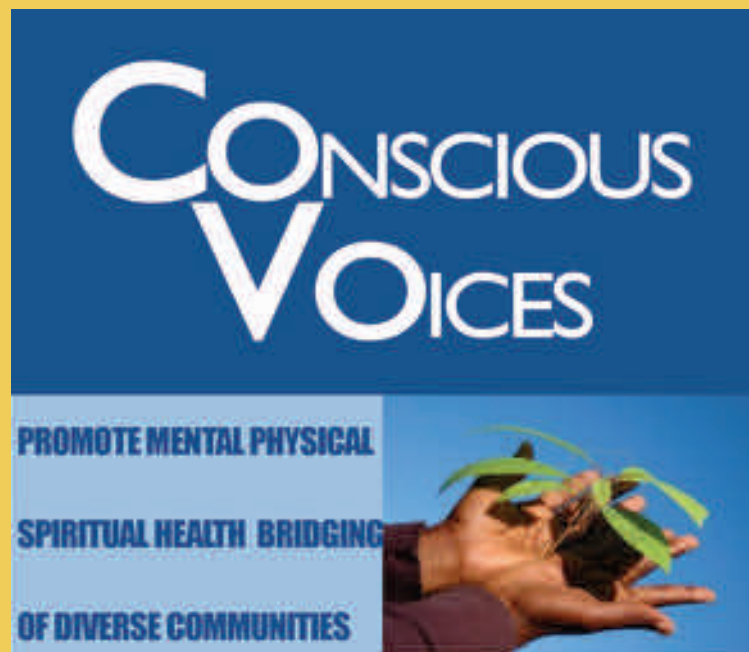


Conscious Voices



Conscious Voices



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Our Story

Why care about trauma? Recently, Neuroscientists discovered that the traumatized brain functions differently than the non-traumatized brain. This negatively impacts the ability to learn, access stored information and perform tasks necessary to optimal academic and employment performance. Trauma may be related to inappropriate anger, impulse control, emotional reactivity, and instances of community violence. Trauma causes increased physical reactivity. Even in rest, the physiological systems of the traumatized body function at an accelerated pace. Over time the increased blood pressure, heart rate and elevated hormonal secretions wear on the body, weakening the immune system and making one more susceptible to illness and a shortened life expectancy. Trauma is a serious health challenge, often unrecognized by providers and consumers.

What causes trauma? Poverty, discrimination, community violence and homicide, fatherlessness, and other conditions that many African Americans experience daily are identified in the research as traumatizing conditions. In general, African Americans have 7.8 years less life expectancy. However, the County found that life expectancy in people suffering from a serious mental health challenge, such as trauma may be reduced by 25 years; meaning African American consumers may be at risk for 32.8 years less life expectancy.

What can we do about trauma? Conscious Voices 10x10+7 is specifically designed to reduce health and mental health disparities in the African American community, and increase life expectancy in African American consumers with serious mental health challenges by 10 years, in 10 years. Our interventions and strategies empower providers and community to counter these grim statistics and address the serious health and mental health concerns. Ours are culturally specific strategies and interventions designed by and for members of the African American community and our provider allies.

Sincerely,

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Conscious Voices Curriculum

A Provider's Tool for Prevention, Early Intervention and Healing Trauma in the African American Community

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A Project of Alameda County's Innovations Grant Round Two

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Conscious Voices

Introduction

Conscious Voices is a project created in response to a request for proposals by Alameda County Behavioral Health Care Services for a provider curriculum to address trauma, historical trauma (slavery), discrimination and stigma in the African American community. African American providers and consumer focus groups reviewed the submissions and those deemed most promising were forwarded to the County for review. Conscious Voices was one of several chosen for funding by the County.

Based on our research, we propose that both consumers and providers have been affected by trauma and historical trauma. To improve services and outcomes for African Americans, both providers and consumers have individual and collective issues to address. As our awareness regarding our collective historical experience expands through the use of the Curriculum, we will understand more about how we have all been affected by the past and without intervention, will continue to be affected. With commitment to this type of rigorous examination, provider services for African Americans can improve and there will be vast potential for individual, social and emotional growth. Conscious Voices Curriculum proposes the use of well-known, evidence-based trauma interventions; meditation; restorative justice; Social Emotional Learning; 12 Steps and 7 Principles to address trauma, historical trauma and the related challenges to promote positive outcomes for African Americans. We included some of what both our African American consumer and provider focus groups indicated was important for their respective and collective healing. However, the success of this process requires personal and community effort. Our success will be further enhanced by institutional support and cooperation.

We encourage the creative use of all or parts of the Curriculum by those who are interested in this work. **The Conscious Voices Curriculum is not the training. Using the Curriculum in a vacuum, without the proper collaboration and training, will likely yield neither change nor the desired improved outcomes.** Effective use of this Curriculum as a provider and community training requires a cultural awareness and an understanding of the nuances that were expressed in both our community and provider focus groups. Consultation with Conscious Voices regarding the specifics of training and implementation is highly recommended should effective implementation of the Curriculum and improved outcomes be the goal.

Why Conscious Voices?

We wrote *Conscious Voices* because, according to research conducted by Alameda County, African Americans are facing social conditions that are manifesting as mental and physical health disparities and shortened life expectancy. In the 2009 African American Utilization Report, Alameda County noted that, African Americans have 7.8 years less life expectancy. Another County research project concluded that life expectancy for all people suffering a serious mental illness is reduced by 25 years. These two findings combined could mean that when African Americans also experience a serious mental illness, life expectancy could be reduced by 32.8 years. Our review of the research indicates that conditions such as poverty, discrimination, community violence, and fatherlessness—conditions that are all too common for African Americans in Alameda County—are also conditions associated with trauma. It is therefore likely that many African Americans are living with undiagnosed trauma and Post Traumatic Stress Disorder (PTSD). This is a serious concern not only because of the devastating impact of trauma on family and community functioning, and health, but also because of the consequences associated with a reduced life expectancy.

Researchers in the field of neuroscience have discovered that there are measurable changes in the brain functioning of traumatized individuals as compared to those who are non-traumatized. These neurological changes interfere with the processing of information and the regulation of emotion. While the non-traumatized brain processes information in the neocortex (the location of more sophisticated levels of reasoning and analysis), the traumatized person processes information primarily in the amygdala (the fight/flight region of the brain and site of the neurological survival mechanisms). This difference in processing negatively impacts the traumatized person's ability to learn, perform tasks, access stored information and the performance of other tasks that are related to optimal academic, employment, and social performance. Research also suggests a connection between PTSD, emotional reactivity, community violence and homicide.

Trauma causes physical hyperarousal. Even while resting, the traumatized body is functioning at an accelerated pace. Over time, the increased blood pressure, heart rate, and elevated hormonal secretions have a negative impact on health and may account for the shortened life expectancy that the community is experiencing.

One obvious problem a shortened life span poses for survivors is the loss of emotional support and guidance. An additional concern is the loss of financial support and accumulated wealth that occurs when life ends prematurely. **Legacy**—a means by which many ethnic groups have transcended poverty—is often not available in the African American community. Early death, coupled with high rates of incarceration, discrimination in employment, financial and other opportunities frustrate African American efforts at full participation in society and

precludes the passing of accumulate wealth and other opportunities from one generation to the next. Combined, these conditions may result in generations of families caught in a cycle of poverty, poor health, and shortened life spans due to problems that do not easily lend themselves to the economic solutions that have been more available to other ethnic groups.

In addition to everyday stress, many African Americans experience inordinate levels of what the literature identifies as **traumatizing conditions**, such as, inequality, poverty, discrimination, and fatherlessness. These painful conditions are not addressed; being so common, these conditions are considered a normal part of African American life by providers and consumers alike. Common beliefs such as, discrimination exists and nothing can be done about it, or African Americans are accustomed to community violence and homicide and therefore not as affected as other communities, are common and misguided beliefs about African Americans. Many consumers and providers feel helpless to address these conditions. Others accept these disparities as part of African American life. In reality, conditions like discrimination and homicide are unnatural and traumatizing conditions that should be addressed if services are to be effective.

When African Americans do engage in services, discrimination and systematic inequality are unlikely to be discussed as mental health factors that contribute to their distress. Anger, hypervigilance, hyperarousal, or other symptoms that are actually trauma related may be misdiagnosed, punished or inappropriately treated. Conscious Voices educates therapists, teachers, counselors and other social service providers about the profound effects of trauma on the individual, community and society. It empowers providers and community to work collaboratively to identify trauma and address these destabilizing, disabling conditions so that we can truly heal our collective community. Hope and empowerment are trauma significant interventions.

Historical Trauma

Conscious Voices addresses historical trauma and the “legacy of slavery” as it manifests in the contemporary community. It educates African Americans and providers, and encourages them to be more candid in their discussions about historical trauma. Research in the field of psychology and historical trauma suggests that attitudes and behaviors from the past can be passed through the generations and may continue to operate in the contemporary society. These unconscious attitudes and behaviors may serve to undermine both provider and client efforts to appropriately address health and mental health concerns. Query whether African American reluctance to speak candidly with white providers is an adaptive behavior, developed during four-hundred years of slavery, a remnant of a time when to speak up, question or be too familiar with a white person might be the catalyst for a severe punishment, torture or even death. Perhaps today that historical reality manifests as reluctance to truly engage in diagnostic

conversations and services. Consumers may be guarded because they do not feel understood, respected, or valued by providers. Statistics indicate that this population in fact may not be understood, respected or valued by providers. If this consumer-provider dynamic continues to be unacknowledged, it will continue to be a challenge to healing and effectiveness for both.

One-hundred and forty years after slavery, many vital social institutions have granted access to African Americans but have yet to develop culturally appropriate methods for interfacing or addressing African American issues. Cultural bias and discrimination continue to be factors in institutional policy and practice. Negative stereotypes about African Americans are deeply embedded in our psyches and our institutions, complicating the relationship between providers and community. Many African Americans are not only suspicious of therapists, doctors, schools, and other institutional providers; they are also suspicious of each other.

Most ethnic groups came to America as immigrants and as such, faced significant challenges. Africans came to this country as slaves. It should be emphasized that most Africans who came to this country were not part of an immigrant population. Perhaps this explains the relative differences in social progress between immigrants and the enslaved. The comparison is often made but there is little acknowledgement of the impact that slavery and social inequality has had on African Americans. Consider the offspring of a kidnapped, dehumanized, exploited people forcibly stripped of any memory of their true history, trying to navigate institutions that were not designed to consider their needs, in the very society where they were enslaved. African Americans are not having an immigrant experience—rather, they are having a unique and unprecedented cultural experience as compared to other ethnic groups here in America. Conscious Voices proposes that because providers and consumers have not yet taken into account this historical reality, the relationship is not authentic. It lacks honesty, the substance necessary for a truly healing and progressive relationship. It is impossible to develop effective interventions without taking into account the historical and contemporary conditions.

Many providers are not prepared by family, social, academic, or professional training to have cross-racial conversation and yet they are expected to know how to work cross-culturally with African Americans. Many are not aware (conscious) of the impact of historical trauma and the significant disparities that the experience of slavery has created in the African Americans. They are not adequately prepared to assist consumers facing these challenges. Often consumers are also unaware of the many personal and community challenges that are related to the legacy of slavery and discrimination. They are not capable of identifying these conditions as culturally related stressors because they do not realize how they are impacted by the legacy of enslavement, historical and contemporary racial discrimination. They are not conscious of how the relationship between their community, institutions and providers has been affected by

the history of enslavement.

Many providers underestimate the level of distrust that exists in the community and the impact that the distrust has on the efficacy of their services. Research, indeed, indicates that African Americans are more likely to receive a lower standard of health care services and poorer outcomes. Despite having insurance, economic resources, and providers' good intentions and beliefs that the services they provide are equal, poor outcomes and disparities continue to exist.

Why? Because race matters. It impacts where we live, work, and go to school. It determines how likely we are to graduate from high school, attend college, or to become incarcerated. Race is related to an increased likelihood of losing a child to homicide, higher infant mortality, and earlier death by preventable disease. The way in which teachers, doctors, employers, financial and other institutions may treat their students, patients, employees and clients has been, and will likely continue, to be influenced by race, with African Americans more negatively affected. Conscious Voices encourages a discussion of the often avoided issues of race and culture as a means of deepening the provider's understanding of the African American experience, encouraging trust in the relationship and increasing the likelihood of a healing, progressive relationship with improved outcomes for all.

How Does Conscious Voices Curriculum Work?

Conscious Voices consists of four complementary frameworks designed to increase the consciousness and effectiveness of consumers and providers working with trauma in the African American community. The curriculum is designed for flexible use. It can be used chronologically or it can be excerpted. It can be presented as lecture material. Some sections are designated as group supervision material but this was only done to demonstrate the flexibility of the design and not to suggest any particular method of introducing the information.

Vignettes are offered to stimulate discussion; however, the exercise of supervisees collaborating to develop their own vignettes for presentation in supervision can also be a powerful method to teach and expand skills. It is a flexible tool, intended to be used creatively.

Both the Provider and Consumer 12 Steps can be introduced as weekly supervision group discussions topics that can be repeated and supplemented with different resources and questions. There are no hard and fast rules; the point is to generate the long delayed

examination and discussion of these issues and to empower the community and providers to work together more effectively.

Specifically designed to address trauma and health disparities in the African American community, these prevention and early intervention strategies are presented in their respective sections in this Curriculum. Conscious Voices offers strategies to improve the flow of information between mental health and health care providers, schools and other community based service providers as well. The Curriculum can be used in its entirety or one can consult the index to find the specific topics of interest and suggestions on how the material can be used.

Psychoeducation provides information to the community and the provider regarding the impact of trauma on health, learning and behavior.

Conscious Voices Provider Curriculum trains providers in a holistic approach to working with African American clients. For those wanting to work effectively in the community, it fills the gaps in provider education, which, in many instances is not culturally specific to adequately prepare the provider.

Conscious Voices Consumer Curriculum teaches community to understand the roots of trauma and to work collaboratively with providers. It trains consumers to become advocates for themselves and their community.

Conscious Voices Well-Being Meetings are similar to the 12-Step meetings of Alcoholics Anonymous. These public meetings provide a safe environment in which to discuss trauma, historical trauma, discrimination and stigma, and to seek support and solutions.

Conscious Voices Curriculum also promotes the goals enunciated in the 2011 African American Utilization Report by recognizing the impact of a history of slavery and discrimination on both African Americans and providers. It addresses historical trauma and encourages cross-cultural conversation about race and culture from which more creative collaborative strategies can be developed. It proposes screening for PTSD in the mental health setting and communicating the assessment to the medical provider, promoting the flow of information between mental health and medical providers. It encourages health literacy and advocacy in consumers and mental health providers. It expands peer support groups throughout the community through peer run, self-supporting community Well-Being meetings that are based on a 12-Step model and includes the **7 Principles for Strengthening the African American Community**.

References and Suggested Readings:

1. African American Utilization Report (A.A.U.R.) (2011). *Alameda County Behavioral Health Care*. Retrieved from Alameda County Behavioral Health Care Services: http://www.aahisbc.org/uploads/African_American_Utilization_Report__Alameda_County_Behavioral_Health_Care_Services.pdf
2. American Psychological Association (2002). *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*. Washington, DC: Author.

Conscious Voices

10X10+7 Principles

THE ALAMEDA COUNTY 10X10 is the County response to the significantly reduced life expectancy of people in Alameda County who experience serious mental illness. People with serious mental health challenges have 25 years less life expectancy. ACBHCS and the County Board of Supervisors proposed the 10x10 as an initiative to increase life expectancy in those consumers by 10 years, in 10 years. For African Americans, Conscious Voices Curriculum proposes a version of the 10x10, called the 10x10+7 Principles for Strengthening the African American community, as a culturally specific intervention.

CONSCIOUS VOICES 10X10+7 Principles African Americans, in general, have 7.8 years less life expectancy. The County determined that a serious mental health challenge could reduce life expectancy by 25 years. African Americans with a serious mental health challenge could have 32.8 years less life expectancy than the general population. **The Conscious Voices 10x10+7 supports the County's 10x10 efforts with interventions designed by and for the African American community. It was developed in collaboration with community members and a diverse group of consultants and collaborators. The 10x10+7 Principles offer culturally specific strategies and interventions to increase life expectancy in African Americans by 10 years in 10 years so that African Americans are not left behind in the County's 10x10 initiative.** Our approach includes provider and consumer 12 Steps and 7 Principles for a healthy community. Our Well-Being groups are meetings held in various settings in the community, where community members gather to give and receive support and strategize on building community.

Our strategies include suggestions for individual, community and institutional participation and are illustrated in the following flow chart.

Conscious Voices

Flow Chart

Conscious Voices

We heal the community and the community heals us.

Individuals:

- Attend Wellbeing Groups
- Participate in the 7 Traditions
- Seek a C.V. trained provider

Community:

- Attend African American Well Being Groups
- Facilitate Well Being Groups and become self-supporting
- Practice the 7 Traditions that strengthen individual, family, and community values
- Work the C.V. 12 Steps
- Seek the services of C.V. Providers
- SPREAD THE WORD

Supervisors:

- Provide Vignette based supervision
- Support supervisees as they work the C.V. Provider 12 Steps

Mental Health Providers:

- Administer and transmit C.V. Trauma Assessment to primary care provider.
- Improve Provider-Consumer Alliance by consulting with Clients auxiliary services – Hospitals, CBO's, and Schools

Alameda County:

Support African American Well Being Community Groups by partnering with Hospitals and Community Based Organizations and referring to and hosting Well Being Groups

Medical Providers

- Host and refer clients to Well Being Groups
- Consider C.V. Trauma Assessment in diagnoses and treatment.
- Communicate with C.V. Mental Health providers.

Community Based Organizations:

- Adopt C.V. Supervisors Training Curriculum
- Commit to employing/training C.V. Providers
- Refer to and host Well Being Community Groups

School Based Providers:

- Support the OUSD Social Emotional Learning (SEL) Agenda
- Initiate C.V.-Social Emotional Learning Programs: The Code and the 7 Traditions
- Support existing SEL Programs

Supporting A.C.B.H.C.S. and the Board of Supervisors 10x10 Wellness Campaign through: REDUCING HEALTH DISPARITIES, INCREASING LIFE EXPECTANCY, and BUILDING A HEALTHIER COMMUNITY

Conscious Voices

Field Study Information

In conjunction with Alameda County Behavioral Health Care Services, Innovative Grant Program Round 2, Conscious Voices proposes to improve the behavioral health-care outcomes for African American consumers in Alameda County and contribute to the existing body of knowledge regarding African American mental health by answering learning question number three:

“How might the practice-based evidence, evidence based practices and community-defined strategies of trauma-informed care for African American BHCS clients/consumers and families address the African American community’s historical trauma and trauma related to social issues, like stigma, discrimination, violence and poverty?”

Through the use of practice-based evidence, evidence based practices and community defined strategies, Conscious Voices designed interventions and strategies, which are aimed at:

- improving mental health outcomes among Africans Americans through increasing the cultural competence in provider services.
- improving interagency and community collaboration.
- addressing trauma concerns.
- trauma prevention.
- early intervention.
- violence prevention and harm reduction.
- increasing health literacy and advocacy among consumers.

Conscious Voices 12-Step Provider and Consumer Curriculum and Community Well-Being meetings aim to decrease the mental health disparities among African Americans by improving the provider-consumer relationship through educating providers about the issues related to the historical trauma of African Americans and trauma related to social issues like discrimination and its impact on learning, behavior and health. Community Well-Being meetings are intended to be self-sustaining trauma support groups that offer community support, collaboration and empowerment by facilitating community defined strategies and solutions concerning the unique and specific issues affecting the African American community.

Target Populations

Conscious Voices Curriculum was devised to target providers, meaning medical and mental health professionals, teachers, counselors, and other professionals seeking to work effectively with African Americans. We included interventions for specific African American consumer populations, including transitional age youth (ages 16 to 29), adults (ages 29 to 59), and older adults (ages 59+). Because we focus on healing both providers and consumers, what we call the “collective community,” the use of this Curriculum is intended to benefit many.

Method

Program research and design were conducted in two phases:

Phase One included provider consultation, collaboration and the formulation of focus groups with members of existing community groups, in order to elicit an understanding of community needs and strategies, and to develop culturally appropriate vignettes for provider training purposes.

Phase Two was used to obtain respondent validation through field-testing in order to obtain participants’ views on the Curriculum’s credibility. Phase Two included field-testing the 12 Steps using vignettes as prompts to explore understanding and preferences. Field-testing was held at several local community organizations including:

1. East Bay Community Recovery Project
2. Making Changes Transitional Housing for Women
3. Ebony Youth Project-Peers Envisioning and Engaging in Recovery Services (PEERS)
4. St. Mary’s Center

Field Test Design and Demographics

Field-testing lasted 3 to 4 hours. Participants were kept to an agenda that included: 1) an introduction to Conscious Voices staff and the B.H.C.S African American Utilization Report; 2) pre-survey; 3) psycho-education on the effects of trauma on the brain, health disparities; and 12-Step Curriculum and Well Being Meeting; 4) Mindfulness and meditation intervention; 4) healthy living interventions; 5) Health Interventions Lunch, comments and questions; and 6)

closure, post-survey and stipend/W9 forms. Eligible participants received a stipend in the amount of \$20 an hour or a \$25 gift card. Samples were chosen purposely because we believed they could directly contribute to the topic under investigation (i.e., were qualified or currently BHCS clients/consumers and/or had family members who were BHCS consumers). Other defining characteristics of the sample included people who identified as African American and fell into one of the targeted populations categories (i.e., transitional age youth (ages 16 to 29); adults (ages 29 to 59); or older adults (ages 59+)). All of the participants (100%) in our sample identified as African American, with 13% also identifying as “white” and or “other.” Half of the participants identified as female with the other half identifying as male. In our sample, 58% of our participants had an approximate average household income between \$0 and \$24,000; 22% had an income between \$25,000 and \$49,999; approximately 14% had an income between \$50,000 and \$74,999; and 7% had an income between \$75,000 and \$99,999. It should be noted that although a small percentage reported a higher than average income, a higher income, although a buffer, does not mean an individual is less or more likely to experience race related trauma. Furthermore, we included those segments of the community that might not be considered ACBHC consumers or clients. Research indicates that healing historical trauma, a Conscious Voices Curriculum goal, is an endeavor that requires intervention for all members of the affected community, regardless of income, insurance or other typical qualifiers.

