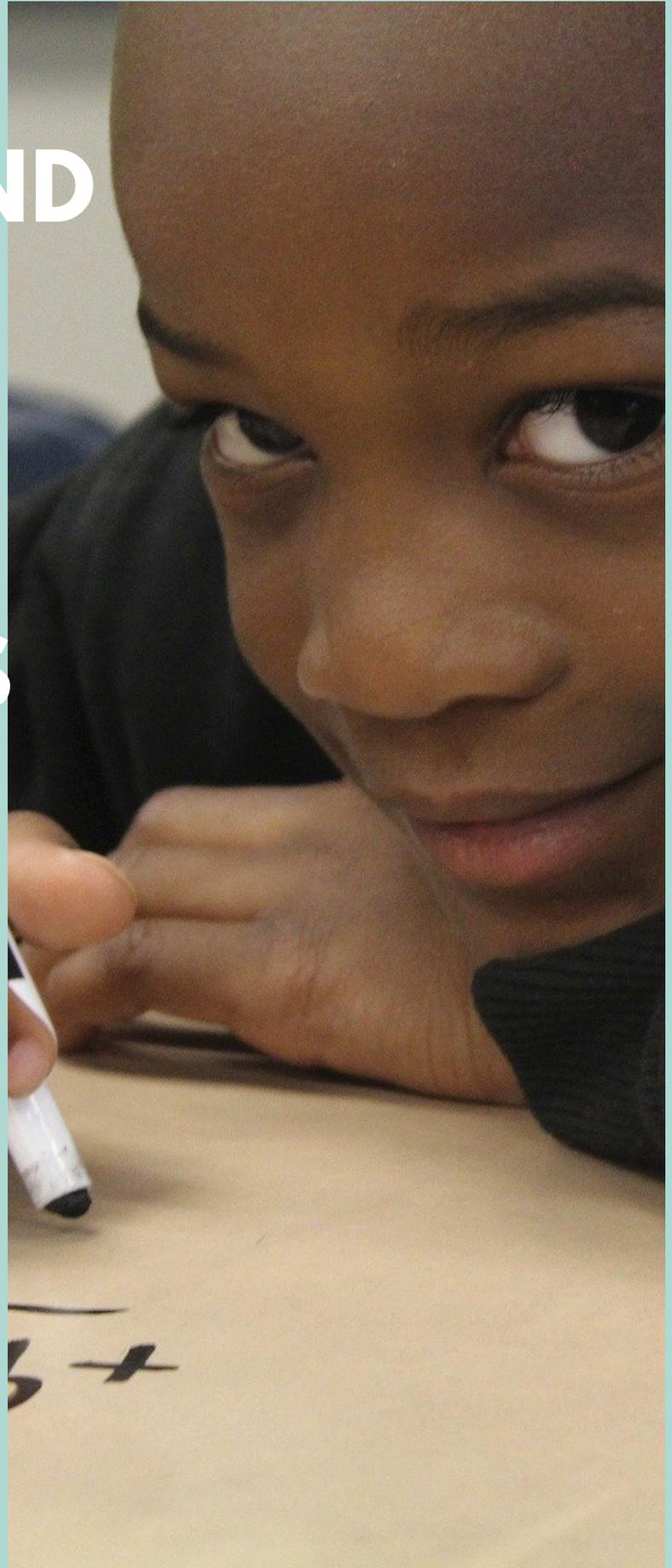
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A Call to Action for Educators, Counselors and Community Members
Samuel Burbanks IV

Executive Summary

Professionals in the mental health and educational fields are serving in ever increasing culturally diverse youth and student communities in America. As the population grows in diversity, the diversity of praxis within these professions must also grow, through the incorporation and understanding of the social-cultural environmental issues that impact children's development and psychological wellness, specifically race-based trauma, historical trauma, and continuous traumatic stress.

