

Creating & Maintaining Safe Therapeutic Spaces for Black Clients

By Sherrá M. Watkins, PhD and Anthony Andrews

On May 5, 2020, a video surfaced on the internet showing the killing of Ahmaud Arbery as he was out jogging. This was the beginning of a resurgence of videotaped deaths by police officers and white vigilantes to rock the Black American community. George Floyd. Breonna Taylor. The resurgence of another wave of police killings sent an already traumatized community into outrage. When Black death goes viral, race-related stress that can mirror post-traumatic stress disorder (PTSD) like symptoms are triggered. Race-related stress stemming from the constant viewing of these negative images has been linked to maladaptive coping responses such as rumination, stress, depression, and substance use (Hill & Hoggard, 2018). And as Black clients are showing up in offices of non-Black therapists, how can these therapists best equip themselves to provide the best treatment for these clients? It begins with self-education, the use of environmental factors in creating a safe space for Black clients,

culturally-sensitive intakes and assessments, and employing culturally-appropriate therapeutic models.

What Are You Reading?

As a therapist who sees Black clients (and other persons of color or marginalization), the first step to address racism is to actively identify personal biases and understand how one's own social positionings and perspective may impact the dynamics within therapy. A therapist must commit to the ongoing work of addressing personal biases and combating racism. Combating racism goes beyond the desire to believe that you are not racist – and that you shouldn't have to deal with the remnants of your ancestors. Our professional ethics require that we examine biases that impact our work. We must do personal work on our own biases, and encourage colleagues to examine theirs, in order to have brave and vulnerable conversations.



White therapists should engage in a lifelong journal of racial literacy. This includes reading books around critical race theory and whiteness, and other books and narratives by authors of color (Drustrup, 2019). There are many great resources on anti-racism, Whiteness, and race and identity in the therapy space. For example, the Zen Blog created an in-depth but not all inclusive list of the aforementioned methods at <https://blog.zencare.co/diversity-inclusion-anti-racism-resources-for-therapists>.

Setting the Stage

In creating safe places for Black clients to receive treatment, there are a number of considerations of which to be mindful. The physical environment sets the stage as clients enter your building. Research has shown that spaces that exhibit characteristics like a sense of privacy, minimal transmission of sound, comfortable furnishings, artwork, plants, magazines/books, a clock, and personal memorabilia were all preferable aspects for a therapy office (Rogers et al., 2016). Clinicians likely already think about many, if not all, of these things, but it is important to consider them from a cultural standpoint as well. Does the artwork demonstrate your openness to different cultures (Professional Psychology: Research and Practice, 2013)? Do the magazines in your lobby area include a variety of cultures?

Next in importance is the greeting. Regardless of who gives it, a greeting matters! Was the client greeted immediately upon entry and did the greeter provide positive service energy by smiling, making eye contact and being aware of tone and body language? And, importantly, was the client greeted by name and with his or her name pronounced correctly? Names are identifiers that can often tell the story of one's ethnicity, cultural background, and familial lineage. Taking away a person's name, transforming it, or taking casual liberties with it enacts a form of privilege and power over one's name and all it may represent (Baima & Sude, 2020). If you do not know how to pronounce a name, ask your client directly, and ask him or her how he or she wishes to be addressed.

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Building Rapport

Therapists typically begin the first session of an intake by getting to know the client, learning his or her narrative, answering questions, and establishing rapport. However, some intake questions are not culturally sensitive and can negatively affect the development of rapport or discourage the client from returning for additional sessions. Questions that can be asked as a part of a culturally sensitive and inclusive intake include:

- Who was raised in the home with you and what was your experience like?
- What was (or is) it like to grow up in your family and how has this affected your view of family and relationships?
- Tell me about some traditions, celebrations, or rituals which your family participates.
- Have you ever been treated poorly because of your religion, beliefs, ethnicity, or race, and what are some of the ways you have been treated poorly?
- What is your culture's perspective on mental health therapy or counseling?
- What are things your culture does that help with your sadness, anxiety, bad experiences or other troubles?