Field-test groups were kept small (e.g., 5 to 10 participants) in order to create an environment based on closeness and safety so that each participant had an opportunity to explore the 12 Steps, their preferences and any personal issues that came up related to the 12 Steps. The environment for the field-testing groups we intended to resemble the Community Well-Being meetings and were based on the idea of **symbolic interactionism**; the idea that social interactions are meaningful and these shared meanings are influential in society. Participants were given an anonymous pre- and post-survey before and after each field-test.

Field-Test Results

Pre-survey questions were developed to capture participants’ beliefs regarding their experiences of racism and discrimination, their awareness of the impact of race related trauma, and their cultural preferences for trauma-informed care. Survey responses were construed as evidence of what people think and feel and how they understood their world. Responses were rated using the psychometric five-point Likert-type scale (e.g., 1-strongly disagree, 2-disagree, 3-no opinion, 4-agree, 5-strongly agree). Pre-survey data showed that over 90% of our participants indicated that they believe they have been a target of racism and discrimination; 87% believed racism and discrimination has affected their life; and 93% indicated that it has

caused unnecessary stress in their life. This set of data suggests that despite current beliefs, racism and discrimination still impact the lives of African Americans. Participants were not only aware of their experience of racism and discrimination but also of its impact: 93% believe racism and discrimination can be traumatic and 100% believe it can impact mental health and physical health in a negative way. Additionally, 77% of participants surveyed believe racism and discrimination can negatively impact spiritual health as well. Regarding participants' preferences for trauma-informed care, 100% believe the African American community needs services to help address and heal the trauma caused by racism and discrimination, of which 94% believe historical trauma and oppression are concerns that need to be addressed. Furthermore, 94% believe they would benefit from culturally specific services that are designed for African Americans, of which 60% noted they would like to have the 7 Principles (see The 7 Principles) incorporated into their mental health services. Meditation or mindfulness used as a healing intervention was also strongly supported; with 74% of participants indicating that they would use meditation or mindfulness both in their daily lives and with their providers. These data point out a strong awareness of the effects of race related trauma and a desire for more culturally appropriate services that specifically address the needs of the African American community.

Post-survey data was used to determine the impact of Conscious Voices 12-Step Curriculum and Well-Being meetings on the beliefs of participants and their perceived credibility of the steps. We accepted the survey responses of participants as indicative of their knowledge, attitudes and beliefs about how to treat race related trauma in the African American community. Survey responses were rated using the same five-point Likert-type scale as the pre-survey. Of the participants surveyed, 93% believe it is important for providers to incorporate psycho-education on the impact of trauma to the brain in the services they provide to the African American community. Also, 92% of participants indicated that it was important for providers to incorporate Healthy Living Interventions in their services and 91% felt The Code intervention would be effective in working with transitional age youth (see The Code). Moreover, 93% of participants showed that they believe a provider trained in the 12 Steps would be effective in working with the African American community and would be interested or know someone who would be interested in receiving therapy from a provider trained in the 12 Steps. Of this, 100% showed they would attend a Community Well Being Meeting if their provider referred them. Conversely, 93% of participants indicated that they would be or knew someone willing to attend a Community Well Being Meeting and 86% believe these meetings would be helpful in healing the African American community. Each item surveyed included a section for comment. The information gathered in the comment sections was considered in the refinement process.

Implications

Field-test results suggest that African American consumers are strongly interested in receiving therapy from a Conscious Voices trained provider but above all, they would attend a free support group (Well-Being meetings) for African Americans because they believe it will help address issues related to historical trauma and social issues like discrimination, violence, and poverty. As a way of improving outcomes for African American consumers, their families, and Alameda County's African American community at large, the Conscious Voices Curriculum provides training, supervision and organizational opportunities through the use of the 12 Steps, 7 Principles and other culturally relevant material as a means to encourage a joint effort in raising community consciousness regarding the issues relevant to African Americans and promoting the goals enunciated in the 2011 African American Utilization Report.

Conscious Voices

Psychoeducation

Psychoeducation, Stress and Trauma

The Psychoeducation portion of the curriculum can be delivered by a supervisor or trainer informed in African American trauma. It is suggested for community group education, provider and supervision groups. It can also be used by individual providers who are seeking to improve their effectiveness with African Americans. When presented in the group setting, ample time should be given for discussion and topic exploration. Participants are prompted by the discussion topics, vignettes and suggested readings to discuss race, culture and related topics that are generally not discussed in training or in most social settings. This practice improves cross-cultural understanding and the ability to speak openly and candidly about these important topics.

DIFFERENCE BETWEEN STRESS AND TRAUMA

The *stress response* is normal. It is the body's survival response and helps us recognize and respond to danger. It is necessary for survival because it prompts and prepares the body to escape the burning building or move out of the way of oncoming traffic.

THE BRAIN AND THE STRESS RESPONSE

1. THE BRAIN PERCEIVES A STRESSFUL OR DANGEROUS SITUATION.
2. THE AMYGDALA BECOMES ACTIVATED AND RESPONDS BY SENDING THE ALERT TO THE HYPOTHALMUS.
3. THE HYPOTHALMUS ACTIVATES THE SYMPATHETIC NERVOUS SYSTEM.
4. THE NERVOUS SYSTEM RESPONDS BY RELEASING A CASCADE OF HORMONES SUCH AS ADRENILINE AND CORTISOL INTO THE BODY.
5. THESE HORMONES ARE NATURE'S WAY OF PREPARING THE BODY FOR FLIGHT OR FIGHT. HORMONES HELP THE BODY TO REACT TO A THREAT.

PHYSIOLOGICAL RESPONSE TO TRAUMA:

- Heart rate and respiration increase providing more oxygenated blood as quickly as possible (SO YOU CAN RUN OR FIGHT IF NEEDED).
- Blood is diverted from gastrointestinal tract to the essential organs—the heart, lungs and brain. (DIGESTION SHUTS DOWN AND BLOOD GOES TO VITAL ORGANS.)
- Blood pressure increases (SUPPLYING THE BODY WITH BLOOD MORE EFFICIENTLY).
- Stress hormones adrenaline and cortisol are released into the body (PREPARING THE BODY FOR ACTION).
- Blood pressure INCREASES.
- The immune system becomes suppressed (THE SYSTEM’S ENERGY IS FOCUSED ON SURVIVING THE DANGER).
- Glycerin is stored in the liver to supply the body with glucose and the body makes glucose from sources other than carbohydrates (NEEDED FOR ENERGY).
- Long-term and short-term memory are affected (THE BRAIN IS READY FOR ACTION AND FOCUSED ON THE HERE AND NOW).

THE STRESS RESPONSE IS NATURE’S WAY OF PREPARING US FOR FIGHT OR FLIGHT. IT PROTECTS US FROM DANGER. ONCE THE PERCEIVED THREAT SUBSIDES, THE AMYGDALA CALMS AND THE HORMONAL RELEASES SUBSIDE.

Trauma

THE DSM 4 ADVISES TO CONSIDER POST TRAUMATIC STRESS DISORDER IF THE STRESS REACTION DOES NOT SUBSIDE WITHIN 4 WEEKS OF THE TRIGGERING EVENT.

STRESS REACTION SYMPTOMS:

- Difficulty falling /staying asleep
- Irritability (outburst of anger)
- Difficulty concentrating
- Hypervigilance

TRAUMA SYMPTOMS:

- Difficulty falling/staying asleep.
- Irritability (outburst of anger)
- Difficulty concentrating
- Hypervigilance
- Exaggerated Startle Response

Stress and trauma have similar symptoms; however, with TRAUMA or PTSD, the brain becomes stuck in the stress response resulting in susceptibility to health problems as STRESS hormones relentlessly ASSAULT the body producing

- too much sugar in the blood stream
- compromised immune system
- high blood pressure
- increased heart rate

THE BODY BECOMES SUCEPTABLE TO ILLNESS:

- Diabetes
- Heart disease
- Stroke
- Cancer

MORE OBVIOUS EXAMPLES OF EXPERIENCES THAT CAN CAUSE STRESS:

(OR TRAUMA IF THE SYMPTOMS PERSIST PAST 4 WEEKS)

- Physical threats (being assaulted, robbed)
- Natural Disaster (earthquake, flood)
- Fire
- Auto or other accident
- Death of a loved one
- Job loss

LESS OBVIOUS EXPERIENCES THAT CAN CAUSE STRESS/TRAUMA:

(THINK ABOUT THE EVERYDAY EXPERIENCES OF AFRICAN AMERICANS AS YOU PONDER THIS LIST)

- Poverty, inability to meet basic needs
- Racism/discrimination
- Fatherlessness
- Incarceration
- Bullying
- Community violence/ homicide

- **Acute stress** like car accidents or getting chased by a vicious dog may be less detrimental to health. These events have an ending. The person returns to safety and usually, (not always) the amygdala calms. The body recovers and goes back to baseline functioning.

Unlike stress symptoms, trauma symptoms do not resolve. The body remains reactive.

Re-experiencing the traumatic event

- Intrusive, upsetting memories of the event
- Flashbacks
- Nightmares bad dreams about the event
- Feelings of intense distress when reminded of the trauma
- Intense physical reactions to reminders of the event (heart palpitations, muscle tension)

Avoidance and numbing

- Avoiding activities, places, thoughts or feelings that remind you of the trauma
- Inability to remember important aspects of the trauma
- Loss of interest in activities and life in general
- Feeling detached from others and emotionally numb
- Sense of a limited future (not expecting to live very long)

Increased anxiety and emotional arousal

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance (always on alert)
- Feeling jumpy and easily startled

When assessing for trauma in African Americans these PTSD symptoms are sometimes mistaken as personality or character features. For instance:

“The angry black man or woman” could be exhibiting irritability, a trauma symptom.
 The lazy, under-achieving student could be having difficulty concentrating.
 The young person, who carries a gun or in the extreme, commits a homicide, could have extreme hypervigilance.
 Panic attacks could be intense hyper-arousal.

Psychoeducation-Training Considerations

This curriculum contains training vignettes. When working with these vignettes, look for symptoms of trauma in all the characters, including the provider characters, as a way of developing diagnostic skills and understanding how trauma affects the community. For

instance, if the father in the vignette is reactive and you suspect PTSD then the children should also be assessed for direct or intergenerational transmissions. Consider how the provider responds to the situation presented in the vignette—these response symptoms of their own stress response. Be mindful that the typical stereotypes regarding African American character and behavior—aggressive, violent, lack of concern—may lead to the under-diagnosis and inappropriate treatment of what is actually PTSD.

Vignette: Lamar, Tanya and Police brutality

Tanya is a typical 11-year-old African American girl. On Saturday, Tanya was going to the park, a few blocks from her home to meet up with friends. As she crossed the street, a speeding police car struck her; she was knocked to the ground. Nick, a neighbor saw the accident and rushed to Tanya's home to tell her parents that Tanya was injured and was lying in the street.

Lamar, Tanya's father was in the driveway washing his car when Nick arrived, out of breath. Nick told Lamar the news about his daughter. Lamar became hysterical, screaming, "My baby, my baby," over and over, as he ran towards the scene. By the time he arrived, a crowd had gathered around Tanya and the officer.

The police officer had already summoned the ambulance and was standing near the police car when he saw Lamar—a tall, heavy set, dark-skinned man—running in his direction. Lamar was screaming something that the officer could not understand. Fearing for his life, he shot Lamar twice in the chest. Tanya survived but Lamar did not.

You are called to the local school to do crisis counseling with the students. Many students are angry. They knew Tanya and Lamar and feel that his shooting was racially motivated.

What interventions would you use with these students?

Many of the students believe that Lamar was killed because he was a black man. How do you respond?

Discuss why you think the officer shot Lamar. Was the officer justified?

Do you think that Lamar's racial characteristics were involved?

African Americans and Stress

Research indicates that because African Americans live with chronic stress conditions like

- racism
- discrimination
- AND other ecological factors

They are at greater risk for trauma. These conditions cause the amygdala to remain activated. The body experiences constant hormonal secretions that wear down the bodily systems and make them more susceptible to disease. For some, this neurological-physiological condition may endure throughout the life cycle and may account for the health disparities and reduced life span.

As a provider, how will you screen for these issues? What interventions will you consider for these trauma symptoms?

- Increased vulnerability to substance abuse disorders
- Adverse effect on job and school functioning
- Trauma affected parenting (can perpetuate the cycle of trauma in their children)
- Damaged family and social relationships
- Suppressed immune system
- Diminished quality of life
- Increased vulnerability to serious mental health problems.
- Increased vulnerability to suicide
- Increased incidents of homicide and community violence
- Depression
- Serious health consequences due to increased hormonal secretions

Trauma and the Brain

Trauma research was done primarily in veterans of war diagnosed with PTSD. These studies used Magnetic Resonance Imagery (MRI) brain scans, which revealed how the traumatized brains of people diagnosed with PTSD functioned as compared to the non-traumatized brain. They discovered these differences:

Non-traumatized Brain processed information primarily in the prefrontal cortex—the location of higher levels of logic, reasoning, planning and organization.

Traumatized Brain processed primarily in the amygdala—location of the survival response and site of the fight, flight, freeze reaction.

The non-traumatized brain has access to the prefrontal cortex, where capabilities for higher levels of thinking and processing are located. The traumatized person is cut off from the prefrontal cortex and will typically have difficulty with processing information and emotional regulation in addition the traumatized person is likely to experience the negative health consequences of trauma.

African Americans are more likely to have experienced traumatic conditions. While they are subject to stressful events, which may occur in any life, Black people also have the added potential of experiencing stress related to discrimination, racism and historical trauma. They are also more likely to be poor and poverty includes a constellation of stressful risk factors associated with the inability to meet basic survival needs. A Federal Reserve Board study done in 2010 found that single White women between 36-49 years old have a median wealth in reserve of \$42,600, while single Black women have a median wealth of \$5. Worries about paying for food, shelter, clothing and transportation can cause stress and stress can lead to trauma. People who face unrelenting daily stress conditions have been described as having Complex-PTSD a more serious form of PTSD.

Group Exercise- Identify risk factors for African American Complex-PTSD in the population you serve.

PROTECTIVE FACTORS—AS A TRAUMA INTERVENTION

Protective factors are a buffer against stressful experiences and support recovery from trauma experiences. Protective factors within the family and community promote resiliency and mediate trauma. Due to historical trauma, high levels of community violence and

discrimination that exists in economics, education, entertainment, labor, law, and politics, African Americans are less likely to have those protective factors that lessen the likelihood of developing PTSD or which might mediate the trauma symptoms.

PROTECTIVE FACTORS INCLUDE

- 1) Adequate financial resources
- 2) Strong supportive family ties
- 3) Trusted medical and mental health providers
- 4) Positive self-concept
- 5) Racial privilege (not being profiled)
- 6) Hope for the future

Protective Factors—Questions for group discussion

1. How do you think EACH of these protective factors might work to mediate the symptoms of PTSD?
2. How will you use the above list of protective factors to assess your African American clients?
3. How can you increase the protective factors for your African American clients through your work?
4. What behaviors might be observed or reported in transitional age youth that would influence your assessment?
5. What are your protective factors?
6. How have your protective factors insulated you from trauma?

Trauma and the “Achievement Gap”

In the classroom setting, the traumatized student experiences **amygdala focused processing** and the related physiological and behavioral symptoms that were discussed in the Psychoeducation unit of this Curriculum. These conditions may negatively affect memory, performance and behavior. While the non-traumatized student will have ready access to the neocortex area of the brain that is responsible for higher levels of logic and reasoning, the traumatized student will not. Because the traumatized brain processes primarily in the amygdala—the fight, flight, freeze region of the brain—these students may have more challenges to learning, retaining, processing and accessing information. This is true for African Americans and anyone with a traumatized brain, including traumatized providers.

Due to social conditions such as poverty, discrimination and fatherlessness, African Americans are, in general, at higher risk for traumatic experiences. They are less likely to have protective factors to mediate their trauma symptoms. They are more likely to have amygdala focused processing and related learning challenges that may account for the “achievement gap.” Trauma symptoms can be triggered in competitive environments like the classroom, SAT testing, college and employment exams, provoking anxiety that can hinder performance. Time constraints imposed in tests and other types of assessments can exacerbate trauma symptoms and further interfere with performance.

Interventions

Teacher Education and Psychoeducation. The Steps and Psychoeducation sections of this Curriculum discuss the effects of trauma on health, learning and behavior. Providers can encourage the school staff’s awareness regarding how the African American community is at greater risk for trauma, historical trauma and related learning challenges. High rates of school failure and disparate discipline indicate that appropriate methods for educating African American children have not yet been developed. The effects of African American trauma and historical trauma have not been understood or acknowledged either in schools or the larger society. This is not to denigrate the teacher’s efforts or the academic abilities of African Americans but to acknowledge that for some, this unique historical and cultural experience may require a new and creative approach—one that has yet to be developed. Perhaps rather than an “achievement gap,” it could be characterized as a “knowledge gap,” namely the lack of knowledge regarding how to engage, retain and teach African American students that accounts for poor student outcomes.

Achievement Gap Interventions

Quiet Time This Curriculum discusses the use of Quiet Time meditation as a trauma intervention. Quiet Time has been used with good results in other school districts with similar demographics and social conditions as those in Oakland.

Individualized Education Plan There are likely many traumatized African American students who are not identified as having trauma and who are not being appropriately served at school. Parents can be encouraged and empowered to advocate for Individualized Educational Plans (IEPs) for their children and in this way be proactive in addressing the learning challenges their children may have. If a parent suspects that their child has learning difficulties he or she should submit a written request asking that his or her child be tested. The school is required to provide testing within the required timeframe and to provide services if needed.

The Code This harm-reduction intervention was inspired by the work of Tupac Shakur where transitional age youth are encouraged to develop and adhere to a protective code of conduct that makes the entire community safer.

Protective Factors Teachers can be educated regarding protective factors that promote resiliency and mediate trauma. A safe supportive school can be a significant support for the traumatized child.

The 7 Principles for Strengthening the African American Community will be discussed in the African American Well-Being meetings. Providers can develop skills to reinforce The Principles when working in the community and encourage teachers and other service providers to reinforce The Principles as well. Consult the index for more information regarding The Principles.

Health Literacy is the ability to read, understand and use healthcare information to make decisions and follow instructions for treatment. Providers can work with consumers to emphasize the significance of health and mental health literacy in general. They can use parts of this curriculum to provide consumer psychoeducation concerning the impact of trauma on health and learning so that parents of the traumatized student can understand their child's condition and be more effective.

Vignette: Ahmad

Ahmad is a sixth grade boy, the youngest child of two attentive parents. Ahmad comes from a family of African immigrants. Both his parents were born, raised and educated in the local community. The family lives comfortably in a two-bedroom home in a working class neighborhood. Ahmad usually gets good grades, but since entering middle school this year, his grades have dropped drastically. Ahmad says that his teachers don't like him because he's Black and teachers don't want any Black kids in the gifted and talented classes. One of his teachers told Ahmad's father that Ahmad talks incessantly in class and won't cooperate. Ahmad will be suspended and not allowed to participate in the graduation ceremony or the Gifted Talented Program if his behavior continues to be disruptive.

Ahmad's father suspects that Ahmad is telling the truth about the teacher not wanting Black kids in her class. He doesn't think it is fair that they should kick Ahmad out of the program. Ahmad's mother thinks that Ahmad is exhibiting the teenage defiance he learned from his older brother Bilal, who has been incarcerated for the last two years.

The concerned parents bring Ahmad to you for help.

Discuss how you can help

1. Who are the various possible clients? How will you work with each of them?
2. What possible trauma issues do you see in this family?
3. How will you intervene with the teacher?
4. What if the teacher is really not racist but just annoyed by Ahmad's behavior?
5. How can the goals of the school district, (OUSD), be promoted in Ahmad's situation with regard to Zero Tolerance? Social Emotional Learning? Restorative Justice?

Vignette: James

James is 16 years old. He is good looking, athletic and very fair skinned. His mother is White. His father, Frank is a very fair-skinned Black man. Frank's mother is also reportedly White, but Frank has never met his mother. She left Frank when he was an infant. Frank's African American father and paternal grandparents raised Frank in a Black neighborhood. Frank has never really felt accepted in the African American community.

You are the school counselor. James was referred to you because of his truancy. If he does not improve his attendance, he may not graduate. James tells you that he has been teased by people all of his life, because of his looks, light skin and straight hair. He is sick and tired of it and doesn't want to go to school anymore.

Last night, James got into an argument with his father, Frank. Frank overheard James telling a friend over the phone that he was White because he was just as White as he was Black. Frank snatched the phone from James and screamed, "You are a Black man. If I ever hear you say anything different, I'll kick your butt." James responded, "Whatever," and slammed the bedroom door in Frank's face.