Unfortunately, traditional mental health and educational praxis, theories as well as interventions are based on the cultural norms and worldview of the dominant culture that often run counter to those of the growing minority communities they serve. In addition, data shows that youth of color are more receptive to and benefit from interventions that are steeped in their cultural ethos. Youth appreciate adult counselors and teachers who can empathize with them, understand their lexicon, style of dress as well as the deeper cultural values like interdependence, spirituality, high social engagement, and a "we" (not "I") social orientation.

Because the racial diversity of America will continue to grow education and mental health practitioners are beginning to advocate for a more culture-centered, trauma-informed care training for educators and clinicians that counters race-based trauma and continuous traumatic stress among Black youth in order to transform their home and school environments to promote academic excellence and socio-emotional well-being.

This concept   paper discusses some of the limitations of traditional trauma care among youth of color and examines culturally centered methods as a tool that is better suited to help educators, parents and counselors develop positive mental health outcomes for youth of color who are at risk of or suffer from race-based trauma, historical trauma, and continuous traumatic stress which can impair academic achievement and positive social development.

Introduction

The year 2020 has been a year of unparalleled environmental stress for American society in general, and Black people, specifically. From the unjustified killings of Black men and women at the hands of White police and the disproportionate effects of covid-19 on the Black and Brown communities, to the race baiting rhetoric from the White House. All have played a significant role in the rise of anxiety and depression symptoms across the country with African Americans having the highest rates of depression and anxiety as reported by the Washington Post (2020).

Anxiety and depression symptoms have more than tripled since 2019, with black Americans shouldering the heaviest burden
Percent screening positive for anxiety or depression

Anxiety

Black **34%**
Latino **32%**
All U.S. **31%**
White **29%**
Asian **28%**

White **9%**
All U.S. **8%**
Latino **8%**
Black **8%**
Asian **4%**

January–June, 2019   May 28–June 2, 2020

Depression

Black **30%**
Latino **26%**
All U.S. **25%**
White **24%**
Asian **22%**

Black **8%**
White **7%**
All U.S. **7%**
Latino **7%**
Asian **3%**

January–June, 2019   May 28–June 2, 2020
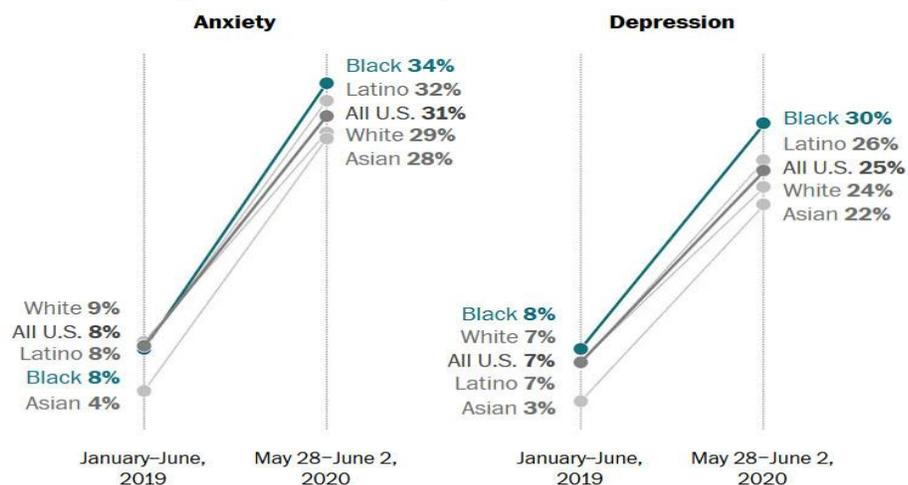
Taken from: Fowers, A., & Wan, W. (2020, June 12). Depression and anxiety spiked among Black Americans after George Floyd's death. *The Washington Post*.