Fifty percent of racially and ethnically diverse clients end treatment or counseling after one visit with a mental health practitioner (Sue & Sue, 2012). The questions provided above are meant to elicit narrative responses that reflect cultural beliefs and to facilitate discussions with clients around cultural constructs that might affect treatment engagement, motivation, and participation. The importance of assessing culturally diverse clients is imperative as they have additional layers of complexity when compared with assessment of nonminority patients, especially when the patient has a different cultural or ethnic background from the clinician (Lu, Russell & Mezzich, 2020).

There are multiple tools that can be utilized in the initial session to address these issues. One such tool is the UConn Racial/Ethnic Stress & Trauma Survey (UnRESTS) (Williams, Metzger, Leins, & DeLapp, 2018). The UnRESTS is a clinician-administered, semi-structured interview designed for use with clients who are members of stigmatized racial and ethnic groups. Clinicians can also use a community genogram, such as the Jones Intentional Multicultural Interview Schedule (Zigarelli et al., 2016). Conducting a culturally sensitive intake or assessment enhances

client motivation and engagement, builds rapport, and allows providers to be culturally responsive when providing evidence-based therapy to diverse groups.

Narrative storytelling is the form of expression that is recommended for racial/ethnic minorities to use when describing their experiences, issues, and symptoms (Delgado, 1995; Delgado & Stefancic, 2017). Narratives are commonly used in the African American community, as well as the Hispanic and Native

American communities (Tummala-Narra, 2015; Goddu, Raffel & Peek, 2015). Eliciting narratives will provide counselors with an in-depth understanding of the client's worldview, and will help counselors understand a client's defensive nature and avoid misinterpreting a client's culturally learned patterns of communicating, both verbal and nonverbal (Trahan & Lemberger, 2014).

Do No Harm

Sixty years ago, Black people were advocating for their rights through boycotts and sit-ins. In response, they were met with water hoses, dogs, beatings, and lynchings. Today, new versions of social injustice can be viewed by the masses due to the use of technology. The chronic fear of living these experiences (e.g., microaggressions, racism, gaslighting, bias, discrimination) over time can result in traumatization and/or contribute to behavioral health issues such as anxiety, depression, PTSD and substance use. Common mistakes that White therapists make with their Black clients who have lived these experiences include:

- **Taking a "color blind" approach.** Color blindness approach is the ideology that cultural groups should be treated the same, without regard to attributes and characteristics that make different groups unique (Terwilliger, Bach, Bryan & Williams, 2013). By failing to see color, the therapist not only invalidate clients' experiences, but also ignore an important part of their identities. In simple terms, a color blind approach equates to "people of color: we don't see you." Color blindness creates a society that denies negative racial experiences, rejects cultural heritage, and invalidates unique perspectives.

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- **Failing to learn about the client’s culture.** Therapists are encouraged to get curious about their client’s unique culture and experiences by both performing outside research (Sue and Sue, 2012) and asking the client directly. It is important that the burden of teaching should never be placed on the client (Jackson, 2018). Asking the client to explain their culture to the therapist so that they “get it,” ultimately focuses on themselves and their own emotional experience. Instead, the therapist can ask open-ended questions to provoke narrative responses to gain insight.
- **Seeing an entire culture through the same lens.** Each individual has his or her own lived experience and relates to his or her culture in a unique way. Just as individuals cannot speak for an entire culture, norms can vary within and across a culture.
- **Gaslighting.** Questioning and dismissing clients’ experiences and making the client feel as though her or she imagined his or her experience should be avoided. Consider these examples in the therapy space:
 - Client shares that many of his or her experiences are related to his or her racial identity. By questioning his or her experience, a therapist invalidates that patient and exacerbates the associated feelings.
 - Questioning a client’s request for a therapist who shares his or her racial background.
- **Not acknowledging the racial difference between the therapist and the client and openly discussing how racial differences may impact the relationship and treatment.** Choi et al. (2015) noted that “[t]here is a growing consensus among experts in multicultural training that, especially when there are obvious cultural differences between a client and counselor, it is the responsibility of the counselor to take the lead early—perhaps in the first session—to make a cultural broaching statement that introduces a discussion of how culture, race, and ethnicity might influence the ongoing work” (p. 25). Simply open the dialog by asking if there are one or two things that can be done to provide a safe and open space for the client. Scholars have suggested that broaching can help remove barriers to accessing mental health services for minoritized clients (King & Borders, 2019).