James discloses that he does not feel Black and he does not feel White either. He further discloses that instead of going to school, after his parents leave for work, he has been sneaking back home to smoke weed and play video games.

Vignette: James, Questions to consider

1. Discuss the historical reasons why Frank's peers might not accept him.
2. Why do you think Frank was angry with James for rejecting racial heritage? Why do you agree with Frank? Why do you agree with James?
3. Is James really just as much White as he is Black? Why? Why does it matter?
4. Discuss how you can work with this **family**?
5. What if James refuses to return to school?

Trauma and School Attrition (Dropping Out)

Fifty-percent of African American students in Oakland Public Schools drop out. For African American boys, the school failure rate is approximately seventy-five percent. It is unclear why these numbers are so high but it has serious implications for the African American student who drops out. African Americans experience inequality in employment in general and those who drop out will likely have even more limited employment opportunities. These children and their children may also end up living in poverty, creating a cycle of trauma and poverty that may be difficult to escape.

- Perhaps school attrition is related to the competitive nature of the classroom environment, which stimulates intolerable anxiety in a traumatized student.
- Perhaps the student’s learning has been hindered for years by the **amygdala focused processing** caused by previous trauma or historical trauma.
- Perhaps the student is so far behind that she is not hopeful about catching up or graduating.
- Perhaps due to the belief in a foreshortened life he does not see the value in a high-school education.

The traumatized student may be prevented by their condition from fully participating or demonstrating their capabilities. Performing poorly in the classroom, receiving bad grades, and being teased about failing grades or lacking adequate skill can further traumatize.

Some students may drop out because of the lure of other activities, perhaps even criminal activities, which can put them at risk for the **“school to prison pipeline.”** Research supports the notion that students are less likely to drop out if they feel engaged, accepted and hopeful about the future and the value of their education. Providers and teachers should encourage the development of school as a safe place and a protective factor for African American children.

Supervision Group Exercise Create a vignette that describes how amygdala focused processing affects school performance and behavior. Follow your vignette with questions that stimulate the group discussion. Describe how you will use the Conscious Voices interventions or other evidence-based interventions. Be prepared to address the clinical issues you present in your vignette.

School Attrition, Achievement Gap Suggested Resources

1. DixonFuller2011's channel, (Feb 7, 2012) Doll Test, [Video file]. Retrieved from <https://www.youtube.com/watch?v=tkpUyB2xgTM>.
2. Tatum, Beverly D. *Why Are All the Black Kids Sitting Together in the Cafeteria? and Other Conversations About Race*. New York: BasicBooks, 1997. Print.
3. Woodson, Carter Godwin, *The Mis-education of the Negro*. Trenton, N.J: Africa World Press, 1990.

Trauma and Emotional Reactivity, Community Violence and Homicide

Daniel Goleman, psychologist and journalist, in his 1996 bestseller, *Emotional Intelligence*, coined the term “amygdala hijack.” He describes situations in which a person feels threatened. The perceived threat, real or imagined, can trigger the amygdala’s survival response and the related emotional reaction. The body’s stress response is the same whether the stressor is being “mean mugged” by a peer, chased by a lion, or given an unfair reprimand from a supervisor.

HOMICIDE AND THE TRAUMA RESPONSE:

- The amygdala “overrides” the prefrontal cortex.
- Stress hormones are released into the body.
- The ability to employ logic, reasoning and executive functioning shuts down.
- The person reacts impulsively or even violently in ways that they may later regret.

Common social situations and frustrations can trigger the reactive response in some people and deregulate brain function causing the person to “snap” and become reactive, or in the worst case, “violent.” Young people are particularly at risk. Some research suggests that as an adaptive response, the brains of children who live with chronic stress have larger amygdalae, making them more prone to emotional reactivity. These children may always feel on guard, afraid and full of dread. A triggered amygdala may account for the emotional reactivity exhibited in strained personal relationships. It may also be the case that trauma among family members makes family relationships difficult and less cohesive. *Hypervigilance*, constantly feeling on edge and threatened, is a symptom of trauma that may account for the high incidences of community violence and homicide.

According to a TED-X lecture, “Roses in Concrete,” given by Jeffrey Duncan Andrade at Golden Gate University, and posted to YouTube Sept. 27,2011 (<http://www.youtube.com/watch?v=2CwS60yKM8s>), Oakland experiences about 100 homicides a year mostly concentrated in the African American community. Andrade surmises that if the community averages 100 homicides a year, a ten-year-old child may have vicariously experienced a thousand murders; a twenty-year-old, two thousand murders; and a thirty-year-

old, three thousand and so on. Some have experienced directly or indirectly thousands of murders and as a result may be traumatized but are unable to identify exposure to homicides as a source of trauma because they were not directly involved. Those not directly exposed may experience vicarious trauma due to the knowledge that death occurred, near their home, on the corner at the gas station, at the grocery store where the memorial candles and stuffed animals were placed. Being survival focused, children may be unaware of their concentration and learning challenges. The responsible adults in their lives may also not know. Children and parents may also not be aware of the physiological stress reaction to the gunshots, the police helicopters and the sirens, but these incidents can impact their health placing them at risk for health related consequences.

According to Andrade, children who live in the urban areas are two times more likely to have PTSD than soldiers returning from combat. For combat soldiers, the threat ends when they return from war. For children living with high levels of community violence, the trauma-causing conditions do not end; rather, trauma is a part of life, every day. These children may be at greater risk for developing PTSD than the returning combat soldier.

A Conscious Voice Therapist

1. Uses the curriculum to develop the skills to explore issues of trauma and historical trauma with African American consumers.
2. Understands that while experiences such as community violence, homicide, school failure and fatherlessness may be common, they should **never, ever be considered normal**.
3. Understands that consumers, teachers and other service providers may be unaware of the effects of trauma.
4. Assesses for trauma in all African American consumers. Because of historical trauma and discrimination, all are at risk.
5. Takes a holistic mind, body and spirit approach to treating trauma.
6. Addresses African American hopelessness and “Learned Helplessness,” and seeks to empower.
7. Encourages consumer participation in Well-Being groups as part of healing historical trauma.

Vignette: Ray-Ray

An intern presents this case in supervision group:

Regina, age 25 is your client. Her 10-year-old son, Ray-Ray has an Individualized Educational Plan (IEP) and is in a special education class at Oakland Elementary. Ray-Ray was sent home from school early for misbehaving. Regina spanked Ray-Ray and then she decided to go to the school to confront the White female teacher about how Ray-Ray has been treated at the school. According to Regina, Ray is smart but they're treating him like he is "retarded." During the conversation, the teacher tells Regina her son is "slow." Regina feels insulted and threatens to beat the teacher up. Ray-Ray is anything but slow.

Now the school wants to expel Ray-Ray.

Vignette: Ray-Ray Questions to Consider

1. How do you determine if Regina is traumatized? How does your determination affect your work with Ray-Ray?
2. How would you counsel Regina? She thinks that Ray-Ray is normal.
3. List some of the possible trauma factors for Ray-Ray.
4. List some possible trauma factors for Regina.
5. How would you advocate for Ray-Ray and Regina at the school?

African American Historical Trauma

Intergenerational Transmissions and Adaptive Behavior

Slaves were kidnapped people who were transported from Africa in very traumatic conditions—the living, chained to the dead; starvation and disease were major causes of death. Due to the harsh conditions, many Africans, perhaps millions, died in the Middle Passage on their journey into slavery. If an African got sick, they were thrown overboard. Africans were separated from family and country, no longer considered human, given the same status as cows, pigs, dogs and horses. Language stolen; history stolen—the right to marry and have children and family was denied. No right to defend against physical abuse, maiming, murder, or rape; forced to breed upon the demand of the master. All cultural practices were forbidden or punished. Slaves learned disdain for their own African selves. Education was forbidden and reading was punished with death.

According to Dr. Joy DeGruy, author of *Post Traumatic Slave Syndrome*, these conditions forced the development of adaptive behaviors that were necessary to survive slavery. Post slavery, these behaviors persist but are no longer necessary. Instead, they have become destructive and counterproductive to the survival of the community. Dr. DeGruy describes the case of two mothers, one White and one Black, discussing their young sons; both youngsters are accomplished young men. The White mother brags about her son’s accomplishments and how well her son is doing in school. The Black mother, even though her son is equally talented and accomplished, denigrates her child’s accomplishments and describes her son as a “handful.”

Dr. DeGruy suggests that this type of denigrating parental comment about their children’s talent and accomplishments is not unusual in the community and is an intergenerational transmission from slavery. The slave mother would not discuss the talent, strength, or accomplishments of her children for fear that the child might be seen as a more valuable asset by the master and sold away. Black children are no longer commodities that can be sold on the auction block but the denigrating parental behavior persists.

QUESTIONS TO CONSIDER

Which other adaptive behaviors may persist in the African American community? Consider how these behaviors cultivated during slavery might be manifested in the contemporary society.

- 1) Slaves were forbidden to read or be educated.
- 2) Being too smart could result in being seen as a more valuable commodity increasing the risk of being sold
- 3) Being passive was required and one could not resist rape or any abuse perpetrated by the master.
- 4) Since her child could be sold at any time, keeping an emotional distance for the slave parent was good parenting. Maternal attachment was disturbed for hundreds of years and through many generations.
- 5) Boy children were taught not to protect women and children. The good mother taught her sons that protecting was not worth being killed; survival was more important.
- 6) Strong emotional attachment to any family members carried high emotional risk due to the risk of being sold, raped, killed or in other ways being brutalized.
- 7) Children did not belong to the parents rather they belonged to the master.
- 8) Men could not be fathers in the true sense of the word as they could not provide or protect.

Four-hundred years of living under brutal and inhumane conditions required the development of what were, at the time, adaptive, logical behaviors, necessary to survive slavery. Today these behaviors may not be in the best interests of the contemporary African American community.

According to DeGruy, “multigenerational trauma” combined with one-hundred and forty years of continued oppression post slavery, and the “absence of any opportunity to heal” from the experience of slavery, explains the many disparities that African Americans experience today.

According to DeGruy, the **SYMPTOMS OF Post Traumatic Slave Syndrome are:**

- **Vacant Esteem**—the lack of *primary esteem* (feeling that one is inadequate, unlovable, and unworthy), hopelessness, depression and a general self-destructive outlook.
- **Marked Propensity for Anger and Violence**—extreme feelings of suspicion and the perceived negative motivations of others. Violence against self, property and others, including the members of one’s own group, i.e. friends, relatives, or acquaintances.
- **Racist Socialization and (internalized racism)**—*learned helplessness* (the belief that nothing can be done to change a negative situation), literacy deprivation (The Achievement Gap).
- **A distorted self-concept**—negative conception of personal qualities.

Antipathy or aversion for the following:

- The members of one’s own identified cultural/ethnic group
- The mores and customs associated with one’s own identified cultural/ethnic heritage
- The physical characteristics of one’s own cultural/ethnic group.

Her book explores the impact of generations of slavery and ways to use the strength and resilience developed to heal the trauma of slavery. It is a strongly suggested reading for the Conscious Voice therapist.

Dr. DeGruy’s theory is congruent with Dr. Na’im Akbar’s theory of historical trauma advanced in *Breaking the Chains of Psychological Slavery*.

Dr. Na'im Akbar, quoting William Goddell (1835) on the institution of marriage among slaves:

“The slave has no rights of course; he or she cannot have the rights of a husband or wife. The slave is chattel and chattels do not marry... The obligations of marriage are evidently inconsistent with the condition of slavery and cannot be performed by a slave. The husband promises to protect his wife and provide for her. The wife promises to be the helpmate of her husband. They mutually promise to live with and cherish each other, until parted by death. But what can such promises by slaves mean? The legal relation of master and slave renders them void! It forbids the slave to protect even himself. It clothes his master with the authority to bid him to inflict deadly blows on the woman he has sworn to protect. It prohibits his possession of any property wherewith to

sustain her...It gives the master unlimited control and full possession of her own person, and forbids her, on pains of death to resist..."

- For four-hundred years, Black male slaves were not allowed to be fathers or husbands.
- Slaves owned nothing.
- Their children belonged to the master.
- Nothing slaves produced belonged to them so they could not provide for a family.
- Their value was as stud to female slaves.

Dr. Akbar suggests that the African American male slave was valued only for his ability to endure strenuous work and to produce children. After generations of such unnatural treatment he has adapted and today many (**NOT ALL**) resist the role of the true father.

Is fatherlessness an example of an intergenerational transmission of trauma and adaptive behavior required during slavery? Today, seventy-two percent of African American children live in single parent homes, most headed by a single Black mother. Dr. Akbar's question is well worth considering. Lack of a father means more than the lack of paternal guidance; it means dependence on the income of a single Black mother, who due to economic and racial disparities, is much more likely than her White counterpart to be struggling financially. Because poverty is a traumatizing condition, this generation of children, too, will be at risk for trauma related conditions and the continuing cycle of historical trauma.

Paternal irresponsibility is attributed to the moral weakness allegedly inherent in Black men. However, Akbar points out that parental neglect does not occur in African people who have not been enslaved.

For hundreds of years these behaviors were reinforced and then passed from generation to generation, with each subsequent generation experiencing continued oppression and discrimination. **Protective factors** such as a meaningful acknowledgement of the horrific experience of slavery and an honest examination regarding the enduring consequences have not yet occurred. Participation in Well-Being groups provides an opportunity to grieve the losses and tap into the resilience.

A Conscious Voice provider supports the existence of the Well-Being groups and refers consumers to the groups. Providers should be prepared with the tools and training to explore these issues with the clients, address the symptoms and raise awareness regarding the true impact that slavery and historical trauma have had on African Americans.

Vignette: Melvin and Otis

Melvin and Otis are young African American men. Both are 25 years old and have birthdays in January. They grew up on the same block. Their parents were friends long before Melvin and Otis were born. The families got together often for barbeques and Sunday dinners. Melvin called Otis' mother Auntie and Otis calls Melvin's mother Auntie. When they were little they often had sleepovers. They would bathe and play together in the same tub of water and sleep in the same bed. In elementary school they told people that they were brothers. They spent so much time together that people believed they were brothers. They were inseparable in high school. As adults they frequently got together to watch the football game, drink beer and talk mostly about women.

You are a forensic therapist asked to interview Otis. When you meet Otis, he is in a jail and on suicide watch after shooting and killing Melvin.

The report you received indicates that Otis gave Melvin twenty dollars to buy marijuana and Melvin failed to return with the weed or the money. Otis caught up with Melvin a few days later. Melvin assured him that he would pay him back for the "little sack of weed" and told Otis, "Don't trip. You're acting like a little punk right now, you always have been a little punk."

Otis was furious. Feeling disrespected, he walked back to his home a few doors away and got his father's gun, thinking he would demand that Melvin return his twenty dollars. He went to Melvin's home to confront him. The arguing escalated and Otis shot Melvin.

During your interview, Otis is crying and distraught, he admits that he is suicidal. Otis says, "Oh, my God, what have I done? Melvin can't be dead. He was my brother. Why did he disrespect me? What have I done? What have I done?"

In Your Supervision Group, discuss

1. The conflict between Otis and Melvin and the concept of, "vacant esteem" as described by Dr. Joy DeGruy in her book, *Post Traumatic Slave Syndrome*.
2. Why did Otis feel the need to get a gun to confront Melvin?
3. Can you connect the African American historical trauma experience (eg. violence committed against slaves, the devaluing of black life) to Melvin's behavior towards Otis?
4. How might the concept of internalized and externalized racism apply to Melvin and Otis? See Provider Step 2.

Vignette: Roy and His Kids

Roy is a 20-year-old, African American, court ordered consumer. He grew up with his mother who worked and sometimes supplemented her income with welfare. Roy did not know his father but thinks he lives or lived in Richmond. You are his court appointed therapist.

Roy presented at your office wearing jeans that were sagging precariously low with a large swathe of plaid boxers covering what would have been his exposed backside, but for the boxers (you are grateful for those boxers). He is wearing a baseball cap with a marijuana leaf emblem on the bill of the cap.

He was arrested for selling drugs, convicted of a felony and was just recently released after 18 months in State Prison. Roy describes his recent arrest as a “set up.” He says that he had to sell drugs because no one would give him a job and he has to make money to live. Roy also complained about the “bitches” that won’t let him see his kids because he can’t pay child support. He says he has one son and a two-year-old daughter that he has never seen. The daughter lives with the mother and maternal grandmother somewhere in Berkeley. Roy thinks he has another child, although he’s not sure; the girl told him she was pregnant right before he went to jail. He suspects that child has already been born.

Roy has made it clear that he does not want to be in therapy.

Vignette: Questions to Consider

1. Describe Roy’s behavior as an intergenerational transmission.
2. How will you work with Roy? What do you see as his most pressing problem?
3. What is your impression of Roy’s statement that he has been “set up” because he can’t find a job?
4. How are your values different than Roy’s? How are they similar?
5. How do you evaluate and address Roy’s parenting issues?
6. What are Roy’s trauma factors?
7. What Conscious Voices interventions will you recommend for Roy?
8. How will you connect Roy with his parental responsibility? Will you?

Psychoeducation

References and Suggested Readings:

1. Anderson, N. B. (1989). Racial Differences in Stress-Induced Cardiovascular Reactivity and Hypertension: Current Status and Substantive Issues. *Psychological Bulletin*, 105(1), 89.
2. Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a Stressor for African Americans: A Biopsychosocial Model. *American psychologist*, 54(10), 805.
3. Duncan J.A. (2011). Growing Roses in Concrete. Retrieved from <http://tedxtalks.ted.com/video/TEDxGoldenGateED-Jeff-Duncan--2>
4. Ford, J. (2012, Dec.). PTSD: Is the Amygdala Hijacking Joe's Brain? *Psychology Today*.
5. Harrell, S.P. (2000). A Multidimensional Conceptualization of Race-Related Stress: Implications for the Well Being of People of Color. *American Journal of Orthopsychiatry*, 70(1), 42-57.
6. Henline, M.L. (n.d.). *Post traumatic Stress Disorder: The Biological Aspects*. Retrieved from the Arizona School of Professional Psychology: <http://www.users.uswest.net/~abinormal/PTSD.htm>.
7. Lev-Wiesel, R. (2007) Intergeneration Transmission of Trauma Across Three Generations: A Preliminary Study. *Qualitative Social Work*, 6(1), 75-94.
8. Pathways To Integrated Health Care. (2011). *United States Department of Health and Human Services Office of Minority Health*. Retrieved from: <http://old.thenationalcouncil.org/galleries/business-practice%20files/Final%20Pathways%20to%20Integrated%20Health%20Care%20Strategies%20for%20African%20Americans%20b1.pdf>.
9. Sotero, M. (2006). A Conceptual Model of Historical Trauma: Implications for Public Health Practice and Research. *Journal of Health Disparities Research and Practice*, Vol. 1, No. 1, 93-108.

Conscious Voices

Provider Supervision

Provider Supervision

That supervision should include considerations of race and cultural is a well-established principle. Becoming conversant in race and culture is a skill and a precursor to improved services. Skills can be learned. First, the organizational leadership acknowledges that there is something to learn with regard to providing services to African Americans. Some might be tempted to think that this discussion does not apply to their agency, that the supervision and services they provide are already culturally competent and adequate. This could be true. It could also be fear of the unknown. Fear of how promoting this discussion might change the comfortable status quo that exists in the organization. It will be the rare organization that has trained providers to examine how trauma and historical trauma have simultaneously affected both the consumer and provider community; this will likely be new but fertile ground. We can do this using a 12-Step approach that both provider and consumer focus groups have indicated is a promising strategy for promoting cultural competency.

Assuming there is a willingness to acknowledge that there is something to learn about working with African Americans, there must be a willingness on the part of supervisors to ask supervisees to step out of their comfort zones. Both must be willing to make mistakes and feel awkward and unsure about meaning and nuance. Like learning a language, it takes practice, practice and more practice. The supervisor trains by creating the safe space, modeling fearlessness, a willingness to be awkward and unsure and by acknowledgment that much is not known.

Supervisors' Guide to Conscious Voices Curriculum

1. **Psychoeducation Unit** Part of The Psychoeducation Unit is specific to African American trauma and historical trauma. However, the Psychoeducation Unit is, in part, a general discussion regarding how stress and trauma affect the brain, body, learning and behavior and is applicable to all humans. In supervision, providers should be encouraged to explore the possibility that they, too, could be affected by stress and trauma and how that may affect the services they deliver. This section can be delivered in lecture style, presented as handouts that facilitate supervision goals and stimulate group discussion, and in other creative ways.

2. **Provider 12 Steps** encourages supervisees to explore personal attitudes, beliefs, and intergenerational transmissions and how these might affect the therapeutic relationship with their African American clients. They are the basis for exploring cross-cultural transference in the relationship.

Steps can be used as a training tool in supervision groups. Each week, either in order or randomly, single or multiple steps can be the basis of group discussion and can be supplemented with diagnostic information and inquiry.

Skills are developed through the regular use of the Steps in supervision. Practice discussions that occur in supervision should reduce the anxiety related to the topics and allow the provider to be more comfortable with initiating and participating in discussions about race with peers and African Americans.