The trauma that results from the above-mentioned environmental stressors, as well as others, pose major physical and mental-health concerns for communities of color, particularly among youth. Unfortunately, there exist institutional inequalities and cultural insensitivies within the field that often leave the mental-health needs of Black youth unmet. These inequalities, as outlined by Briggs and colleagues (2011), consist of, but are not limited to, unequal access to treatment for Black youth, a lack of sufficient Black mental health and counseling professionals, and the dearth of culturally relevant assessments, diagnostics and interventions. Chang and Berk (2009) note that these issues are an outgrowth of the growing racial diversity of the American population and the continued stagnant diversity of counselor and mental health practitioners and interventions that remain overwhelmingly White and European-centered.

This demographic fact provoked the United States Department of Health and Human Services (USDHHS) in 2001 to challenge clinicians to be conscious of and acknowledge the cultural context of mental health issues specific to people of color. This consideration of culture and culturally appropriate approaches in the field when working with children of color is essential in having positive outcomes that arrest the development of mental health issues as well as meliorate traumatic experiences for youth. Day-Vines (2007) and colleagues further noted that differences between a diverse client population and a culturally encapsulated, Eurocentric practitioner workforce opens the possibility for cultural misunderstandings that can subvert the client practitioner relationship. In addition, this can also subvert positive therapeutic outcomes that, in many cases, may also lead to early termination by clients. Peterson, Villarreal and Castro

(2017) suggested that because there is a lack of culturally responsive frameworks, youth are much more likely to terminate services when cultural mismatches or misunderstandings occur.

As such, it is essential to have high level research on the impact of trauma and stress on youth, such as *The Shifting Lens Study* (2006), that provided valuable information about how stress can have a significant effect on youth's long term physical and mental well-being as well as the coping strategies that youth of color use to cope. This information is valuable for practitioners who can use research findings to create culturally responsive interventions that are better suited for people of color and result in positive mental health outcomes..

The Cost of Cultural Incompetence

Joseph E. Trible (2013) informs us that, for many years, the epistemological norms of European people in America were accepted as being universal for all people. Through this epistemological lens, the scaffolding and infrastructure of education, counseling, and psychiatry were built. Regrettably, it was within the context of these Eurocentric epistemological standards and through these disciplines that African Americans and other people of color became victims of a culturally dismissive Eurocentric praxis that did little to recognize or appreciate the epistemological centers from which people of color operated. The outcomes of this cultural incompetence, particularly in the mental health fields, has been the harm of an unreckonable number of people of African descent and other people of color. The currency of this exchange has been the emotional, psychological, physical, ecological and economic wellbeing of Black people and other people of color.

One of the residual effects of this historic trauma is the apprehensive approach that potential clients of African descent have toward these professions. Benkert and colleagues (2006) studied the effects of perceived racism and cultural mistrust in two primary care clinics

and found that perceptions of racism and mistrust of Whites had a significant negative effect on trust and satisfaction with care. Research by Arunkumar, Midgley, and Urdan (1999) found that cultural discontinuity between home and school created conflicts for Black students who found negotiating between the two contexts difficult. This led to Black students having lower self-esteem, feelings of anger, and self-deprecation. Black youth and adults also must deal with disparities in diagnoses that are often over-, under- or misdiagnosed in mental health. Minsky and colleagues (2003) found that somatic pains experienced by Black people are often missed as symptoms associated with depression go unaddressed. Nguyen, Huang, Arganza and Liao (2007), studying the effects of race on psychiatric diagnosis of children and adolescents, found that Black children were more likely than White children to be diagnosed with disruptive behavioral disorders when compared to White children. These are just a few of the costs accrued by Black people and other people of color that are a direct result of the cultural vacuum so prevalent in these disciplines. Change is occurring but it is moving at a snail's pace and, as the demographics of the country continue to diversify, the need for culturally responsive practices within these important fields grows.