As therapists, we encourage clients to share their story to learn more about them, but it is important to do so in a culturally-affirming way. Black clients should not be forced to explain in detail the trauma they experience/d, or to discuss or go into detail about current or past racial events. It is imperative that therapists meet each client where they are

at. When engaging a client in a discussion about how systemic racism impacts their personal well-being, it is imperative that therapists actively listen to our Black clients during these discussions and avoid acting based on feelings of defensiveness, anxiety, and/or guilt. Cognitive-behavioral protocols (Williams et al., 2014) may not be equipped to address trauma related to race, as these protocols were initially developed with a minimal consideration of diversity and as a result many omit needed components for some ethnic minority patients, especially surrounding experiences of racism (Comas-Díaz, 2016; Williams et al., 2014). These protocols lack psychoeducation on race-based stressors, and as such would require the patient or therapist to advance the traumatizing impact of racial events (Carlson et al., 2018). It is important for clinicians to be mindful that Eurocentric effective science-driven techniques such as cognitive behavioral therapy (CBT) (e.g., cognitive restructuring) can be invalidating to patients of color. Experts in addressing race-based stress underscore the importance of emotionally processing the deadly nature of systemic racism and warn against utilizing restructuring skills early on in this process (Carlson et al., 2018). Instead, utilize reflective listening skills to increase engagement in the conversation. By focusing on empathetic listening, we can further understand and validate how systemic racism impacts our clients’ clinical presentations. Below are some specific ways you can validate your client:

- **Acknowledge that racism is a form of racial trauma.** Counselors must examine their positioning with regard to race and racism, including the development of racial consciousness, a reduction in racial microaggressions, and the adoption of a non-colorblind approach (Matsuzaka & Knapp, (2019).
- **Do not be colorblind.** Statements such as “I don’t see color” invalidate their experience as a Black person. Racial color-blindness can be understood as not acknowledging the existence of White privilege, institutional racism, or the overall persistence of racism (Matsuzaka & Knapp, 2019). This definition is founded on the notion that all racial-ethnic groups are and should be socially and economically equal.
- **Validate their reactions.** Simply saying, “That response to racism is valid and I can understand your reaction,” provides validation and affirmation. Acknowledge that working through the pain of those experiences is a critical part of healing.
- **Teach mindfulness and self-compassion techniques to deal with the stress, anxiety, and emotional toll of interpersonal and structural racism** (Vigna, Poehlmann-Tynn & Koenig, 2018; Emery,

2019; Owens, 2017). Practices that enhance emotional-regulation and body-regulation, like meditation, exercise, deep-breathing, muscle-tension reduction skills, grounding, journaling and yoga, can be very useful (Graham, Calloway & Roemer, 2015; Sood, 2018).

The use of antiracist and Eurocentric practices in counseling involves being creative in customizing evidence-based interventions, programmatic practices, and counseling frameworks to more affirmatively serve Black clients (Matsuzaka & Knapp, 2019). Regardless of the theoretical framework, we can help people make a radical shift in their relationship to the difficult thoughts, feelings, and bodily sensations that compromise mental and emotional health.

Conclusion

Critical race theory maintains that racism is an everyday occurrence, and as a result it has become normalized and ultimately invisible (Delgado & Stefancic, 2017). White therapists face a myriad of issues and challenges in their work with Black clients, but the tools and strategies provided in this article can be used to create and maintain a safe therapeutic environment. As with any therapeutic relationship, if the client feels it is not a good fit or he or she want the therapist's help in finding a different therapist, counselors should explore and communicate with their clients to understand their choice and possible role. Ensuring a successful transition to a new therapist is also an important factor so that they will not become lost in care. Therapy directories exist that specifically cater to Black clients such as, *Therapy for Black Girls*, *Therapy for Black Men*, *Melanin & Mental Health*, and *Black Virtual Therapist Directory*. Though not an exhaustive list, the sites were curated to help Black clients find a therapist who looks like them. Other larger therapist directories are moving to add a filter on race so that clients who use their platform can search for that as easily as looking for a provider who accepts their insurance.

It is important to create and maintain safe therapeutic environments for Black clients, and the tools discussed in this article are a place to start.

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