3. **Consumer 12 Steps** should be discussed with the consumer at intake. Early introduction will reassure the consumer that cultural issues will be a part of the therapeutic discussion. The Consumer Steps should also be discussed in supervision using the same method described in the Provider 12-Step section above.
4. **Well-Being Meetings** are intended to address the effects of historical trauma in the African American community. Supervisors can instruct supervisees to refer consumers to meetings as soon as possible and encourage their agency to host Well-Being meetings. These meetings may be appropriate peer support for consumers in some crisis and substance abuse situations.
5. **Conscious Voice Vignettes** are included as samples for supervision groups. It is recommended that the supervisor use the vignettes presented in the Curriculum but also develop others for use in supervision. Vignettes expand opportunity for supervisee exposure to various topics and discussion of cultural issues and nuances that should transcend the typical case presentation.
6. **Restorative Justice (RJ)** techniques can be used to resolve conflicts. Issues of race and culture can be emotionally charged so attending to conflict is important. Conflict should be reframed as opportunity to learn to discuss race and culture. Using

Restorative Justice techniques when conflict arises in supervision group is an opportunity to practice how this intervention might be used therapeutically. The Supervisor models how R.J. techniques can be used to solve conflict in the supervision group but also how it might be used to resolve conflict in schools, families and other settings.

7. **Conscious Voices Curriculum** is a flexible training tool that is intended to be used creatively in supervision. It encourages exploration of significant aspects of the African American and provider experience. These experiences have a profound effect on the individual and the community but are often not identified or discussed in therapy or in supervision. Consistent use of this curriculum will improve the ability of providers and consumers to understand and discuss these issues, increasing the likelihood of developing appropriate services and community interventions.

It is the intent of this Curriculum to change the way services are delivered in the African American community. Expect that there will be resistance to this change and the assertion of the privilege, directly or indirectly, to be free of the discomfort that this approach or any request for change may cause.

Some Values Supervisors Consider When Implementing Conscious Voices:

- Helping supervisees to understand and manage their emotions is important because many are accustomed to being free from the discomfort caused by discussions regarding race and culture. This is a new experience. This change requires them to engage in a difficult discussion that some have rarely experienced in any meaningful way. It will be challenging. The practice will translate into better clinical skills and increased personal and cross-cultural understanding.
- Supervisees should feel and show empathy for each other. Lessons learned from the 12 Steps may be a steep learning curve for some. If in the supervision group a mistake is made or vulnerability is disclosed, empathy should be shown by the group and demonstrated by the supervisor.

- Supervisors should establish and maintain positive relationships among peers and supervisees. Developing a sense of camaraderie and support on the journey towards cultural competence is essential.
- Appreciating diversity, there will be many perspectives. Sharing may be risky for some but everyone is encouraged to contribute to the 12-Step discussions. The willingness to contribute should be highly appreciated, with the supervisor modeling that appreciation.
- The supervisor should create a safe learning environment where healthy communication prevails.
- Supervisors will be vulnerable to supervisee criticism. All should be supported by management in their effort to shift the way training in the agency occurs.
- Emotional skills of the supervisor will influence engagement and performance.
- Positive and trusting relationships should be developed within the organization.

*****This list is not exhaustive and each agency should decide what is needed to support the learning and the change within their agency.***

Provider Supervision

References and Suggested Readings:

1. Ali, S.R., Liu, W.M., Mahmood, A., &Arguello, J. (2008). Social Justice and Applied Psychology: Practical Ideas for Training the Next Generation of Psychologists. *Journal for Social Action in Counseling and Psychology, 1*(2), 1-13.
2. Constantine, M. G., Warren, A. K., & Miville, M. L. (2005). White Racial Identity Dyadic Interactions in Supervision: Implications for Supervisees' Multicultural Counseling Competence. *Journal of Counseling Psychology, 52*(4), 490.
3. Greene, M. P., & Blitz, L. V. (2012). The Elephant Is Not Pink: Talking About White, Black, and Brown to Achieve Excellence in Clinical Practice. *Clinical Social Work Journal, 40*(2), 203-212.
4. Jernigan, M.M., Green, C.E., Helms, J.E., Perez-Gualdrón, L., & Henze, K. (2010). An Examination of People of Color Supervision Dyads: Racial Identity Matters as Much as Race. *Training and Education in Professional Psychology, 4*(1), 62-73.
5. Neville, H. A., Worthington, R. L., & Spanierman, L. B. (2001). Race, Power, and Multicultural Counseling Psychology: Understanding White Privilege and Color-Blind Racial Attitudes.
6. Utsey, S. O., Gernat, C. A., & Hammar, L. (2005). Examining White Counselor Trainees' Reactions to Racial Issues in Counseling And Supervision Dyads. *The Counseling Psychologist, 33*(4), 449-478.

Conscious Voices

Organizational Provider

Organizational Provider

In response to the growing health disparities in the African American community, the County has called for a change in how services are provided to the African American community. Community-based organizational response to the call for change is foundational to addressing the health disparities related to discrimination, trauma, historical trauma and stigma.

Information regarding the clinical needs of the African American community has been available for decades but has not yet been incorporated into academic or practical training or the way in which services are provided to the community. During these many decades, the disparities have continued to grow, translating into many early and preventable deaths in the African American community. The reasons for the disparities are undoubtedly complex, but it is believed that mental health providers can play a fundamental role in reducing the disparities. Community-based organizations have been allocated the responsibilities and the funding and yet the method for delivering services in most agencies, over the many decades, has not changed in response to the rising disparities.

Cultural competence within the agency is necessary for improved outcomes. Cultural competence is not adequately accomplished by adherence to the common academic and provider training directive that clinicians maintain a willingness to be “open” about issues of race and culture. While openness is a great start, it takes much more than mere “openness” to get to the core issues of how one is impacted by race and culture and the related trauma. These are deep psychological issues for both providers and consumers; the subject evokes strong, sometimes negative emotion, denial, rationalization and justification. Due to discomfort with the topic, the deeper discussions about race and culture and their impact on provider services rarely occurs.

Providers should not merely be open to the discussion, rather they should actively initiate the examination of race and culture and the impact on their clients. Openness is just not adequate. African Americans clients have often been socialized not to talk about race and culture in public and especially not in the presence of White people, so they are also unlikely to bring up the issue. Providers may erroneously conclude that if the consumer doesn't mention race or culture, these issues must not be important or have any clinical implication for the client.

For many African Americans, race and culture matter. Race affects where they will live and work and where their children will go to school. If they will marry, how long they might live, and

how social institutions treat them. The provider, who feels relieved of the responsibility because the consumer didn't bring up the issue and then fails to probe, is misguided and these important discussions won't happen, making therapy a marginally relevant experience for a stressed community. The Conscious Voice Steps place the responsibility for the discussion on the provider.

The reasons are undoubtedly complex. However, most would admit that the discussion of race and culture is superficial, absent, not encouraged, sometimes discouraged and sometimes punished by society in general. The discussion is not made easier because it takes place in the mental health setting. The discussion is constrained due to lack of experience and skills necessary to the discussion. Yet, as providers, the ability to engage authentically is fundamental to the work. Many providers are not prepared to have the very conversations that are necessary to the health of the consumers they are committed to serve. The 12 Steps prepare the provider to **initiate** the discussion.

Conscious Voices Curriculum is a framework designed to produce clinicians who are:

- **Confident and conversant in race and culture discussions.**
- **Aware of the African American experience and how that experience relates to health and other disparities.**
- **Capable of working effectively with African Americans.**
- **Community allies and advocates who can work collaboratively.**

Organization managers can support this effort by creating an environment where the appropriate training and conversation can occur. Managers should examine personal biases, stereotypes, and intergenerational transmissions that might be obstacles to change within the agency. Directors and managers can use the 12 Steps to develop and deepen their own understanding of race and culture, how they are affected and how that affects the services delivered to the community. How race is dealt with in the agency, in general, will reflect on the quality of the training and the services provided to African Americans.

An agency that discourages the conversation, that operates on racial privilege, that refuses to examine the effect of race on the community they serve, cannot train providers who will be effective in the community. Rather, the agency will remain mired in the past. The providers

they produce will be part of the problem rather than part of the solution.

It may be awkward, disturbing and sometimes painful, yet necessary to improve outcomes, and change the way services are delivered to African Americans. Managers can assist by reframing the discomfort as a growth opportunity and a change to a new and more effective paradigm. Managers can model the fortitude required to change.

Vignette: Carol and Marci—Organizational Provider

For ten years, Carol, a middle-aged woman has been one of the few African American managers ever employed at the agency. Her program serves a largely African American consumer population. The program is performing very well, in that it is exceeding all County contract goals.

Some managers have commented that Carol seems to be overly sensitive about race issues. Marci, the Executive Director, is concerned about Carol, too. In the last three years, on two separate occasions, two different employees came to Marci distraught and tearful. Both reported that during workplace disagreements, Carol accused them of being racist. Since Carol has had two of these incidents, with two different employees, Marci is starting to think that it is Carol who is the racist.

After both incidents, when Marci asked, Carol denied being disrespectful. In both instances, Carol claimed it was the other employees who had yelled at her and spoke to her disrespectfully. Carol said she merely responded to their verbal abuse by asking them if they were disrespecting her because she was Black. Carol said she asked that question because she, in fact, felt that they disrespected her because of her race. Carol told Marci that “Some folks don’t think they have to respect Black people, even Black managers.”

Monday, another incident occurred. Misty, a therapist intern, told Marci that she and Carol argued over whose turn it was to use the treatment room. Misty tearfully told Marci that during the argument, Carol asked Misty why she was being so disrespectful. Carol asked Misty why she felt that she did not have to show Carol the same respect as the White managers. Misty was crying inconsolably. Misty denied being racist and was so upset that Marci could barely comfort her. Marci is very disturbed by Carol’s behavior; this is the third time Carol has been involved in a workplace conflict involving a racial issue. Marci feels that as a manager, Carol has a responsibility to be professional in her interactions with staff. Carol’s constant accusations of racism are over the top, unprofessional and very upsetting to staff. Because this is the third incident, Marci feels compelled to discipline Carol. This behavior just can’t continue.

Before talking to Carol about the incident, Marci calls you for a consultation on how best to deal with Carol. Marci plans to tell Carol directly to never speak of race or racism ever again for as long as she is at the agency. Marci tells you that Carol just doesn't seem to get how her behavior affects others. Marci thinks that the agency is not the best place for Carol anymore.

Questions to Consider

1. How would you advise Marci about disciplining Carol?
2. How important is it you that when she reports to Marci, Misty is crying and upset? Why?
3. Should Marci forbid Carol to "ever talk about race or racism"?
4. How would you advise Carol?
5. What did Carol tell Marci about the incident with Misty? What are your concerns? How can your concerns be addressed?
6. How might privilege be operating in this vignette?
7. What Conscious Voices interventions might you use to address this issue?
8. Discuss the legalities involved in forbidding Carol to speak about race?

Organizational Provider

References and Suggested Readings:

1. Better, S. (2002). *Institutional racism: A primer on theory and strategies for social change*. Chicago, IL: Burnham.
2. Greene, M.P. (2007). Beyond diversity and multiculturalism: Towards the development of anti-racist institutions and leaders. *Journal for Nonprofit Management*, 1-9.
3. Thomas, D. A., & Ely, R. J. (1996). Making differences matter. *Harvard Business Review*, 74(5), 79-90.

Conscious Voices
Provider 12 Steps

Provider 12 Steps

In response to the growing health disparities in the African American community, the County called for a change in how services are provided to the community. Based on the 12-Step model of Alcoholics Anonymous, the Conscious Voices Provider 12 Steps is a new approach that addresses historical trauma and trauma related to social problems such as community violence and homicide in the African American community.

Having the goal of cultural competence for African American culture is necessary to successful implementation of this 12-Step Provider strategy. Competence is rarely adequately achieved in most academic experiences. Often, there is only a brief overview of cultural issues and instructions to maintain a willingness to be “open” to learning about various ethnic groups. When working with African Americans, however, it will take much more than provider willingness to be “open” to get to the core issues of how the consumer is impacted by race; to address the related trauma; and to achieve consumer empowerment. These are deep psychological issues. For some providers and some consumers alike, the subject evokes strong emotions, denial and avoidance, because they may lack the skills to have the discussion, necessary to healing.

The untrained provider’s conclusion may be that since the consumer didn’t initiate the conversation regarding race or culture there must be no clinical issues present for that consumer. They fail to take into account the typical socialization, their own, and that of the consumer. Socialization often discourages conversations about race and culture. Merely being “open” rather than proactively seeking to engage in the examination of these issues is problematic to the successful treatment of African Americans. Blacks have been socialized not to talk about race or culture in public and especially not in the presence of White people, who make up the majority of the provider population.

African Americans often don’t think they or their issues will be understood so they don’t typically bring up the difficult issue of how they are impacted by race. Not wanting to risk offending the White provider or feeling they will be misunderstood, they remain silent. Further, some African Americans do not discuss race because they are not aware of the impact of race on their experience. Just because they are not aware of how race impacts their experience does not mean that they are not affected by race.

Race matters. It affects where they will live and work, where their children will go to school, who they choose or choose not to marry, how long they might live, and how they are treated by social institutions. Consumers often have feelings about race and culture, many feelings that they do not feel safe expressing with providers. The reasons are undoubtedly complex;

however, most would admit that the discussion of these issues is mostly absent, not encouraged, mostly discouraged, and sometimes punished by society in general.

This can also be a problem for agencies and providers. When privileged groups inside the agency are made uncomfortable by the discussion, their right to be free of discomfort trumps the right of the others to have the discussion, so the discussion **shall** not occur. Those without privilege feel silenced and dare not speak. Silence or superficial discussions of the issues becomes the norm in many agencies. Even discussions during cultural trainings will be superficial and tense. None dare challenge this norm fearing that they will meet with resistance and punishment.

Even in the treatment room, the sacred place where therapist and client meet, the discussion of race and culture is constrained. As providers, the ability to engage with African Americans authentically is fundamental to addressing individual and community issues and reducing health disparities. While many providers are not prepared to have the very conversations that are necessary to improve the health of the consumers they are committed to serve, through appropriate training, supervision, and use of this Curriculum, the provider develops the fortitude and skills to initiate the therapeutic discussion with consumers. The provider learns why the discussion and the ability to have it are foundational to healing.

Conscious Voices Curriculum is a framework designed to produce clinicians who are:

- **Confident and conversant in race and culture discussions.**
- **Aware of the African American experience and how that experience relates to health and other disparities.**
- **Capable of working effectively with African Americans.**
- **Community allies and advocates who can work collaboratively with African Americans and others.**

Provider 12 Steps encourages a profound exploration of personal attitudes, beliefs and intergenerational transmissions that might affect the consumer-provider relationship. For therapists, the Steps and related training are a guide for exploring cross-cultural transference in the therapeutic relationship and how the transference may affect the clinical work.

Providers should explore and discuss the Conscious Voices, Consumer Steps and Principles and have an understanding of the purpose of the Well-Being meetings to which they

will refer consumers. Well-Being group meetings are a place for African Americans to gather as a group to strategize about solutions to the problems that contribute to the health and mental health disparities.

Vignette: Parker and You

You and Parker are in the same supervision group at a County community-based agency. The agency serves primarily Black and Latino consumers and families. Parker is real nice guy, real nice. The two of you go out for dinner and drinks most Fridays. Parker grew up in San Ramon, in a White, working class neighborhood. Unlike some of his friends, Parker had to pay his own way through college. Parker's parents warned him to stay away from Black people because they are loud and always causing trouble. They are just not good people like "us."

Parker knows better. He was a football player in high school and some of his best friends were Black football players. Parker believes his parents were wrong, at least about some Blacks, or at least the ones on the team and a few others Parker has met along the way.

Still, Parker doesn't understand why Blacks don't seem to want to do better or work to better themselves. Why they choose to not graduate from high school and go to college when that is obviously the smart thing to do.

You want to explain the realities of life to Parker. You do some Internet research so you can tell Parker what for.

Next time, over dinner, you tell Parker about:

- The impact of trauma and historical trauma on Blacks.
- Employment discrimination.
- Housing discrimination.
- Wealth inequities.
- Discuss the recent targeting of the African American community for sub-prime loans and what the loss of foreclosed homes means to the community.
- Discuss how police brutality impacts the community.

- Discuss White privilege with Parker.
- Explain to Parker how he might be racist even though he has Black friends?

Provider 12 Steps

References and Suggested Readings:

1. Boyd-Franklin, N. (2006). *Black Families in Therapy: A Multisystems Approach*. New York: Guilford.
2. Hays, P. A. (2001). *Addressing Cultural Complexities in Practice: A Framework for Clinicians and Counselors*. American Psychological Association.
3. Sue, D. W., & Sue, S. (2002). *Counseling the Culturally Diverse: Theory and Practice (4th ed.)*. Hoboken, NJ: Wiley.
4. Tim Wise on White Privilege, White Denial and the Cost of Inequality. (YouTube) <https://www.youtube.com/watch?v=9AMY2Bvxuxc>.

Provider 12 Steps (Short)

Step 1

We admit that we, too, are negatively impacted by slavery, historical trauma, and discrimination.

Step 2

We continuously initiate the exploration of historical trauma and discrimination as a source of African American trauma and community violence.

Step 3

We became willing to take steps to prepare ourselves to work effectively with the African American community.

Step 4

We acknowledge that discrimination exists and address it courageously and in a manner that maintains our integrity.

Step 5

We will respect how spirituality is expressed in the African American community.

Step 6 (ORGANIZATION)

We make a commitment to increase our organization's competence to serve the African American community.

Step 7

We will take steps that encourage the strengthening of the African American community.

Step 8

We will join with our colleagues and encourage development and implementation of interventions that reduce community violence among our youth.

Step 9

We are committed to deepening our understanding of the African American historical experience, how it affects us today, and how to repair the harm that was done.

Step 10

We are committed to deepening our understanding of how discrimination affects the African American community today.

Step 11

We will support the County effort to transform how services are delivered to African Americans and the effort to increase life expectancy in African Americans by 10 years in 10 years.

Step 12

Having awakened and found our conscious voice, we will carry this message to others.

Provider 12 Steps

Step 1 (Provider)

We admit that we too are negatively impacted by slavery, historical trauma, and discrimination.

Historical trauma occurs when an entire group of people experience psychological wounding repeatedly over time, resulting in severe trauma symptoms that are passed through generations, resulting in economic, social, and health disparities and the derailing of the natural progression of the people that continues through the generations. (Brave Heart) Due to the trauma of slavery, African Americans continue to be directly impacted by historical trauma.

Provider efforts are hindered because there is very little discussion, education, or training regarding the effects of historical trauma. Instead, trauma symptoms are treated as intrapsychic issues, leading to misdiagnosis, ineffective treatments, and the failure to consider trauma symptoms in the context of mental health, public health, human rights, and justice.

Some of us may have grown up in families or communities and due to our own intergenerational transmission, learned discriminatory attitudes towards African Americans, which have endured in their families through generations. Perhaps others feel no need to examine their beliefs and attitudes. After consciously rejecting discriminatory childhood teachings, they are not aware of what remains in the unconscious, which may negatively impact the services they provide but feel no need to examine.

Query what are the contemporary psychological implications for the historical instances where White slave owners fathered children with their slaves and then enslaved their own children and sold their own children into slavery for profit? What are the contemporary implications for those whose ancestors did not mate with slaves, but lived in a society that did not question the practice, rather accepted this kind of behavior as normal?

There could be institutional and individual providers among us with peculiar ideas about African Americans working in our community. We may have negative beliefs, conscious or unconscious, about the intelligence, capabilities and morality of African Americans in general yet may be unable to interact appropriately, create effective treatment plans, or provide needed services thus, contributing to poor outcomes for African American consumers. Rarely, in the course of academic or professional training, are providers asked to examine these issues meaningfully and there is usually no screening process that determines how we have been influenced, through socialization, prior to beginning our work.

Through the use of training vignettes and the Provider Steps, we are asked to continuously examine how our intergenerational transmissions, beliefs and attitudes about African Americans are impacting the services we provide. The likelihood of delivering competent services to the community is increased when we continuously perform self-examination in a non-threatening, supportive environment, where we are provided experiences and training aimed at enabling us to more confidently discuss matters of culture, race, and ethnicity. Then we can consider how best to shape the services we provide.

Step 1 Questions to Consider:

Overcoming socialized racism requires becoming aware of the unconscious thoughts, fears, and feelings that we hold about African Americans. Take a moment and think about your personal level of contact with people of color:

- How often are you in contact with people of color (i.e., average daily or weekly contact)?
- In what capacity does this contact occur (e.g., a helping relationship, a friendship, or co-workers)? Describe these relationships. Are they intimate or casual? How do these relationships make you feel (e.g., uncomfortable, guilty, or fearful)?
- What do you know about African/African American culture and history? Where did you receive this information? How do you know it is accurate?
- Try to identify when you first became aware of race.
- What were some of the messages you received? How have those message carried over into your current understanding of race and race relationships?
- What does White privilege mean, how does it make you feel, and what does giving up White privilege mean? (See McIntosh article, below.)

Step 1 References and Suggested Readings:

1. Harrell, S.P. (2000). A multidimensional conceptualization of race-related stress: Implications for the well being of people of color. *American Journal of Orthopsychiatry*, 70 (1), 42-57.
2. Leary, J. DeGruy. (2005). *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*. Milwaukie, Oregon: Uptone Press.
3. McIntosh, P. (1988). *White Privilege and Male Privilege: A Personal Account of Coming To See Correspondences Through Work in Women's Studies*. Working paper No. 189, Wellesley, MA: Wellesley College, Center for Research on Women.

4. Sotero, M. (2006). A Conceptual Model of Historical Trauma: Implications for Public Health Practice and Research. *Journal of Health Disparities Research and Practice*, 1 (1), 93-108.

Step 2 (Provider)

We will continuously initiate the exploration of historical trauma and discrimination as a source of African American trauma and community violence.