Culturally Responsive Approaches in Practice

Fortunately, over the last 40 years, African American scholars and other scholars of color in mental health have challenged the universality of the Eurocentric worldview and the assumptions within these fields that developed them. One of the concepts born out of these challenges is the idea of culturally competent, relevant or responsive frameworks that seek to integrate Indigenous worldviews into European centered educational, mental, and psychological health systems. Culturally informed responses to education, counseling, psychiatry or any other field can be characterized as a non-pathological approach to non-White clients, patients or

students within the mental health, counseling, or education fields. It acknowledges, respects, and incorporates the epistemological differences across the human family and incorporates those epistemologies within the praxis as well as the socio-political and oppressive realities that people of color must navigate in America. It is also characteristic of a student-teacher, clinician-client, doctor-patient relationship that reflects an alliance rather than a hierarchical relationship. The epistemological views and values characteristic of people of African descent are spirituality, collectivism, time-orientation, orality, sensitivity to affect and emotional cues, verve and rhythm, balance and harmony with nature. Research has shown that incorporating these values and worldviews into educational, counseling, and mental health interventions and pedagogy improves academic and mental-health outcomes for youth of African descent..

Coleman and colleagues (2017) examined the African cultural referent of communalism on mathematics achievement in real classroom conditions. These researchers used the communalism construct to examine fraction problem solving skills against an individualistic construct in grades 3 to 6. Pre- and post-test results showed that Black students in the randomly selected communalism construct had significant improvement over those in the individualistic construct.

In a large Midwestern city, Robinson and colleagues (2015) studied the effectiveness of a culturally grounded stress reduction and suicide prevention program for 758 African American 9th, 10th and 11th grade youth at four different high schools. The researchers adapted the *Adolescent Coping with Stress Course* (CWS; Clarke & Lewinsohn, 1995), a depression intervention designed for suburban adolescents of European descent. The intervention was outfitted with African American cultural referents to be more culturally responsive to African American youth.

Robinson and colleagues (2015) adapted the CWS along eight dimensions: (1) language and names to reflect vernacular of African-American youth; (2) open discussions about differences between facilitators and participants; (3) use of metaphor--all Eurocentric metaphors were replaced with African-American ones; (4) content--use of materials relevant to African-American heritage, culture, and values; (5) concepts--didactics incorporated commonly held African-American values and beliefs; (6) goals--goals were adjusted to be culturally congruent; (7) methods--trainings were developed to help youth collaborate with peers, parents, and mentors to cope with stress reflecting the African American value of collaboration; (8) context-- discussions focused on characteristics of the community where young people lived. The youth were split between a standard care control group and a group receiving the culturally grounded intervention. Those receiving the culturally grounded intervention showed an 86% suicide reduction risk compared to the standard care group, demonstrating the effectiveness of a culturally grounded intervention.

Gaylord-Harden and Cunningham (2009) studied the impact of racial discrimination coping strategies and symptom internalization among 258 African American youth in low-income communities. Their findings suggested that discrimination stress was highly correlated with depression and internalizing symptoms. A hierarchical regression analyses showed that discrimination stress was positively associated with depression and anxiety and predicted communalistic coping. Their research further showed that communalistic coping moderated anxiety. Implications of their study suggest the need for the use of cultural-specific coping tools in interventions implemented with African American youth dealing with depression and anxiety.

Research studies, like the ones presented here, provide evidence of the effectiveness of culturally responsive approaches for African American youth across a variety of professional

fields that interact closely with Black youth. This research and the solutions they provide are paramount as African American youth continue to live in stressful environments characterized by poverty, violence and racial oppression that negatively affect their academics, mental health and socio-emotional wellbeing. Despite data showing positive effects of culturally responsive practices in education and mental health, culturally dominant practices continue to be utilized across the board in addition to the professionals within these fields being overwhelmingly White. This remains problematic as the racial demographics of the country continue to trend toward a majority minority population. Research, presented here and elsewhere, continues to show the benefits of a culturally responsive approach to education and mental health. Among the benefits for educators and clinicians is the development of egalitarian and authentic relationships with students and clients as well as recognizing and utilizing culturally derived strengths. This can lead to students and clients being less distant and more disclosing, more likely to complete therapies and more engaged in school.