According to Historical Trauma Theory, (Brave Heart) people who have experienced historical trauma may also experience **internalized oppression**. This occurs when a people have unconsciously consumed negative images and messages about their ethnic group either from the media, school, or from social institutions. African Americans receive subliminal messages, that as a group, they are undesirable, criminal, lacking in intelligence, over sexualized, irresponsible and lazy. Institutions and members of society may also respond to these messages and through their behavior towards the target population, further reinforce the negative messages. The negative messages about African Americans are constantly reinforced through social interactions, teachers, Police, and other service providers. Coming from powerful sources, these messages are internalized as legitimate. The psyche is overwhelmed and the messages are unconsciously accepted. Thus, the ability to develop the true self is hijacked, replaced with a socially cultivated self-image, with feelings of distrust and contempt for self and those like self.

Symptoms of internalized oppression include low self-esteem, unstable families, and the myriad of related economic, behavioral, and health disparities.

Externalized oppression occurs when the targeted people have accepted the images and messages as true and internalized them. At this level of disorganization, the distrust and contempt for self is expressed as anger and aggression directed towards their own community, people like them. When the magnitude of internalized self-hatred is this extreme, the result is high levels of community violence and homicide. Some researchers suggest that African American historical trauma explains the high level of community violence and homicide.

As Conscious Voice providers, we examine internalized and externalized oppression as a source of community violence with both consumers and colleagues. We empower the community to challenge those negative societal messages that may lead to this condition, with a particular focus on young Black males who are suffering and extremely vulnerable to homicide and community violence.

Step 2 Questions to Consider:

Knowing that media heavily influences our lives, we are often too busy or too preoccupied to take the time to truly reflect on the things we passively let into our minds. Over the next few

days, take a moment and think about how the media and popular culture influence your perception of African Americans.

1. How often do you notice African Americans portrayed (in entertainment programs, news, and so on)? What is your perception of how they portrayed (e.g., positively or negatively)? What type of roles did they have? Did you see any stereotypes being played out? Do you feel these portrayals were accurate?
2. How do you think these images influence your perception of Black people? For example, when a man of color walks by do you touch your wallet or purse or hold it closer?
3. Are you surprised when the doctor, dentist or lawyer is African American?
4. Does the race of the provider affect the trust you have in the services provided?
5. In which public areas do you feel unsafe? In which areas do you feel safer? Why?
6. Give some examples of African American consumer behavior that might be identified as internalized racism. Externalized racism?

Step 2 References and Suggested Readings:

1. Gaertner, S.L., & Dovidio, J.F. (2005). Understanding and Addressing Contemporary Racism: From Aversive Racism to The Common In-Group Identity Model. *Journal of Social Issues*, 61(3), 615-639.
2. Staples, B., (2004). Just Walk On By: A Black Man Ponders His Power to Alter Public Space. In M.L. Andersen & P.H. Collins (Eds., 5th ed.), *Race, class, and gender* (pp. 499-502). NY: Wadsworth.
3. Tatum, B.D. (2003). *Why Are All the Black Kids Sitting Together in the Cafeteria?* New York: Basic Books.
4. Vasquez, H. & Magraw, S. (2005). Building Relationships and Across Privilege: Becoming an Ally In The Therapeutic Relationship. In M. P. Mirikin, K. L. Suyemoto, & B. Okun (Eds.), *Psychotherapy with Women: Exploring Diverse Contexts and Identities* (pp. 64-83). NY: Guilford.

Step 3 (Provider)

We became willing to take steps to prepare ourselves to work effectively with the African American community.

The alarming disparities for African Americans in health and mental health outcomes are well documented. Contemporary research indicates a connection between mental health and physical health. There is a growing urgency regarding delivering appropriate mental health services as a best practice for reducing health disparities. The reasons for the disparities are complex and may be rooted in the historical trauma of slavery, then further complicated by continuing adverse contemporary social, political, and economic conditions, including discrimination.

Modern trauma theory suggests a new approach to healing communities affected by historical trauma. This new paradigm requires service providers who acknowledge that discrimination exists, that slavery was a traumatic experience with consequences that are reverberating in the contemporary community and that the entire community must be healed. As Conscious Voices providers, we acknowledge these traumatic, cross-generational consequences and the poor outcomes associated with current interventions. We are choosing to change our methods so that we may become more effective in the African American community. There is much to learn but we are committed to deepening our understanding through courageous discussions regarding race and privilege, incorporating strategies that have been identified in the research as being effective, modifying traditional interventions that have proven to be ineffective and creating new strategies.

Step 3 Questions to Consider:

Racism affects both people of color and Whites; it deprives people of color of equality and creates a perception of Whites as being cultureless. In order to understand the other, you must better understand yourself, your culture, and your history. To increase cultural self-awareness please take time to reflect on:

1. What does culture mean to you? How do you racially/ethnically identify? Why?
2. What is your heritage? From where did your family immigrate?
3. Why did they immigrate? When arriving in America, what did members of your family have to do to be accepted? What parts of their culture did they have to give up and why?

4. What parts of your culture do you practice? Why? Why not?
5. What traumatic experiences have any of your racial/ethnic groups faced?
6. Revisit question 1. Has what you've learned about the history of your people changed how you identify?
7. Are there parts of your family history of which you are ashamed? Parts you are proud of? Why?
8. Discuss why the historical trauma of slavery might **not** be a factor in contemporary trauma.

Step 3 References and Suggested Readings:

1. Ridley, C.R. (2005). *Overcoming Unintentional Racism In Counseling and Therapy: A Practitioner's Guide to Intentional Intervention (2nd Ed.)*. Thousand Oaks, CA: Sage.
2. Sue, D. W., Capodilupo, C.M., Torino, G.C., Bucceri, J.M., Holder, A.M.B., Nadal, K.L., & Esquilin, M. (2007). Racial Microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62(4), 271-286.
3. Sue, D.W., & Torino, G.C. (2004). Racial-Cultural Competencies: Awareness, Knowledge, and Skills. In R.T. Carter (Ed.), *Handbook of racial-cultural psychology and counseling: Training and practice* (Vol. 2), pp. 3-18. Hoboken, NJ: John Wiley.

Step 4 (Provider)

We acknowledge that discrimination exists and address it courageously and in a manner that maintains our integrity.

Silencing is one of the ways that providers may also be impacted by slavery, historical trauma, and discrimination. The fear or inability to talk about race may be rooted in the historical experience of slavery where slaves and their allies, who questioned the brutality and oppression, were punished. After hundreds of years, silence on the issue is the norm. Silence reduces our ability to acquire and provide needed information. Concerns about doing or saying the wrong thing, offending colleagues or other employees by bringing up race, a topic that makes other employees uncomfortable, prevents us as conscious providers from engaging in meaningful discussions regarding race, ethnicity, and privilege. Yet these discussions are important to our learning experience and critical to our clinical work.

Silencing limits the flow of communication and information that could help us to develop appropriate social and clinical skills. While initiating these conversations may carry some risk, particularly in settings where silence is the norm, we are courageous, persistent, and committed to becoming allies and effective providers to the African American community, so we resist the silence.

Step 4 Questions to Consider:

1. Have you witnessed overt or covert discrimination towards an African American colleague in your workplace? If yes, how did it make you feel?
2. Do the providers and consumers have a method to resolve workplace conflict? Is it fair and non-discriminatory?
3. In what ways can you be an ally to an African American consumer or a coworker who may be experiencing discrimination and who may feel silenced due to fear of the consequences?

Step 4 References and Suggested Readings:

1. Akbar, Na'im. (1996). *Breaking the Chains of Psychological Slavery*. Tallahassee, Florida. Mind Productions & Associates.
2. Leary, J. DeGruy. (2005). *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*. Milwaukie, Oregon: Uptone Press.

3. Parham, Thomas A., White, Joseph L., Ajamu, Adisa. (2000). *The Psychology of Blacks: An African Centered Perspective*. Upper Saddle River, NJ. Prentice-Hall, Inc.
4. Sue, D.W., & Torino, G.C. (2004). Racial-cultural Competencies: Awareness, knowledge, and skills. In R.T. Carter (Ed.), *Handbook of Racial-Cultural Psychology and Counseling: Training and Practice* (Vol. 2), pp. 3-18. Hoboken, NJ: John Wiley.

Step 5 (Providers)

We will respect how spirituality is expressed in the African American community.

Religion and spirituality are important elements of life for many African Americans. Within the African American community there is a diversity of religious beliefs and practices including: Christianity, Islamic, Judaic, African traditional religious practices. One study indicates that eighty-five percent of African Americans report having a religious or spiritual belief system and using it to cope with stress and/or mental health issues. Research shows that religious and spiritual practices within the African American community provide a framework for how African Americans view themselves, connect with each other, and cope with the challenges of racism, discrimination, poverty, and other personal and community problems.

African American church leaders and pastors have a powerful influence over their church members and play a significant role in whether or not the members of the congregation chooses to engage in mental health services. Oftentimes, there is a lack of understanding of mental health symptoms and services within the church leadership. Within the African American community there continues to be a stigma in admitting one has a mental illness. People may not be encouraged to seek mental health services. They may be encouraged to pray, seek spiritual counseling, and/or increase church attendance. The church clergy can play a pivotal role in educating, advocating, and assisting their congregation to engage in appropriate mental health services. It is recommended that the African American church members and leadership receive more information about mental health issues, symptoms, and availability of services and to develop collaborations with agencies and professionals that provide mental health services.

It is important that we understand their African American client as a biopsychosocial-spiritual being (Carter, 2002). As providers, we are encouraged to become competent in understanding and respecting the role of religion in the treatment of mental health disorders in African Americans.

Many of us may be influenced by our own personal religious biases and beliefs. This can negatively affect the ability to build a therapeutic alliance with African American clients. It is recommended that we seek consultation from African American colleagues or those who are knowledgeable when there is an impasse in communication with a client regarding religious issues.

Step 5 Questions to Consider:

1. How will you explore your client's religious beliefs and use their belief system to develop a therapeutic alliance?
2. If you are an atheist, how do you view the value of religion to your client?
3. How will you assess your client's concerns about communicating with Jesus or their dead relatives, or would you characterize this as pathological consumer behavior? Who will you consult?
4. What role can African American church leaders play in reducing mental health disparities in their communities? Can you support them in that role?
5. How can a spiritual practice be used to heal or treat mental illness?

Step 5 References and Suggested Readings:

1. African Americans psychiatry.org (2005)
www.psychiatry.org/mentalhealth/people/african-americans.
2. Carter, James H. *Religion/Spirituality in African-American Culture: An essential aspect of psychiatric care*. (2002)
3. Taylor, R.J., Chatters, L.M., and Levin J. (2004). *Religion in the Lives of African Americans: Social, Psychological and Health Perspectives*. Thousand Oaks, CA: Sage Publications.

Step 6 (Provider) ORGANIZATION

We make a commitment to increase our organization's competence to serve the African American community.

As an organization providing services to African Americans and seeking to reduce the health disparities caused by psychological trauma, we examine our own internal organizational dynamics. Our ability to communicate about our own organizational experiences with discrimination, historical trauma, and the effects of slavery will indicate how effective we will be when working in the African American community. If this discussion is not yet occurring, we will take steps to create a culture that encourages a meaningful discussion of race, culture, and privilege.

We provide training opportunities and supervision using the 12 Steps, the 7 Principles, and other culturally relevant material. Because we want to be effective in the community, we will create opportunities that foster the growth and development of the providers we train so they can be more effective. We will support and encourage their ability to discuss race, ethnicity, culture, and privilege within the agency and within the community. If adequately prepared, supervised, and trained our providers can make a profound difference and increase the likelihood that more collaborations and strategies to address health disparities will be developed and implemented.

Step 6 Questions to consider:

1. What trainings does your agency offer that are specific to African Americans?
2. Describe the opportunities for discussing race, particularly racial conflict in your workplace. Are the opportunities respectful, productive, and educational?
3. Can racial conflict in our workplace be identified and discussed without fear or punishment? Has the discussion about race been driven underground because it makes "people" uncomfortable?
4. Do we have a conflict resolution process where all can feel heard and respected? Describe the process.
5. How are African Americans employees, or other people of color treated by our organization?
6. How does the organization respond to complaints of unequal racial treatment?
7. Are African Americans a part of the management team? Is there opportunity for them to have input into shaping the agency's direction? Describe.

8. What history does our organization have with regard to training, retaining, and promoting African Americans?

How the organizational provider answers these questions will reflect on how well the agency likely interfaces in the community. An agency that is willing to examine how issues of race and culture are expressed within their agency is well positioned to build an agency culture that promotes cultural competence in their direct service providers. There will be a corresponding benefit to the African American community. The ability to have these discussions will be promoted through the use of the Provider 12 Steps. Consider the Provider 11th Step.

Step 6 References and Suggested Readings:

1. Blitz, LV.& Pender Greene, M., (2007) Racism and Racial Identity: Reflections on Urban Practice in Mental Health and Social Services. Binghamton, New York: The Haworth Press. Inc.
2. Hardy, Kenneth. African American Experience and the Healing Of Relationships. <http://www.dulwichcentre.com.au/african-american-perience.html>.
3. Katz, Judy H. White Awareness, Handbook for Anti-Racism Training. (2003). University of Oklahoma Press. Red River Books.
4. Pender-Green, Mary. Beyond Diversity and Multiculturalism: Towards The Development of Anti-Racist Institutions and Leaders. (2007) Journal for Nonprofit Management.

Step 7 (Provider)

We take steps that encourage the strengthening of the African American community.

Because of slavery and discrimination, African Americans have suffered historical trauma that has clinical implications that need to be addressed. Discussions about slavery and discrimination have been discouraged and few providers have skill or experience with the subject. We are willing to tolerate our personal discomfort about this important discussion. This represents a shift in paradigms. We encourage and participate in this shift because we want to be effective therapists. Historical trauma affects the entire community and the research indicates that healing the individual means healing the African American community. Any progress that we make with the individual client can quickly be eroded by the pervasive conditions of discrimination, poverty, and fear of community violence and so a community intervention is required.

As part of our learning, we support and encourage consumer attendance at Conscious Voices Well-Being meetings. We will follow up with our clients regarding their experience in the meetings. We respect the strict adherence to the Well Being Meeting rules of confidentiality, which are evolving, and are for Well-Being group participants to further develop. Names and identities of Well Being Meeting participants are confidential and should never be shared inside or outside of therapy, at any meeting, in any other place, or for any other purpose. This rule is to protect participants, who should be able to share freely without being identified in **any** outside conversation. By maintaining the anonymity of the participants, we help to protect the integrity and confidentiality of the meetings and the continued availability of this important resource.

Our behavior around the issue of confidentiality demonstrates our own professionalism and respect for the community and the work they are committing to do with the Well-Being groups.

Step 7 Questions to Consider:

1. Do you think it would be beneficial for African American consumers to attend the Well-Being meetings and are you willing to refer them? Discuss.
2. Is it necessary to have separate Well-Being meetings specifically for African Americans to address the alarming health disparities and the social, economic, and educational disparities?

3. Are you willing to become an advocate for your African American clients to address the multiple issues they may face due to discrimination and historical trauma? If yes, what immediate steps will you take?
4. Do you think that discrimination continues to negatively affect the African American community? Do you believe that other factors prevent full participation?
5. What if people of other ethnicities want to be involved in the Well-Being groups? Would that be beneficial?

Step 7 References and Suggested Readings:

1. Leary, J. DeGruy. (2005). *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*. Milwaukie, Oregon: Uptone Press.
2. Pathways to Integrated Health Care. (2011). *United States Department of Health and Human Services Office of Minority Health*. Retrieved from: <http://old.thenationalcouncil.org/galleries/business-practice%20files/Final%20Pathways%20to%20Integrated%20Health%20Care%20Strategies%20for%20African%20Americans%20b1.pdf>.
3. Smiley, Tavis (introduction), Various Contributors. (2006). *The Covenant with Black America*. Chicago, Illinois. Third World Press. The Smiley Group.

Step 8 (Provider)

We will join with our colleagues, and encourage the development and implementation of interventions that reduce community violence among our youth.

This step speaks of “our” youth. Young African Americans are a part of our collective community. They should be provided the same concern, protection, and opportunity as all children.

Early, violent death is not normal or acceptable in any community. Every violent death in the African American community matters. Violence shatters families and neighborhoods and has a rippling effect in society. It is trauma that is experienced directly by friends, family and loved-ones, and vicariously by community members who are affected by the death of another community member. The vicarious grief one feels when one hears of a killing, the sirens, the memorials, and the yellow tape used to secure the scene, and the anticipation of another homicide are painful reminders. If no one disputes these killings, it sends the message that killing in the African American community is not a social concern and that African Americans are not valued.

Step 8 Questions to Consider:

1. Do you feel that the violence among Black youth has a direct or indirect impact on you and your family members?
2. Do you think that individual therapy has been an effective intervention in supporting African American foster youth to prepare for responsible adulthood?
3. Do you think that the negative environmental factors have had such an influence on Black youth that violence in the community is beyond repair and there is little hope for effective interventions?

Step 8 References and Suggested Readings:

1. Lamella, Anthony J., Led, Wormy L., Taylor, Sandra E., (2011). Handbook of African American Health: Social and Behavioral Interventions. New York, New York. Springer-Science & Business Media. LLC.
2. Smiley, Travis (Introduction), Various Contributors. (2006). *The Covenant with Black America*. Chicago, Illinois. Third World Press 2006 The Smiley Group Akbar, Na'im. (1984). *Chains and Images of Psychological Slavery*. Tallahassee. Mind Productions & Associates.

Step 9 (Provider)

We are committed to deepening our understanding of the African American historical experience, how it affects us today, and how we repair the harm that was done.

When a group of people suffer historical trauma the entire group needs healing. Because the harm was done to the group, the group needs to be healed. For people affected by historical trauma “reclaiming” their culture is a highly recommended intervention. Reclaiming for African Americans is problematic because during slavery any connection to a specific ethnic group was destroyed. African slaves were required as a condition of slavery to reject their African identity and the image of Africa has been degraded. For 400 years, during slavery, the overt practice of African culture was punished and ultimately most cultural memory was erased. Slavery has not existed for 140 years and many African Americans reject any association with Africa and yet reconciling this history and perhaps in some way reclaiming this part of their past may be the key to healing.

While many African Americans are of mixed ethnicity, it is often the identifiable African phenotype that defines their experience and is a key factor in determining where they live and work, what schools they attend, how they are treated by medical, legal, financial, and other institutions.

Based on the research and the possible benefit to the community, we consider reclaiming as an important intervention for African Americans. The logistical questions of reclaiming for African Americans may be complicated since much of that cultural knowledge was erased over time; however, the psychological benefits of acknowledging the consumer’s history may increase the likelihood of progress. How African Americans might shape this intervention will be a subject of discussion in the African American Well-Being groups, underscoring the importance of provider referral to the groups.

Step 9 Questions to Consider:

- How will you assist your African American client in exploring his/her culture and history?
- Do you think it will be beneficial to the self-esteem for your client to learn more about their ancestry and heritage through the development of a genogram?
- Do you think that the loss of language and culture is significant for the African American community? Why?
- What do you know about African Americans who were targeted by banks for adjustable

mortgages, resulting in the loss of their homes and trillions of dollars of generational wealth?

- What are the health risks for African Americans who were misled or treated unfairly by the financial institutions? What are the mental health implications?
- Will the development of African American schools and mentorship programs assist in reducing the violence among African American males? Why?

Step 9 References and Suggested Readings:

1. Akbar, Na'im. (1996). *Breaking the Chains of Psychological Slavery*. Tallahassee: Mind Productions & Associates.
2. Akbar, Na'im. (1984). *Chains and Images of Psychological Slavery*. Tallahassee: Mind Productions & Associates.
3. Leary, J. Degruy. (2005). *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*. Milwaukie, Oregon: Upton Press.
4. Smile y, Travis (introduction), Various Contributors. (2006). *The Covenant with Black America*. Chicago. Third World Press: The Smiley Group.

Step 10 (Provider)

We are committed to deepening our understanding of how discrimination affects the African American community today.

We are taught that if one works hard, one can achieve success. If we fail it is because we have not worked hard enough, studied long enough, or made the correct personal or professional decisions. For many African Americans, this teaching will not ring true. Many feel that achieving is made more difficult because of their skin color. The ability to accomplish is circumscribed, not by personal decisions and effort but by ethnicity. They believe that if discrimination did not exist the possibility for personal success would be greater. They may point to their experiences with the police and the legal system, employment and academic experiences, and experiences with social and financial institutions as proof of racial inequality. We believe them because, having done the research, we know that despite the notion of the “level playing field” significant racial disparities exist in many areas.

Step 10 Questions to Consider:

1. Describe how discrimination and racism might play a role in the economic and health disparities within the Black community.
2. How does internalized self-hatred manifest in Africans today?
3. Describe how the trauma may contribute to the “school to prison pipeline” for African American boys?

Step 10 References and Suggested Readings:

1. Lamella, Anthony J., Led, Wormy L., Taylor, Sandra E., (2011). Handbook of African American Health: Social and Behavioral Interventions. New York, New York. Springer-Science & Business Media. LLC.
2. Smiley, Travis (introduction), Various Contributors. (2006). *The Covenant with Black America*. Chicago: Third World Press. The Smiley Group

Step 11 (Provider)

We will support the County effort to transform how services are delivered to African Americans and the effort to increase life expectancy in the African Americans by 10 years in 10 years.

We will use the Conscious Voices 12 Steps as a guide for our discussions and to increase our competency and effectiveness in the services we provide. The Steps are not perfect, they are the just the beginning of the change. The Steps require us to be attentive regarding how our attitudes and beliefs about African Americans shape our services. We remember and remind each other that African Americans have experienced historical trauma, are affected by discrimination, and that any services we provide should take into account their distinct historical, social, ecological, and psychological context. We work to transform provider and organizational culture to reflect that reality. We are advocates, committed to the continuous examination of personal and organizational dynamics, values, and beliefs regarding race, culture, ethnicity, and privilege.

Constant vigilance is necessary because we know that our beliefs and attitudes about African Americans are deeply embedded in the fabric of our society and in our psyches. We encourage the creation of a Social Emotional Learning environment within agencies that interface with African Americans. We work in settings where the discourse regarding race and culture is celebrated, where conflicts regarding race, ethnicity, and culture are viewed as an opportunity to engage in positive discussion. We support the Well-Being meetings and the 7 Principles as a means of strengthening the African American community.

We support the County of Alameda Behavioral Health Care and Board of Supervisors in their effort to increase life expectancy in the African American community by 10 years in 10 years. We support the use of the Provider and Consumer 12 Steps, The7 Principles and other culturally appropriate methods, to strengthen the African American community.

Step 11 Questions to Consider:

1. What are the obstacles to using this Curriculum in supervision?
2. What obstacles do you anticipate to your commitment to assisting in the County's efforts to improve the health status of the African American consumer?

3. Which Conscious Voice intervention(s) do you find most promising for reducing health disparities in the African American community?

Step 11 References and Suggested Readings:

1. Alameda County Health Status Report. (2006). *Alameda County Public Health Department*. Retrieved from <http://www.acphd.org/media/52956/achsr2006.pdf>
2. Ion, A. (2001). Tracking Root Causes of Health Disparities Through Community Capacity Building. Retrieved from <http://www.chc.ucsf.edu/pdf/Iton-Tackling%20The%20Root%20Causes%20of%20Health%20Disparities.pdf>.
3. Keppel, K. G., Percy, J.N., & Wagener, D. K. (2002). Trends in Racial and Ethnic-Specific Rates for the Health Status Indicators: United States, 1990-98 (Rep. No 23). Hyattsville. MD: Centers for Disease Control and Prevention/national Center for Health Statistics.
4. Pathways to Integrated Health Care. (2011). *United States Department of Health and Human Services Office of Minority Health*. Retrieved from: <http://old.thenationalcouncil.org/galleries/business-practice%20files/Final%20Pathways%20to%20Integrated%20Health%20Care%20Strategies%20for%20African%20Americans%20b1.pdf>.
5. Results of African American behavioral health care study released. (2013). *Peers Envisioning and Engaging in Recovery Services*. Retrieved from <http://www.peersnet.org/news/2011-03/results-african-american-behavioral-health-care-study-released>.
6. Snatcher, David. (2006). *Multicultural Medicine and Health Disparities*. New York. McGraw-Hill.

Step 12 (Provider)

Having awakened and found our conscious voice, we will carry this message to others.

Having considered the previous Steps, we are more aware of the effects of trauma, historical trauma, and discrimination on our clients and ourselves. We take steps to heal our collective community. We educate ourselves so that we can assist consumers, educate colleagues, family, friends, and others. We will support each other in building a more just and progressive community. In order to be effective as healers in the African American community, we encourage an open and honest examination of community issues.

Perhaps, in the past we were made uncomfortable or felt unprepared to discuss these issues. We now know that this discussion, though difficult, is pivotal if we are to heal African Americans. We will make mistakes but learning from our mistakes is part of our education and part of the healing process. We understand that stigma, trauma, discrimination, poverty, and the related conditions are clinical issues and we are willing to join consumers in examining those issues and strategizing about solutions.

The issues in the African American community cannot be addressed providing services alone, rather a holistic approach is required, one that considers mind, body, and spirit. We consider the African Americans' unique historical and contemporary experience when shaping our interventions. As Conscious Voices providers, we seek to encourage the development of responsive systems that reduce health disparities in the African American community. This new approach requires our courage, curiosity, and persistence. We are willing.

Professionally, we act in a manner that demonstrates our belief in social justice and the ability of our collective community to heal from our difficult past, challenge the present, and forge a brighter future. We will form an alliance with the African American community, and other conscious people and continue to pass this message to others.

Step 12 Questions to Consider:

It is our social responsibility to engage in the dialogue and take the collective action needed to create a more just and equitable world. It is through combined reflection and action that you will become an effective change agent and find your Conscious Voice. In doing so, please consider:

1. What will you do for self-care, if needed, as you are working with The 12 Steps' challenging issues?
2. What can you do if you determine that organizational racism exists at the agency where you are employed?
3. What can you do to overcome racism at the societal level?
4. How can you learn more about African Americans from sources within the community (e.g. colleagues, community organizations and events, literature, volunteering)?

Step 12 References and Suggested Readings:

1. Ali, S.R., Liu, W.M., Mahmoud, A., &Argüelles, J. (2008). Social Justice and Applied Psychology: Practical Ideas for Training The Next Generation of Psychologists. *Journal for Social Action in Counseling and Psychology*, 1(2), 1-13.
2. Kivel, P. (2011). *Uprooting Racism: How White People Can Work for Racial Justice (3rd Ed)*. Gabriola, BC, Canada: New Society Publishers.
3. Sue, D.W. (2003). *Overcoming Our Racism: The Journey to Liberation*. San Francisco: Jossey-Bass.
4. Waldgrave, C. (2003). Just therapy. In C. Waldgrave, K. Tamales, F. Tahoka, & W. Campbell (Eds.), *Just Therapy—A Journey: A Collection of Papers from the Just Therapy Team, New Zealand* (pp. 3-62). Adelaide, South Australia: Dullish Centre Publications.

Conscious Voices

Consumer 12 Steps

Consumer 12 Steps

Information about African American health disparities is not widely available to the community. Obviously, something is wrong. Too many people are dying, too many are murdered, and too many others are getting sick and dying before their time. African Americans tend to think they don't exercise, eat bad food and kill each other. They often blame themselves for these conditions. When the researchers began to look into the causes of the poor health in African Americans, the results were surprising. Researchers concluded that it was not food or lack of exercise. It was not the community violence, poverty, or any of the other alleged self-destructive tendencies that explained the disparities. It was the stress and trauma of living with discrimination and inequality that was causing trauma and destroying the health of the community.

Many African Americans do not know that they are traumatized. Others know that they are feeling discomfort but can't understand why or identify what they are experiencing as trauma. Because trauma can be passed from one generation to the next, many are not aware; they may not know that they are carrying the historical trauma of their ancestors, who endured slavery or that they are experiencing the trauma of discrimination and inequality that has endured after slavery.

Consumers can use the 12 Steps individually to examine their history or in a group while participating in Well-Being meetings. The meetings are a setting for African Americans to gather as a group, sort out these issues and develop strategies to heal the community. The 12-Step model was chosen because it is a successful model that has been used to address many difficult health concerns. Many African Americans have successfully used 12-Step programs to heal substance abuse, a trauma-related condition. They have supported peers in a fellowship. They have facilitated meetings; they have experienced the power of the group. Conscious Voices taps into this valuable lived experience, asking them to use Conscious Voice Consumer 12 Steps, 7 Principles and the Well-Being meetings to assist in building a healthy African American community.

References and Suggested Readings:

1. Nobles, W. W. (1972). Africa Philosophy: Foundations for Black Psychology. A *Turbulent Voyage: Readings in African American Studies*, 280-292.
2. Parham, T. A., Alamo, A., & White, J. L. (2011). *The Psychology of Blacks: Centering Our Perspective in the African Consciousness*. New York: Prentice Hall.

Consumer 12 Steps (Short)

Step 1

We are aware that historical trauma and discrimination may have affected our mental, physical, and spiritual health.

Step 2

We made a commitment to understand how discrimination, historical trauma, including slavery, has affected the health and well being of our family and our community.

Step 3

We are willing to take steps to heal ourselves and our community from the effects of historical trauma.

Step 4

We acknowledged occasions when we experienced discrimination and addressed those situations courageously and in a manner that maintains our integrity.

Step 5

We believe that we are not alone in our struggle. We can rely on a higher power for guidance.

Step 6

We are committed to unity. We solve conflict peacefully, never sacrificing our unity.

Step 7

We realize we heal the community and the community heals us.

Step 8

We will join our community and our allies in addressing the root causes of community violence and reducing the negative effects on the mental, spiritual, and physical health of our community.

Step 9

We are committed to deepening our understanding of the African American historical experience, how it affects us today, and how to repair the harm that was done.

Step 10

We will work together to strengthen our community.

Step 11

We value fairness, honesty, and equality in all of our endeavors.

Step 12

Having awakened and found our conscious voice, we will carry this message to others.

Consumer 12 Steps

Step 1 (Consumer)

We are aware that historical trauma and discrimination may have affected our mental, physical, and spiritual health.

Many African Americans are directly impacted by historical trauma that has not been addressed. Historical trauma occurs when an entire group of people experience psychological wounding repeatedly over time, resulting in severe trauma symptoms that are passed through generations. The result of historical trauma is economic, social, and health disparities and the derailing of the natural progression of the people that continues through the generations. (Brave Heart)

In her book, *Post Traumatic Slave Syndrome*, Dr. Joy Degruy says that because of slavery, African Americans are experiencing Post Traumatic Slave Syndrome, a form of historical trauma that affects our health and our relationships. Trauma is passed from generation to generation, affecting every aspect of our existence. With our awareness of the possibility that we may be affected, comes the opportunity to realistically examine our situation and if we are affected, begin healing.

Some may feel that slavery and discrimination are part of a distant past, with no bearing on our experience today. If you have managed to live your life without being personally affected by discrimination, you too have a very important place in Well-Being meetings. You are an important member of a community that needs healing. You have important information to add to this discussion. All community perspectives are welcome. We must all work together in this endeavor and in the spirit of the 7 Principles. Join us and share your experience, strength and hope.

Step 2 (Consumer)

We made a commitment to understand how discrimination, historical trauma, including slavery has affected the health and well-being of our families and our community.

Research in fields of neuroscience and medicine identify trauma as having a disorganizing effect on the brain and devastating effects on the health of the traumatized. Despite the research, African Americans are frequently not evaluated for or offered treatments that address trauma even though because we live with discrimination and inequality, we are extremely likely to have traumatic experiences and poor health that is trauma related.

While provider services often focus on individual experiences and behavior, research indicates that Blacks experience many external social and political factors that make them subject to many disparities. High incarceration rates, unemployment/underemployment, unsafe communities, and the educational achievement gap, are longstanding. So common are the disparities, they are regarded as a normal part of Black life by both providers and African Americans. Poverty is not normal; neither are community violence and school failure. Experiencing racial discrimination is not normal. While these experiences may be frequent in the community, these are actually traumatizing experiences that erode our health and our progress as a people.

Because the issue of race is involved, this may be an unpopular subject in many venues and one that makes some of us uncomfortable. Courageous public discussion on this topic is an important part of the change we want to see. We become willing to push beyond our comfort zones because we know that when these important conversations become a regular part of our social discussions, people will learn and it will be more likely that appropriate change will occur in our schools, mental health, medical and other systems.

Step 3 (Consumer)

We are willing to take steps to heal ourselves and our community from the effects of historical trauma.

For hundreds of years, in order to survive slavery, dysfunctional behaviors were required; these behaviors were reinforced by the brutality of slavery, and passed from generation to generation. Today, we take steps to change those negative behaviors (which were deliberately instilled in our people for the purpose of control) if we decide that those behaviors are no longer serving us. We acknowledge our historical experience and how it might be affecting us today.

In 1712, on the banks of the James River in Virginia, Willie Lynch, a successful plantation owner is said to have given a speech to other plantation owners in which he described strategies that, if installed correctly in the slave community, would “control the slaves for 300 years.” Lynch is said to have prescribed a number of brutal and traumatizing practices that could be used by plantation owners to make the slave community more manageable and profitable. He also suggested emphasizing the differences among slaves, differences in age, hair texture, and skin color, men against the women and young against the old. Lynch also advised that creating a deep distrust and division amongst them, would keep the slave community perpetually divided and easily controlled for 300 years or longer unless something intervened. We are going to intervene.

We do not know if the Willie Lynch story is real. However, we know that these types of strategies were employed, consciously or unconsciously, by plantation owners causing trauma and deep divides among our ancestors that may still be affecting us today. People who have experienced historical trauma often don’t understand how they have been affected and yet unless steps are taken to correct the wrong done, these disturbing experiences will continue through the generations. We are not enslaved any longer but we should question if high rates of unemployment and poverty, incarceration and school failure, community violence and shortened life expectancy are related to our historical trauma. Similar deficits exist in other ethnic groups that experienced historical trauma such as the Native Americans.

As members of African American Well-Being groups we want to change those dynamics that were instilled in our community during slavery. We want to learn to trust each other, to build community, and to have compassion for others and ourselves on the path to finding our conscious voices.

Step 4 (Consumer)

We acknowledged occasions when we experienced discrimination and addressed those situations courageously and in a manner that maintains our integrity.

Some African Americans feel the sting of discrimination daily. If we speak out, we feel stressed. We may fear repercussions for being outspoken. Sometimes, we remain quiet but feel demoralized. Sometimes, we take a risk and push back but are frustrated by the inability to have a meaningful conversation about our true experience. If we respond to discrimination, we may be accused of being angry and aggressive. Often, we are angry, too angry to speak. If our situation is work-related, we fear discipline or termination. We have seen sad examples of people who spoke out. In our past, perhaps we have been the example.

We have been trained not to respond and so we are silent. If we speak we may be punished. If we don't speak, we suffer in silence, and the committee (in our mind) beats us up because we failed to defend our people, and ourselves, yet again. A few decades of swallowing our true feelings, breaks our health down. The blood pressure goes up, the sugar goes up, and the heart is broken, again. We die younger and sicker and become a health disparity statistic.

In some situations, to openly speak about slavery and discrimination carries risks. When we can, we will advocate for our community and ourselves but we will not beat ourselves up if we are not able, or when to do so may be unwise.

Today, we are always encouraged because we can go to a Conscious Voices Well Being meeting, to fellowship, and discuss our experience and strategize with others who are in a similar situation. We can look for Conscious Voice providers to assist us in truly understanding and addressing our situation.

Step 5 (Consumers)

We believe that we are not alone in our struggle. We can rely on a higher power for guidance.

For some of us, the wounds caused by racial discrimination are deep. Some of us do not even know that we are wounded or that as a people, we are engaged in a mighty struggle to survive, mentally, physically, and spiritually. How will we transcend the dark past to create a bright future? Perhaps we need look to a “Higher Power.” That higher power could mean God. However, we as Well Being members are free to assign a personal meaning to the term. “Higher Power” can be whatever or whomever gives you hope.

Another possibility is to use this step to honor our ancestors, those who came and went before us. At times, without knowing that we are practicing an African tradition, we may speak to a parent, relative, or friend who has passed on, asking our beloved ancestors for guidance as we navigate the difficult seas of life. We have far to go on the road towards health but we can support each other and ask for guidance from our ancestors. We honor them by asking them to join us as we move forward (Libations).

The choice of a “Higher Power” is however, a personal decision.

Step 6 (Consumers/Organization)

We are committed to unity. We solve conflict peacefully, never sacrificing our unity.

There will be many challenges to organizing our effort to strengthen our community. Some of these challenges will come from our own friends and families. Some may not agree that discrimination and historical trauma are of any importance. They may argue that success or failure is an individual effort. We accept that not everyone will be willing to join this discussion we seek people who are willing. We also understand that there may be other opposition to our efforts and our Well-Being meetings. We remain inspired because we are coming together for the important task of building community. The 12 Steps and the 7 Traditions can guide us.

With any group, there will likely be conflicts, opinions, and difficult personalities. We see these challenges to our unity as opportunities to grow to learn to solve conflict constructively. We join together to address our problems and we remain involved even when there are disagreements.

We can use the principals of Restorative Justice to solve conflict. We have the 7 Traditions to guide our mission and more shall be revealed. The overwhelming statistics on African American school failure, community violence, poverty, fatherlessness, health disparities and the like, remind us that our survival and that of our children are at stake.

Step 7 (Consumers)

We realize that we heal the community and the community heals us.

Discussions about slavery and discrimination have mostly been discouraged, so few of us have the skill or experience. Today, we are no longer silenced. Our duty is to our families and our community. Because of slavery and discrimination, we have suffered historical trauma that needs to be addressed. We know that healing ourselves is not enough. Without healing our community, any progress that we make individually can quickly be eroded by the inequality, the poverty, and community violence and other challenges that we face every day.

We will also support and attend Conscious Voices Well-Being Meetings. Conscious Voices Well-Being groups present an opportunity to come together as a community for supportive fellowship, to clarify and strategize regarding our individual and collective futures. The 7 Principles are our guide to strengthening our community. Participation in these groups is important to our individual and community health and a demonstration of our collective hope for the future. Our children will be heartened by our organization and our expressed intention of developing a means of promoting their interests, protecting them and the generations to come.

The rules regarding the confidentiality of the meetings are strict, evolving, and are for Well-Being group participants to further develop. The names and identity of Well Being Meeting participants will forever remain confidential and should never be shared at any other meeting, in any other place or for any other purpose. This rule is to protect Well-Being group participants, who should be able to share freely without being identified in **any** outside conversation. By maintaining the anonymity of the participants, we help to protect the integrity and confidentiality of the meetings and ensure the continued availability of this important resource.

Step 8 (Consumers)

We will join our community and our allies in addressing the root causes of community violence and reducing the negative effects on the mental, spiritual, and physical and health of our community.

Early, violent death is not normal or acceptable in any community. Every death in the African American community matters; homicide shatters families and neighborhoods. It is proper for us to be shocked by the killing and to grieve the loss of our young. It is trauma that can be experienced directly or indirectly. The killing, the sirens, the memorials, the yellow tape used to secure the scene, and the anticipation of another homicide is horrific. We acknowledge the horror and the devastation this epidemic is causing. If no one disputes the murders, it sends the message that homicide in the African American community is not a serious concern. Today, we will not accept homicide as a normal part of our existence.

For us it is a very serious concern. We will seek schools that include violence prevention programs, Restorative Justice and social, emotional learning for our youth. We will seek out providers who are willing to bring their attention and skills to the problem of violence in our community.

We will encourage the development of The Code among our young. The Code promotes safety in our community. We will also address community violence in our Well-Being groups. Through adherence to the 7 Principles, through heartfelt participation in the Well-Being groups, the dignity and integrity of our community will be strengthened.

Step 9 (Consumers)

We are committed to deepening our understanding of the African American historical experience, how it affects us today, and how to repair the harm that was done.

With historical trauma, slavery, and discrimination came harm to the group and it is the group that must be healed. Healing is accomplished, in part, when the people reclaim their cultural roots. Reclaiming cultural roots is problematic for us because for business purposes, during slavery, we were brutally stripped of the knowledge of our roots and culture. We were converted from African people, inhabitants of the wealthiest continent on the planet, into slaves. We were forced to deny our ethnic roots and to teach our children that they too were slaves, past, present and future, with no country, no culture, no history, language, religion, medicine, music, art, or dance. **We are a resilient, resourceful and creative people. We built culture and community, but it was necessarily shaped by the horrors of slavery.** We existed like this for 300 years. Failure to comply with this assault on our humanity could have easily meant death. Our condition required us to reject our African roots.

Today, many in our community still reject or deny our connection to Africa, even though that identity is the significant factor in determining where we live and work, what schools we attend, how we are treated by medical, legal, banking, and other institutions. While many of us are of mixed ethnicity, it is the appearance of African heritage that defines our experience. Because other traumatized groups have benefited from reclaiming their roots, should we also reclaim our African culture in order to heal our historical trauma? How can we? These are questions for Well-Being group discussion.

Well-Being meetings are intended to provide a consistent source of support for affected individuals and an opportunity to discuss important issues that affect the community. The African American doctor, lawyer, teacher, and carpenter meet with the unemployed, CalWORKs, transitional aged youth and working poor. We come together as a community to share experience, strength, and hope. In this way, we heal ourselves, families, and community, and affirm our place in society.

Step 10 (Consumers)

We will work together to strengthen our community.

Every day, we deal with systematic inequality that is challenging our mental and physical health and reducing our life expectancy. There is hope and strength in numbers. Today, we won't allow ourselves to be divided, light skinned against the dark, field against the house, old against the young, men against women. We accept responsibility for our situation. Our willingness to come together at Well-Being meetings, and other settings, in the service of our families and our community demonstrates our unity and commitment to healing. Conflict will be settled diplomatically, perhaps through the practice of Restorative Justice. We will not lose sight of our common purpose and the need to work together. Through sharing our collective strength hope and experience, we will heal the wounds left by slavery and discrimination; we will encourage the discouraged, hearten the disheartened, and together build a strong vibrant community.

Step 11 (Consumers)

We value fairness, honesty, and equality in all of our endeavors

In the past, we trusted our African American family member, friend, businessperson, and service provider, only to later feel betrayed by their actions. Though we have had disappointing, unfair, and scandalous experiences with other ethnic groups, we find it particularly painful when the person who crosses us is one of our own. Some of us have vowed never to trust a Black person again. We are sure that our trust would likely be violated again. We harbor ill feeling towards all Blacks because of the experiences we have had with some Blacks. We attribute the treachery of a few to the entire group.