Summary

For many years, the European approach to education, counseling and mental health has come exclusively from the dominant culture's epistemological perspective. These European perspectives were the foundation for the development of American educational practices, as well as counseling and mental health interventions. In addition, the combination of European cultural bias and praxis steeped in European ethnocentrism often viewed the educational and mental health issues of African youth from a [deficit perspective](#). Clinicians and educators who held those perspectives often eroded trust and created conflicts between themselves and Black clients or students, undermining the ability to create positive change. In addition, research findings

continue to show that inequalities and cultural insensitivities lead to the underutilization of health care, premature termination of services, dissatisfaction, and poor performance in public schools.

Conversely, African Americans and other scholars of color began to interrogate these ethnocentric notions within the fields of education and mental health. These scholars provided a new perspective and approach to education and mental health fields that are inclusive of cultural norms, values, and context. This culturally responsive approach has created a powerful interplay between traditional European methods of education and mental health and African referents, such as spirituality, orality, interdependence, language, and affective sensitivity, help keep Black youth engaged in the process. Utilization of Black language, norms, spirituality and other cultural referents can be a source of strength linked to positive healing and well-being in addition to developing deep connections in the clinician-client and/or teacher-student relationship.

The fast-changing racial demographics of American society should serve as a catalyst for the broader use and implementation of culturally responsive methods in the education and counseling fields. However, this is not the case. Despite research that demonstrates the benefits of culturally responsive approaches in education and counseling, colleges and universities have yet to make culturally responsive methods an integral part of their training programs. As such, graduates of counseling and education programs are being sent out to educate and counsel a growing diverse youth population while having very little understanding of this population. Given the demographic trends for America's population, the state of education orf minoritized youth, and living environments that often produce trauma, racial stress, suicide and overt aggression among minority youth, a call to action must be made to clinicians and educators to prioritize culturally responsive methods of interventions and education for this growing population. This call to action is not only a call to educators and counselors it is also a call to

parents and concerned community members who seek to help youth cope with issues in their family and community as well as develop academic success.

Because many counselor and education training programs only include a cursory exploration of culturally responsive methods, counselors and teachers must invest in culturally responsive professional development training to meet the needs of minoritized youth. There are a number of online certificate programs specifically teaching culturally responsive methods that counselors and educators can take to expand their reach into culturally marginalized communities. If continuing education is not an option, counselors and educators should at the very least continue to learn independently. Making a commitment to first be self-reflective with a willingness to question their own beliefs, biases and opinions and how those may shape how they provide services to minoritzed youth. Counselors and educators should also make concerted efforts to include aspects of the cultural ethos of the individuals from marginalized groups, that they are counseling or teaching. For African American clients, this might include fostering collaborative relationships, understanding the lexicon, inclusion of African American spirituality, time flexibility, and group therapy.

One of the central values within the Black cultural ethos is interdependence that has been shown to be a crucial element in how African American youth cope with a myriad of issues. It is here where parents and the community at large are called to play a significant role in the development and care for Black youth. Because interdependence is such a dominant value within the Black cultural ethos, parents and the community at large should create social support networks that Black youth can tap into as a resource to relieve stress and receive educational support. Pollock, Kazman and Deuster (2015), studied 255 youth within families and found that strong social support substantially reduced the effects of stressful experiences. Grier and

Boutakidis (2018) studied 182 4th and 5th graders divided into 4 cohorts to understand the effects of high, low and mixed (both high and low) levels of social support. Children who received continuous support across, parents, teachers and peers as well as adults alone displayed high scholastic competence meaning a high belief in their own intellectual capabilities. However, when children receive low support from adults, they displayed low scholastic competence. Mixed support showed higher competencies than the low support group but did not approach the competencies of the high support group. This study encapsulates the importance of strong support in the success of Black children and a concrete action that a community can take to ensure the safe development of Black children.

Finally, this concept paper represents a call to action to educators and counselors to conduct culturally responsive outreach to minoritized communities as well as a call to parents and community members to reach out to educators and counselors. . These groups must work together earnestly to help solve the problems that minoritized youth face in a racist society and communities that are often stressful places that hinder youth's ability to grow into productive adults.

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