During slavery, distrust and rivalry were encouraged as a method of controlling the slave community; today we still have trouble trusting each other. We should question if this deep distrust we sometimes feel for each other is a legacy of slavery, one that prevents us from working together with purpose. Disagreements and deceit happens among all peoples; however, other ethnic groups seem to be able to continue cooperating and building successful communities. We, on the other hand, continue to be challenged.

If any person lacks integrity, we do not have to deal with **that** person. That decision, however, should relate to that individual and not the entire community. We have so much work in front of us that requires cooperation and trust. We must not let betrayals or the injuries past or present deter us. Ours, too, must become a community capable of collaborating and strategizing. We strive to strengthen the community and protect and promote the interests of our children. They are the future.

Step 12 (Consumers)

Having awakened and found our Conscious Voice, we will carry this message to others.

Having considered the previous Steps, we are more aware of the effects that trauma, historical trauma and discrimination have had on community. In order to repair our community, we educate ourselves, so that we can assist family, friends and others in understanding our mission. We will support each other in building a more just and progressive community. We encourage an open and honest examination of community issues. Perhaps, in the past we were uncomfortable or felt unprepared to discuss these issues. We now know that this discussion though difficult is the foundation on which we will build. It is our responsibility to engage in the dialogue and when possible to advocate for a more just and equitable society.

The issues in the African American community require a holistic approach, one that considers our unique historical experience and shows concern for the mind, body and spirit.

As a community, we act in a manner that demonstrates our belief in social justice and the ability of our community to heal from our difficult past, challenge the present, and forge a brighter future. We will form an alliance with other conscious people. We know that “We heal the community and the community heals us.” It is through our combined effort that we will find our Conscious Voices and continue to pass this message on to others.

Closing The Well-Being Meeting (Perhaps)

At the end of the Well Being meeting, we hold hands and say a prayer. After we pray together we continue to hold hands and we say, “We heal the community and the community heals us. Keep coming back. It works if you work it.”

Conscious Voices
Community Well-Being Meetings

Community Well-Being Meetings

Well-Being meetings are a place for African Americans to gather to sort out important issues and develop strategies to heal the community; meetings are a remedy for historical trauma. Research indicates that in order to heal historical trauma the entire community must be healed. Meetings are open to all in the community and should be self supporting through their own contributions.

The 12-Step model was chosen because there are many African Americans in the 12-Step communities who have successfully used these meetings to heal from substance abuse. Many have experienced the power of group and peer support. They know how to facilitate meetings and settle conflict peacefully. Many have a spiritual foundation that will be valuable to the development of the Well-Being groups. Conscious Voices taps into the lived experience by asking Participant-Facilitators to contribute their skills and to use the Conscious Voices 12 Steps, and the 7 Principles to establish Well-Being meetings.

Well-Being meetings will provide participants an opportunity to discuss issues not discussed in 12-Step meetings. Well-Being meetings are modeled after 12-Step meetings but are a creation and an expression of the African American community. Group members will determine the ultimate form that meetings take.

Confidentiality is a priority; therefore, a Well-Being member may share their experience of the Well Being meeting with providers and others. However, the actual name of anyone in attendance should never be mentioned outside of the meetings.

All conflict within the group should be settled diplomatically, perhaps using Restorative Justice. Well-Being members should pay close attention when there are divisions within the group. During slavery, divisiveness was instilled in the community as a tactic of control. It may be one of the community's characteristics that have endured and one that needs to be changed because it is not serving us well today. No one person or issue is ever more important than group unity. Internalized racism and trauma may cause emotional reactivity among members of the group this could derail our progress again. The victory over our past oppression comes when we put aside our individual differences for the benefit of the community.

The Well-Being Group model contemplates community adherence to 12 Steps and 7 Traditions. Well-Being meetings provide an opportunity for:

- Participants to accept and receive support.
- Sharing problems, goals, and solutions.
- Creating a sense of community responsibility to self and to the group.
- Being empowered to transform the community.
- Addressing the learned helplessness that accompanies historical trauma.
- Discussing how the legacy of slavery manifests in our community and our families.

- Joining in a community effort to transcend community struggles such as community violence, the achievement gap, school attrition and other challenges our young people are facing.
- Learning that we are not alone.

Community Well-Being Meetings

References and Suggested Reading:

1. Elligan, D., & Utsey, S. (1999). Utility of an African-centered Support Group for African American Men Confronting Societal Racism and Oppression. *Cultural Diversity and Ethnic Minority Psychology, 5*(2), 156.
2. Neville, H. A., Tynes, B. M., & Utsey, S. O. (2009). Handbook of African American psychology. Thousand Oaks, California: SAGE.

Conscious Voices

***The 7 Principles of African American
Well-Being Community Groups***

The 7 Principles of African American Well-Being Community Groups

Inspired by Kwanzaa traditions and the work of Dr. Maulana Karenga, the Conscious Voices' 7 Principles are intended to guide Well-Being groups. They are offered in the same spirit that the 7 Traditions of Alcoholics Anonymous are offered, to promote group cohesiveness and survival. Providers can participate in strengthening the African American community by referring consumers to Well-Being meetings and then encourage their attendance. Providers are allies in strengthening the community and should be trained to reinforce the 7 Principles when working with African Americans.

The 7 Principles of Conscious Voices are similar to Kwanzaa traditions in that the 7 Principles are a guide to assist African Americans in creating and maintaining healthy families and community relationships and to develop a prosperous and cooperative community. They affirm connection to the universe. They encourage collaboration, cooperation, and the hope that was derailed by enslavement.

How the Principles are transformed, changed, or manifested in the community is a Well-Being group concern and for the group to decide and develop. Our only suggestion is that differences within the group should be solved diplomatically. When conflict occurs and it will occur, remember that dividing the African slave community was a tactful method to maintain control and domination of the slaves. Those divisions are continuing to manifest in our community today. If allowed, conflict might disrupt our efforts to build.

No personal issue or conflict is ever more important than our common purpose: building a healthy community for our families.

The 7 Principles

1. **UNITY**—Peace and trust among ourselves with an awareness of our connection to the universe.
2. **FAITH**— A belief that despite the challenges we will succeed.
3. **EMPOWERMENT**—Taking personal responsibility for our future.
4. **HEALTHY FAMILIES**—Taking good care of self, each other and protecting our children because they are the future.
5. **ECONOMIC DEVELOPMENT**—Working together for economic opportunity and success.
6. **PURPOSE**—Creating new opportunities and removing obstacles to success.
7. **CREATIVITY**—Pooling our resources, skills and talents for the enrichment of all.

References and Suggested Readings

1. Parham, T. A., White, J. L., & Ajamu, A. (1999). *The Psychology of Blacks: An African-centered Perspective* (3rd ed.). Englewood Cliffs, NJ: Prentice Hall.
2. Phillips, F.B. (1990). NTU Psychotherapy: An Afrocentric Approach. *Journal of Black Psychology*: 17 (1), pp. 55-74.

Conscious Voices
Restorative Justice

Restorative Justice

The Oakland Unified School District, in response to legal proceedings filed against them for discriminatory discipline practices that impacted African American boys disproportionately, entered into a settlement agreement. As one possible intervention, the District agreed that schools might use **Restorative Justice (RJ), an evidence-based practice**, as an alternative to the Zero Tolerance discipline policy. Zero Tolerance resulted in a disparate number of African Americans, particularly boys, being suspended or expelled for minor infractions that did not result in suspension or expulsion for other ethnic groups. The RJ process was considered more effective at decreasing discriminatory discipline practices and providing a more compassionate approach to conflict resolution with added social emotional learning benefits.

Conscious Voices ALSO suggests that **organizational providers** use Restorative Justice as a conflict resolution tool, particularly when cross-cultural conflict arises in the workplace. Providers have an affirmative legal duty to investigate and address allegations of discrimination and by using RJ they can:

- Address the legal requirement to investigate allegations of discrimination.
- Solve conflict between the participants.
- Provide an employee training opportunity that strengthens their ability to engage in race related discussions.
- Improve morale through a fair process with a fair outcome.

When African American employees complain about racism in the workplace, they often fear being seen as a problematic employee. They fear that their complaints will be dismissed as baseless or viewed by management as “racial oversensitivity.” Employers may be tempted to discount such complaints as just another Black person “playing the race card,” and fail to investigate as required by law. This is a legally dangerous area for employers

African American employees may have similar fears as consumers about reporting discrimination, inequality and unfair treatment in provider agencies. Real or perceived workplace inequality can cause the same health and mental health disparities in all African Americans.

If an African American employee is involved in a conflict where they feel that race is a factor, they may fear that conscious or unconscious organizational loyalty or affinity to the White employee may result in a biased outcome. Regardless of the situation that caused the conflict, when conflict occurs, many African Americans fear being seen as the aggressor. They fear being subject to unfair discipline. Because of the history of organizational and structural racism, an African American employee who complains will not be reassured that the process is fair and unbiased simply because the manager is also African American. Nor will they be reassured by the denial of any racist intent. It is unlikely that anyone will admit that they intentionally discriminated. Racial bias and internalized racism can operate deep in the unconscious of the individual and the organization. Even though the manager or person who investigates is also African American, the process could yield the same inequitable outcome.

Some African American consumers may also fear complaining about issues of racism or cultural discomfort experienced at the agency or with providers. This may be particularly so if the consumer is Court or Child Protective Services mandated. They fear that they will be seen as a problem, and that their cases may be compromised because they complained about real or perceived racism they will be punished and will not get a fair outcome.

This issue is often layered with unconscious factors operating under the surface. The benefits of using RJ when cultural conflict arises within the agency are multiple:

- RJ is an evidence-based practice for conflict resolution.
- Conflict can be viewed as an opportunity to have effective cross-cultural discussions that increase cultural competence.
- RJ circles may help the organization meet the legal requirement to investigate employee allegations of discrimination.
- It promotes morale when participants are provided fair outcomes and a fair process to address conflict.
- RJ diplomatically addresses and solves conflict.

- It reduces the appearance of bias.
- It demonstrates management’s commitment to building cultural competence skills among employees by encouraging RJ circles.
- Teaches conflict management skills that can be used outside of the workplace.

Service Providers

In addition to Restorative Justice as a conflict resolution process, organizations should consider the Provider 12 Steps as a way to examine beliefs about race, culture, and how intergenerational transmissions are manifested in their work. These conscious or unconscious attitudes about African Americans among frontline staff, clinicians, managers, and executive directors shape the consumer experience and can negatively impact the outcome of the services provided. Consider creating small discussion groups so that employees can meet and discuss these issues.

Questions to Consider:

- Discuss the historical roots of why African Americans might fear being seen as the aggressor when they are involved in a conflict with a White person or employee.
- Has your agency had complaints of discrimination from African Americans?
- Did you investigate those complaints?
- How was the person treated after they complained?
- How does your agency deal with conflict? Do you have a formal process?
- Will your agency change to incorporate evidence-based practices and practice-based evidence that has been demonstrated to be more effective for African Americans?
- Will your agency change in other ways to provide more effective services? If yes, how? If no, why?
- Are you concerned that you are properly training interns to be competent to serve African Americans?
- What training has your agency provided interns to make them effective with African Americans?

References and Suggested Readings:

1. Davis, N. J., & Matza, D. (1999). *Youth Crisis: Growing Up in the High-risk Society*. Westport, CT: Praeger.
2. Van Ness, D. W., & Strong, K. H. (2010). *Restoring Justice: An Introduction to Restorative Justice*. Access Online via Elsevier.

Conscious Voices
Social Emotional Learning

Social Emotional Learning

In addition to Restorative Justice, Social Emotional Learning (SEL) is another evidence-based practice adopted by the Oakland Unified School District (OUSD). The District intends to use the classroom experience as an opportunity to enhance social emotional learning among students. Students will be taught such values as patience, empathy, ethical behavior, and conflict resolution. Teachers are called on to infuse value lessons throughout the academic experience and model the desired positive emotional qualities.

In 2013, the leadership announced that OUSD

“Is committed to intentionally interrupting and addressing inequities with this movement (toward SEL) to sustain a transformation of practices, policies and beliefs that have a high degree of relevance to the district’s diverse population.”

Conscious Voices Curriculum can be used to support the District’s effort towards increased social emotional learning that improves outcomes for **African Americans**. The District is aware of the epic failure of African American students, and how school failure is linked to poverty and incarceration. It is likely that many administrators and teachers are aware of this, too. Most are ill prepared by their training, academic experience or cultural socialization to promote the goal of changing outcomes for African Americans. In order to achieve this goal, a new approach to working with African Americans is necessary.

Because the effects of trauma and historical trauma on learning and behavior are not typically a part of anyone’s training, students, parents nor providers will understand the unconscious dynamics at work in the environment. They will bring their best efforts but effectiveness will continue to be elusive. They will not understand why they are not seeing the intended results that they are working so hard to achieve. An honest effort at improving outcomes must include the difficult, often dreaded discussion and consideration of how trauma, slavery and historical trauma is affecting the learning environment for **African Americans**. Neither students, nor teachers, nor parents will understand why the achievement gap exists, nor will they be able to effect any change without acknowledging and addressing the disruptive historical and contemporary experiences and how those experiences are manifesting in the community today.

Conscious Voices requires providers to do something new. Use the 12 Steps and the information presented here to develop the ability to understand and discuss issues of race and privilege, to truly understand the environment and develop the skill to become more effective at improving outcomes.

This is not intended as a depthful discussion of SEL. Many SEL training resources are available to those who are interested. We are suggesting that Conscious Voices Curriculum and the concepts that are introduced could be incorporated into the SEL approach suggested by OUSD and other settings where the intention is to provide effective services for **African Americans**. To do so will make the effort more specific to the African American community. It will promote the County's 10x10 Initiative by improving outcomes and increasing life expectancy, **specifically for African Americans, by 10 years, in 10 years.**

Conscious Voices and SEL are suitable for adult learning environments and other settings where effectively serving African Americans is the goal.

References and Suggested Readings:

1. Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The Impact of Enhancing Students' Social and Emotional Learning: A Meta-analysis of School-Based Universal Interventions. *Child development, 82*(1), 405-432.
2. Patton, J. M. (1998). The Disproportionate Representation of African Americans in Special Education Looking Behind the Curtain for Understanding and Solutions. *The Journal of Special Education, 32*(1), 25-31.

Conscious Voices

The Code

The Code

Description

Research identifies community violence as a significant source of trauma for African Americans. In addition to the loss of life, homicide has widespread repercussions in the community vicariously affecting the mind, body and spirit of many. The County is concerned that the health disparities and reduced life expectancy of the African American community may be related to the trauma caused by the epidemic of community violence. The Conscious Voices Code is an intervention to address the trauma caused by community violence.

Tupac Shakur was a brilliant artist and social commentator. He is a complex and controversial figure; his life included a respectable amount of professional success as an actor, rapper and pop icon and accusations of criminal behavior and negative lyrical messages. Unfortunately, Tupac died young and tragically. Today, his art is embraced across generations by many in the African American community. Conscious Voices uses Tupac's Code as inspiration for the creation of a Transitional Age Youth violence reduction intervention and a catalyst for discussions that promote positive community values and behavioral change in young African Americans.

In 1992, Tupac demonstrated his humanity and his concern for his community when he and some of his associates developed The Thug Life Code. The Code was specific to the gang life and relevant to Tupac's time. Tupac's Code was instrumental in creating a long-lasting ceasefire between the Crips and Bloods. The Code is controversial in that it did not prohibit all gang activity, rather it was a harm-reduction approach aimed at creating safety in the community, despite the gang activity. Tupac should be appreciated for his concern that many innocent people were being caught in the crossfire of urban street life. By creating the Thug Life Code, he endeavored to improve his community and create safety.

Tupac's Code reasoned that the streets should and could "be safe for squares" through adherence to the Code.

Creating the Code is an opportunity for young people to follow these Code objectives

1. Discuss the issue of community violence in a supported environment.
2. Providers learn how violence affects the community.
3. Empower youth to reduce the occurrence of violence.
4. Providers encourage the community to develop a voice that counters rampant

community violence.

5. Providers demonstrate concern about the problem of community violence.
6. Create a focused, cohesive group approach to violence reduction where participants can find support.
7. Become capable of modeling violence reduction principles in the youth community.
8. Learn the principles of Harm Reduction, which will be applicable to school, family community and personal issues.

Activity

Providers encourage young people to develop a code of conduct that is specific to their setting, school, program or neighborhood. This exercise allows young people to consider behaviors that could reduce street violence and make their communities safer.

Through creating the Code, transitional-age youth can engage in empowering discussions regarding the causes of violence and the impact on the community. They can be engaged in strategizing about how to reduce violence among their peers. It empowers participants to address violence, and encourages civic responsibility and advocacy on this issue. It is an opportunity to explore and develop critical thinking and decision making about the use of violence and how violence might be reduced. Statistically, they are the ones most likely to participate in and be directly impacted by violence.

Providers familiar with Tupac's music and life can discuss the contradictions. Familiarity with Pac's work is a desirable and successful implementation of this intervention. His music and his work are widely available on the Internet. Providers can be creative in their selection of Tupac's songs depending on the lesson or topic they are intending to stress.

The Code is an activity that can be done in class or in a provider group. This activity is intended to motivate transitional age youth to be a part of the solution to this serious problem that is devastating our community, and damaging and destroying young people and their families.

Tupac's Code included agreements such as:

1. Crew leaders and posses should select a diplomat and should work out ways to settle disputes. In unity, there is strength.
2. Car jacking in our Hood is against the Code.
3. Slings to children is against the Code.
4. Having children slinging is against the Code.
5. No slinging in schools. No slinging to pregnant sisters. That's baby killing; that's genocide!
6. Know your target, which is the real enemy.
7. Civilians are not a target and should be spared.
8. Harm to children will not be forgiven.
9. Attacking someone's home, where his or her family is known to reside, must be altered or checked.
10. Senseless brutality and rape must stop.
11. Our old folks must not be abused.
12. Respect our sisters. Respect our brothers.
13. Military disputes concerning business areas within the community must be handled professionally and not on the block.
14. No shooting at parties.
15. Concerts and parties are neutral territory.

The Conscious Voices Code was inspired by Tupac's Code but each Code should be a unique, innovative expression that addresses violence in the local community or the local setting. Code Agreements are defined by the group's participants. Each school, class, or group may develop their own Code with rules that are based on the consensus of the particular participants.

This activity can also be an opportunity to introduce aspects of Conscious Voices Curriculum such as

- Quiet Time.
- Psychoeducation regarding trauma on the brain.
- Effects of historical trauma on the African American community.
- Effects of historical trauma on society.
- Restorative Justice as a conflict resolution process.
- An opportunity to teach the values set out in the Conscious Voices 7 Principles for strengthening the African American community.

THE CODE T-SHIRT PROJECT

Upon completion, the Code may be printed on T-Shirts that may be disseminated in the community.

In addition to developing a sense of Community responsibility and empowerment, by creating the Code T Shirts, participants will learn cooperation, business principles and entrepreneurship.

Because African Americans are subject to discrimination in employment, Conscious Voices believes that entrepreneurship is an important lesson for African American youth, exposing them to business skills, cooperation, collaboration, constructive problem solving and non-violent conflict resolution. These are skills that will increase self-employment opportunities and hope for their legitimate economic future.

Questions to Consider

1. What challenges do you see to introducing The Code in the environment where you are employed?
2. What challenges do you expect from transitional age youth and how will you manage those challenges? Does your race matter?
3. How will you prepare for using The Code as a trauma intervention?
4. What are the contradictions that exist in using rap music as an intervention?
5. How will you present this intervention? Consider how you will address the contradictions.

Conscious Voices
Contemplative Interventions

Contemplative Interventions & Quiet Time

Trauma affects brain function. These neurological changes can effectively trap the body in the stress reaction causing emotional distress and the devastating health consequences that this curriculum is intended to address.

Healing the brain with mindfulness meditation is based on the theory of neuroplasticity, which theorizes that the brain, including the traumatized brain, has an unlimited capacity to change and to create new neural connections in response to new experiences. This ability for growth and change in the structure and functioning of the brain endures throughout the life span.

Mindfulness Meditation practice was introduced as Quiet Time at Visitation Valley, a middle school, in San Francisco. The school is situated in a neighborhood with similar social problems as African American neighborhoods in Oakland, with high rates of poverty and homicide. After the murder of a neighborhood man who was well known in the neighborhood and related to some of the students at the school, the already high levels of disruptive behavior, suspensions and fighting escalated. The principal of Visitation Valley made a bold move by implementing Quiet Time, a contemplative intervention that was practiced twice a day, first thing in the morning and at the end of the school day. The entire school, including the teachers and administrators sat in quiet meditation twice daily.

Shortly after the implementation of Quiet Time, the school environment reportedly began to change, the school reported dramatic reductions in truancy, suspension, fighting and disruptive behavior. They reported improved grades, test scores and attendance. Prior to Quiet Time, there was high attrition among teachers. Afterwards, teachers are choosing to stay at the school. The teaching staff became stable and they reported being happier with their work.

We have included an induction for Mindfulness Meditation in this curriculum because our focus groups indicated that meditation is a desirable strategy. After implementation, Visitation Valley reported improved outcomes and the population and social issues in Visitation Valley School are similar to those in parts of the County. There is a large body of research that supports the use of meditation for trauma survivors as an effective intervention to heal the traumatized brain.

Also consider that for providers, witnessing others' psychological pain can be stressful so perhaps developing a meditation practice will be of benefit for providers as well.

Quiet Time Meditation

The teacher may choose to read from this script for the first few sessions in order to teach the class about Quiet Time. **Once the students understand the process, reading the script may not be necessary. At that point, Quiet Time can begin when the teacher rings the bell.**

Script

We are going to be spending about 5 minutes in quiet time. During this time, we are going to practice ways to quiet our minds and to feel calmer and more peaceful. This will help you to focus on your studies as well as to feel better in other areas of your life, like with your friends, family, and community.

What I am going to teach you seems very simple, but these ideas have actually been proven scientifically to change the way our brains work, making us better able to concentrate and to feel happier and more peaceful.

I hope and believe that you all will find this time helpful. If you have difficulty participating or do not want to participate, I ask that you sit quietly during this time, so as to allow other students who want to practice to be able to focus.

I'd like you to begin by helping yourself to relax. Notice if you feel any tension in any parts of your body. You might stretch your neck, shoulders, or arms a little now to release this tension.

THE TEACHER MAY ALSO STRETCH TO DEMONSTRATE AND ENCOURAGE RELAXATION IN THE STUDENTS.

Then put your feet flat on the ground, if this feels comfortable to you, and notice how your feet feel on the floor. This will help your body to feel grounded and more relaxed.

Taking deep breaths can also help us release tension. Taking deep breaths can bring oxygen to our brains, and this is proven to help us to feel calmer and think more clearly.

THE TEACHER SAYS: “WE ARE GOING TO TAKE THREE BREATHS TOGETHER. READY?”

THE TEACHER TAKES ONE DEEP, LOUD BREATH WITH THE CLASS SO THAT THE STUDENTS CAN HEAR THE TEACHER BREATHING.

THE TEACHER SAYS, *“Again, two more times. Let’s do this together. Breathe in slowly and deeply through your nose. Notice the breath entering your nose, going into your body, and then slowly let the breath out through your mouth.*

Now, if you feel comfortable, you can close your eyes. This helps with quieting our minds. Or, if you prefer, you can look down, focusing your eyes on the floor or a point on the ground nearby.

We are now going to spend some time just paying attention to our breath. When we pay attention to our breathing, this can help to clear our minds, and we can learn to feel calmer.

If you feel like it, you may take a few more deep breaths at this time. Keep noticing the breath as you continue to breathe normally now. You can notice the breath entering through your nose, and you may notice your chest rising and falling with the breaths.

If thoughts or feelings enter your mind as you are focusing on your breath, this is perfectly normal.

We do not judge our thoughts. We just notice them, imagine the thoughts or feelings turning into bubbles, and let them just drift away.... then simply bring your attention back to your breath.

We are going to do this for a few minutes in silence, continuing to pay attention to our breath. If our mind wanders we simply bring it back to noticing our breath.

TEACHER SAYS: *“WHEN I RING THIS BELL WE WILL SIT QUIETLY FOR A FEW **MINUTES** AND CONTINUE TO FOCUS ON OUR BREATHING.”*

RING THE BELL TO SIGNAL THE START OF QUIET TIME (2-5 minutes). USING A TIMER ALLOWS THE TEACHER TO BE IN QUIET TIME WITH THE CLASS.

THE BELL RINGS AND QUIET TIME BEGINS

20 seconds before the end of Quiet Time the teacher says:

*We have **just** a little time left now, notice where you are. Have you been thinking about something? Just go back to your breath again now, noticing the breath coming in through your nose, your chest rising and falling. Now, when you feel ready, you can slowly open your eyes or look up if you were looking down. Look around the room. You may notice what’s on the walls. Notice any object?, Notice what they look like, and what colors you may see. Notice how your body feels now and you can notice your feet touching the ground and your back against the chair.*

Teacher asks: *How do you feel? (Have students raise their hands and share if you have time.)*

Optional

We will be practicing Quiet Time every day for a period of time, but know that you can practice any time, as you're walking, or when you are with friends or family. It can always be helpful to take some deep breaths to clear our minds.

Thank you for your hard work.

Meditation: Questions to Consider

1. *How will you introduce meditation into the school environment?*
2. *How will you encourage young people to develop a meditation practice?*
3. *How can you use meditation as a trauma intervention when working with individual clients?*

Resources

David Lynch Foundation. (2010 Nov. 16) ADHD: Medication or Meditation Retrieved from <http://www.youtube.com/watch?v=fYPdAbvQplw&feature=relmfu>

Dr. Richard Davidson. (2009 Sept 28) Transform Your Mind Change Your Brain <http://www.youtube.com/watch?v=7tRdDqXgsJ0>

TM Home Channel. (2013-12-04) Transcendental Meditation at Visitation Valley, San Francisco. Retrieved from <http://search.yahoo.com/search?ei=utf-8&fr=aaplw&p=meditation+you+tube+visitation+Valley>

Conscious Voices

Health Disparities in the African American Community

Health Disparities in the African American Community

The population of African Americans including those of more than one race was estimated at 43.9 million, which is 13.6 % of the total U. S. population. Those who identified as African American only made up 12.8 % or 39 million of the U.S. population in 2011 (U.S. Census Bureau 2011). African Americans make up 6.7 % or 2.31 million of the population in California and 14.6 % of Alameda County's population.

During the 1960's, life expectancy for African American and Whites was similar on the county and state level. While the life expectancy for Whites in Alameda County has increased, the life expectancy for African Americans has not. At 71.8 years for African Americans and 79.5 years for Whites, a 7.8-year difference, life expectancy for African Americans lags far behind. To demonstrate the significance of these statistics more precisely, the Center for Disease Control considers a one-year difference in life expectancy alarming; a seven-year difference is a reason to take action.

Health Disparities

Health disparities are defined as differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States (National Institution of Health 2010).

African American Distrust of the Healthcare System

An important factor that contributes to poor health outcomes for the African American community is distrust of the healthcare system. This distrust is partially rooted in the historical context of slavery and includes the general knowledge, conscious or unconscious, that African Americans were forced or used unethically for medical experimentation.

During Slavery:

1. In 1800, Dr. McDowell perfected gynecological surgery using slaves as surgical specimens.
2. Hundreds of slaves were administered smallpox to test the safety of a new vaccine (including two-hundred slaves of Thomas Jefferson).

3. Dr. Crawford Long developed ether as a general anesthetic by conducting experiments on slaves.
4. Dr. Hamilton placed slaves in an open pit oven to test which medications would allow a person to withstand high heat.
5. Dr. Walter F. Jones used slaves to test a remedy for typhoid pneumonia, which involved pouring five gallons of boiling water on the spinal column.
6. Slaves' bodies were dug up and sold to medical schools.
7. Dr. Alexander Somervail used slaves to conduct urine suppression experiments.
8. Robert Jennings developed a vaccination for typhoid infection by experimenting on slaves and free Blacks.
9. Dr. P.C. Spencer developed a technique for treating bladder stones by performing painful surgery on slaves.
10. Dr. Marion Sims, the father of gynecological surgery perfected his techniques on slaves. He addicted the women to narcotics to sedate them.

Post Slavery

- The Tuskegee Syphilis Experiment, which the United States engineered from 1932 through 1972, involved four hundred African American men in a government-sponsored study to research the effects of untreated syphilis. The men who had syphilis were instead told they had "bad blood." Treatment for syphilis was withheld. Untreated, the disease caused difficulty coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia. The disease damaged the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints and resulted in death to most of the victims.
- In 1963, the United States Public Health Service, the American Cancer Society and the Jewish Chronic Disease Hospital of Brooklyn participated in a study in which three physicians injected live cancer cells into twenty-two chronically ill and debilitated African American patients without consent or awareness that they were being injected.

- In 1972, twenty women, primarily poor and Black, were given abortions and were not informed that an experimental device called the Super Coils was being used. Many of the women suffered serious injury as a result.
- In 1970, the government collected blood from 7,000 Black youths; the government was looking for genetic markers for criminal activity, yet told the parents it was testing for anemia.
- Six thousand Black youth in Maryland state institutions for abandoned or delinquent children were tested for genetic criminal markers, which were not held in confidence and used in court.
- At the Cincinnati Medical Center, 82 patients were exposed to full body radiation 10 times the amount considered to be safe.
- Many Black women have been sterilized without consent.

Some of these incidents are well known; others are part of the historical trauma. Still other negative medical experiences are not documented in history but are a part of the collective experience of African American people. With time, the memories and stories are lost to the community but the distrustful attitude and resistant behavior that developed as a result of the betrayal by some in the medical profession remains a part of the relationship.

It is the distrust based on historical memories passed from generation to generation, coupled with contemporary stories about mistreatment by medical professionals that hinders Blacks from seeking services. African Americans have doubts about how they will be treated by their health care providers.

Vignette: Serena

Serena is a 55-year-old African American woman with adult children. She comes to see you, her therapist, for the first time, at the recommendation of her doctor who referred Serena because of insomnia. Serena complained that her sleeplessness began after she was unfairly reprimanded at work. The insomnia has been going on for over four months and is ruining her life.

At intake, Serena tells you that she is very tired but can't seem to sleep. She is not taking the anti-depressants or the sleeping medications that the doctor gave her. She likes the doctor but she does not trust any medications. She had a bad experience with pills and does not believe that medications are made for people like her.

In fact, she knows that the trials for the last medications prescribed for her were conducted using primarily White male subjects. Late last night Serena saw a commercial saying that that same medication her doctor prescribed had caused severe side effects and death and advised that anyone affected should contact the law offices of Smith and Smith. Last night was not the first time Serena saw this kind of commercial for medications that she was offered or had taken in the past. This is why for Serena, taking any medication is frightening and when prescribed, she rarely, if ever, takes them.

Serena Vignette: Questions for Group Supervision

1. As Serena's therapist, what would you do at intake? Consider the 12 Steps in your discussion.
2. Discuss the historical roots of consumer distrust and how you would address the issue of distrust of medicine with Serena.
3. How would you refer Serena to a Well-Being group? How would you describe the groups to Serena?

Prevalence of Disease

The alarming state of African American health is directly related to the social and economic inequities that stemmed from slavery and the current atmosphere of institutionalized racism and discrimination.

- Black women are 80 percent more likely to die of a stroke than White women; 30 percent are more likely to die of a heart attack.
- More than 2.2 million African Americans have diabetes.
- African Americans with diabetes have a 27 percent higher death rate than Whites with the disease.
- African Americans are 13 percent of the nation's population but account for 56 percent of new HIV infections annually. A quarter of these new infections are among people under 25 years of age.
- Two thirds of new AIDS cases among teens are Black, yet they are only 15 percent of the national teen population.
- African American and Latino children make up more than 80 percent of pediatric AIDS cases.
- Black women are diagnosed with AIDS at a rate 25 times that of White women.
- HIV positive African Americans are seven times more likely than whites infected with the virus to die from HIV related illness.
- African Americans are three times more likely to be hospitalized and three times more likely to die from asthma.
- More African American women die from asthma any other ethnic group; the mortality rate is more than 2.5 times higher than that of White women.
- Black people are 10 percent more likely to suffer from cancer and 30 percent more likely to die from cancer than Whites.

Exercise for African American Health Disparities

As part of growing your awareness and education regarding African American health disparities, you decide to use the suggested resources in this section to further develop this list of health disparities.

Be prepared to discuss the information that you find to be the most significant.

Health Disparities in the African American Community

References and Suggested Readings

1. Alameda County Health Status Report. (2006). *Alameda County Public Health Department*. Retrieved from <http://www.acphd.org/media/52956/achsr2006.pdf>,
2. Iton, A. (2001). Tracking Root Causes of Health Disparities Through Community Capacity Building. Retrieved from <http://www.chc.ucsf.edu/pdf/Iton-Tackling%20The%20Root%20Causes%20of%20Health%20Disparities.pdf>.
3. Keppel, K. G., Percy, J.N., & Wagener, D. K. (2002). Trend in Racial and Ethnic-Specific Rates for the Health Status Indicators: United States, 1990-98 (Rep. No 23). Hyattsville, MD: Centers for Disease Control and Prevention/national Center for Health Statistics.
4. Pathways to Integrated Health Care. (2011). *United States Department of Health and Human Services Office of Minority Health*. Retrieved from: <http://old.thenationalcouncil.org/galleries/business-practice%20files/Final%20Pathways%20to%20Integrated%20Health%20Care%20Strategies%20for%20African%20Americans%20b1.pdf>.
5. Results of African American behavioral health care study released. (2013). *Peers Envisioning and Engaging in Recovery Services*. Retrieved from <http://www.peersnet.org/news/2011-03/results-african-american-behavioral-health-care-study-released>.
6. Satcher, David. (2006). *Multicultural Medicine and Health Disparities*. New York, New York. McGraw-Hill
7. Troutman, A. (2005). *A New Study on Racial and Ethnic Disparities in Medical Care*. Retrieved from http://www.pbs.org/newshour/bb/health/jan-june05/disparity_3-09.html.

Conscious Voices

Health Disparities—What Can Providers Do?

Acknowledge that the distrust exists

The same distrust, bias, lack of cultural understanding, and stereotyping of African Americans that exists in mental health, also exists in medical institutions. This creates a reluctance on the part of African American consumers to engage in services that they fear will be disrespectful, dehumanizing and traumatizing.

The alliance between providers and community may be strengthened if the distrust and the causes for the distrust are finally understood and acknowledged. Consumers may be distrustful because a medical provider directly harmed them. Or, while not directly harmed, may know the stories of friends, family or community members who were harmed. They may be aware of the history of unethical medical behavior towards the community and in an abundance of caution are reluctant to trust all doctors.

A medical provider may or may not have practiced discrimination. When interfacing with African Americans, acknowledge that there is a history to the relationship. Acknowledge the elephant in the room. Consider how that history has impacted the trust and make adjustments. An ethical provider may still be associated with the unethical behavior of their profession past and present. Providers may have unconscious, internalized bias that interferes with delivery of effective services. The 12 Steps are a resource that providers can use to increase their understanding of the African American experience and why the distrust exists. They may be moved to develop a way of operating that is reassuring to their African American patients, one that will build a trusting relationship. Consider the Steps, attending or developing a peer Step Study as an opportunity to develop an understanding of the shared historical experience that continues to affect the quality of the services delivered to African Americans.

Create an African American Mental Health Trauma Assessment

County providers could assist by developing a comprehensive African American Trauma Assessment that mental health providers can administer while providing mental health services. Done in the mental health setting, these assessments can be more thoughtful and conducted more sensitively. Administered by a therapist in a relaxed and supportive

environment, the assessment may yield more accurate and complete consumer health information than can be gathered in the often stressful time-constrained medical provider visit.

The information gathered by the assessment can then be used to inform both medical and mental health care provider treatment plans.

Refer Consumers to Well-Being Groups

Providers can encourage the development of African American Well-Being Group. Because groups are informal self-help and participants self-select, **stigma is reduced**. Well Being Groups are peer support groups with a focus on improving community relationships and health.

Increase Cultural Competence

Providers can become more culturally competent through competent supervision, agency support and the use of the Conscious Voices 12 Steps.

Take a Holistic Approach

Providers working with African Americans health disparities can assist by educating and raising community awareness regarding the health disparities and the relationship to trauma and encourage consumers to:

- Take responsibility for your health and that of your family by increasing fruits and vegetables, quitting smoking cigarettes, exercise regularly, and have annual physical exams.
- Take health education classes to learn to manage chronic illnesses including hypertension, diabetes, asthma, and obesity.
- Develop rapport with your primary care physician and demand quality care, screening exams, and have annual checkups.
- Become a health advocate for yourself and your family members.
- Demand grocery stores in your neighborhood, shop at farmers markets, and when possible, grow fruits and vegetables.
- Develop and practice healthy lifestyles.
- Improve **Health Literacy** and skills to advocate for yourself and your family.
- Attend Well-Being groups
- Using mindfulness or some other contemplative intervention as a way of reducing stress and addressing trauma

Encourage Healthy Habits and Attitudes in Consumers and Providers

Encouraging positive health habits in consumers is an important intervention. Mobilizing consumers to address the social causes of health disparities and increasing awareness about the impact of trauma and historical trauma on health is equally as important. Most people will experience some stress and trauma in their lifetime; it is part of being human. However, some people possess protective factors that mediate stress and trauma.

Living in safe communities, attending safe schools, not being part of a profiled community, not experiencing historical trauma and racial discrimination in employment, housing, health care and the courts are protective factors. Protective factors are a health advantage. The goal of Conscious Voices providers is to encourage the increase in protective factors for African Americans as a way of increasing better health outcomes.

Assess Consumers for Trauma Factors

There are multiple factors that contribute to the present day health disparities among African American consumers. Providers can assess for trauma factors including

- Discrimination
- Cultural barriers
- Lack of access to health care
- Unemployment
- Poverty
- Crime
- Victimization
- Stigma
- Racial discrimination
- Limited asset accumulation
- Hunger
- Disproportionate arrests
- Substandard housing
- Absence of health insurance
- Low-performing schools
- Involuntary commitment
- Limited Health Literacy and advocacy
- Historical Trauma

Vignette: Rosa and the Orishas

Rosa is a 62-year-old, Afro-Cuban woman. She is divorced and the mother of five children. Rosa came to America when she was 10 years old. Rosa's parents were practitioners of the Lucumi religion (A form of the Yoruba African traditional religion from West African Slaves brought to USA, South America and the Caribbean) and they passed on the Lucumi rituals, stories and traditions to Rosa. She is a priestess in Lucumi, who is assigned to the Chango and Oya Orishas. Rosa speaks fluent Spanish and English and has been a special education teacher in the OUSD for over 30 years.

Rosa birthed five children, three boys and two girls. Three of her children are still living. Rosa says that two of her sons "got caught up and the bad spirits took their souls." Her youngest son, Robert was an IV drug user who died of AIDS. He likely got infected through use of a bad needle. Her eldest son, Ray Jr., was a systems analyst in Silicon Valley. He stopped off at a local convenience store on his way home from work to purchase beer and potato chips. Unknown to Ray there was a robbery in progress. The police, responding to a silent alarm thought Ray Jr. was involved in the robbery and shot him 25 times in the back and upper torso. The two officers who shot Ray said they feared for their life because they saw something shiny in Ray Jr.'s hand. It turned out to be an energy drink. No charges were filed against the officers and the shooting was deemed justified.

Rosa said her three other adult children are doing well. They live in other parts of the country and do not visit often because they are Jehovah's Witnesses. They think her beliefs are evil. Rosa said the Orishas guide her and give her strength and courage to cope with the death of her sons. She says she has the "gift of prophecy" and that she saw both sons die in a dream.

Rosa said she divorced her husband when she was 35 because he, too, became a devoted Jehovah's Witness. He wanted her to convert and take down all the altars she kept in their home. He moved out because Rosa continued to have rituals and meetings at their home and because she refused to remove the altars or to convert. Twelve years ago, Rosa met Mel, they have lived together for the last 10 years.

For the last month, Rosa has been feeling confused and fatigued. She has taken a leave of absence from her job. Rosa spends most of her time at home praying to the Orishas and doing rituals. She was picked up by the police when she was caught digging a hole in the ground near a family of redwood trees at Lake Merritt and burying some bones and shells, while singing in an unfamiliar language and appearing to be in a trance. She was dressed in all white and had white powder on her face and hands. She did not respond to police questioning,

rather she continued singing and digging. The police restrained Rosa and took her to John George Psychiatric Hospital.

At the hospital, Rosa refused to speak to the staff or provide any personal information. She continued to sing and speak in an unfamiliar language and appeared to be in a trance. Fearing for her safety, the doctor prescribed an injection of Haldol and ordered her to be admitted.

Vignette: Rosa and the Orishas, Questions to consider

1. Was it necessary to 51/50 Rosa? Did she appear to be a danger to herself or others? Was it necessary to restrain Rosa?
2. The injection of Haldol is a common intervention. Considering the dangers of Haldol, a first generation anti-psychotic drug, what other types of interventions could have been used?
3. Should the police have attempted to contact Rosa's family members? (Had Rosa's children been informed, they would have told the authorities that it was the anniversary of her son's death. Rosa actually was doing an Ebo, a religious ritual for the deceased.)
4. If you were a therapist or social worker at the hospital, how would you work with Rosa?
5. What alternative diagnosis would you have for her symptoms?
6. What type of medical assessment would you recommend?
7. How will you encourage health literacy in Rosa?
8. What are the trauma and historical trauma factors in Rosa's story?

Policy Recommendations

- Build in cultural competence requirements for certification and credentialing.
- Provide integrated service for physical and behavioral healthcare treatment.
- Enforce civil and human rights laws as they relate to discrimination in healthcare.
- Provide incentives to increase healthcare providers in African American communities.
- Improve Medicaid and Medicare reimbursements for providers that work in low-income areas.
- Fund innovative programs that are culturally sensitive. Work from a holistic framework that demonstrates positive outcomes.
- Develop a dedicated African American mental health agency that is competent in treating trauma and can develop “best practices.”

Conclusion

Conscious Voices encourages the often-avoided discussion about race and culture. Based in part on the 12 Step recovery model, the Curriculum is an opportunity for providers wishing to work effectively with African Americans to examine personal beliefs about race and privilege, to exchange knowledge and useful information with other providers and consumers. The Curriculum proposes interventions that build confidence and empower providers and consumers to work collaboratively. Providers and consumers are encouraged to join an effort to raise collective consciousness regarding these issues and obstacles. Ultimately, the provider and consumer become advocates for a progressive, community collaboration that is capable of addressing disparities because the interactions are authentic and grounded in reality. Understanding of the impact of historical trauma and the related social and health issues is deepened so that effective interventions can be shaped. Abilities and skills to have these important conversations in relevant settings are strengthened and both providers and consumers are empowered and encouraged to become Conscious Voices.

Conscious Voices

***“WE HEAL THE COMMUNITY AND THE
COMMUNITY HEALS US”***