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Identifying Strategies that Address Race-Based Traumatic Stress of African Americans in Rural Mississippi

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Walden University
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MSW, University of Texas-Arlington, 2015

BSW, University of Mississippi, 2014

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

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Abstract

There has been a dramatic increase of race-based encounters that have had an extensive health impact on African Americans. Social workers and other mental health professionals play a crucial role in working with African American adults who experience race-based traumatic stress. The purpose of this qualitative study was to identify strategies to address race-based traumatic stress from a mental health perspective. Racial encounter coping appraisal and socialization theory (RECAST) guided this study where eight social workers from the local community mental health center in rural Mississippi completed an open-ended questionnaire to identify and determine culturally competent treatment strategies for African American adults. Participants included social workers who work with African American adults who work in rural Mississippi constituted the study sample. The participants included professional, licensed social workers who have been in practice for at least 3 years with the job titles of licensed social workers, licensed bachelor social workers, licensed master social workers, and clinical social workers. Discourse analysis was used to explore and organize the data. The study revealed four themes under the following headings: (a) racial discrimination, (b) lack of resources due to marginalization, (c) school to prison pipeline, and (d) microagressions. The findings include actions and perceptions to share information, promote change, raise awareness, and improve clinical practice. Possible implications for social change are reducing service gaps that will result in more support options for those dealing with race-based traumatic stress.

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Dedication

First, I would like to give honor to God, who is the head of my life. For it is in His plan that I help to better the lives of others through research and mental health. Secondly, I would like to dedicate this project to my grandparents, stepfather, and father as they are no longer here to see me reach this milestone. It is because of them that I strive to do great things to make my family proud. I would also like to dedicate this to my mother. Each degree and accomplishment I obtain, I share with her. Finally, I dedicate this to any African American person who has dealt with oppression, prejudice, and racism, and you did not let it defeat you. You have resilience and strength, and it is ok not to be ok. Also, this is for any African American who has a mental illness and does not feel safe to trust a medical or mental health professional. This research is for you.

Acknowledgments

      I want to thank my cohort, family, friends, sorors of Delta Sigma Theta Sorority, Inc., and my fiancé for your encouragement and support throughout my doctoral experience. Also, I would like to extend my sincerest thanks to Dr. Jones for your guidance and education. This project would not have been possible without you. Thank you to the Walden faculty, as well.

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Section 1: Foundation of the Study and Literature Review

Overview of the Problem

There are few strategies available to address the race-based traumatic stress experienced by African Americans as popular or mainstream therapies have not been proven to adequately address racial trauma (Comas-Diaz, 2016). Systemic racism continues to be an aspect of American life and is a source of trauma that can lead to mental and physical issues (Carter, Mazzula, Victoria, Vazquez, Hall, Smith, and Williams, 2013). Race-based traumatic stress is a term derived from racial trauma and stress resulting from encounters with racism (Carter et. al., 2013). Scholars and researchers have been critical regarding interactions, including racism that may emerge as traumatic experiences. This perspective of scholars and researchers is perceived by some as vague or subjective (Carter, Johnson, Muchow, Lyons, Forquer, and Galgay, 2016). Carter et. al. (2016) applied a dispositional focus of racism to a traditional assessment of trauma.

In this study, I identified strategies that will inform social workers charged with serving this population of African Americans and improving their overall emotional well-being. Ramifications of these racial encounters of African Americans in the United States impact racial identity, moral development, psychosocial development, and overall wellness (Williams and Cabrera-Ngyugen, 2016). Acknowledgement of the various presentations of trauma in the field of mental health is not prevalent in Mississippi when working with the African American population. Race-based traumatic stress is common

among people of color. With regard to African Americans, specific risk factors of psychological distress are noted, dating back to chattel slavery. (Comas-Diaz, 2016).

As a result of increased insight and knowledge, social workers will be better prepared and informed to navigate the challenges of providing services for African American adults while effectively treating race-based traumatic stress. The National Association of Social Workers' (2017) *Code of Ethics* mandates that social workers understand culture in the lives of clients and society and develop skills to work effectively with other cultures. In this study, I focused on African American adults who require and would benefit from culturally competent services for their adverse mental health issues. These matters are essential due to the stigma related to mental health in the African American community. A sense of distrust, misinformation, and disbelief exist about mental health and providers due to experiments like the Tuskegee Study (Fripp and Carlson, 2017). I will address these issues at length in the literature review.

In this section, I will discuss the topic of race-based traumatic stress in African Americans, use of theory, literature review, and study goals as it relates to social workers who serve African Americans. This section includes two subsections. The first subsection is the foundation of the study and literature review. The second subsection is the research design and data collection. Section 1 consists of the introduction, problem statement, purpose statement, research question, nature of the doctoral project, significance of the study, values, and ethics, theoretical framework, key terms and concepts, review of the literature, and summary. Section 2 includes an introduction, research design, methodology, prospective data, participants, instrumentation, existing

data, data analysis, ethical procedures, and summary. Section 3 discusses the presentations of the findings, and Section 4 discusses the application to professional practice and implications for social change.

Problem Statement

There is a gap in the literature regarding the identification of strategies to work with African Americans who are diagnosed with race-based trauma/stress. Race-based traumatic stress is challenging in rural Mississippi. The challenges experienced may be indicative of a gap in strategies to treat these individuals diagnosed as having race based traumatic stress associated mental health issues. The Diagnostic and Statistical Manual of Mental Disorders (5th ed.) criteria assert that people must directly experience or witness an event to be diagnosed with posttraumatic stress disorder (American Psychiatric Association, 2013).

The direct effects of racism, prejudice, and discrimination include mental and physical health problems and psychological disturbances (Comas-Diaz, 2016). Chou Asnaani, and Hofmann (2012) found that perceived racism among African Americans, Latin Americans, and Asian Americans suggested that it is a traumatic experience. Additional challenges experienced by African Americans include access to resources, barriers to care, view of services and providers, and stigma related to mental health. To identify strategies that may address race-based traumatic stress and challenges it is important to understand the factors that contribute to the identified focus of this research.

My goal for this study was to identify strategies that will inform social workers practice with African Americans diagnosed with race-based traumatic stress in rural

Mississippi. A specific intervention strategy utilized when providing therapeutic services in response to race-based traumatic stress symptoms in African American adults has not been identified or recommended to practitioners. Carter et.al. (2016) asserted that:

> The components of harassment and discrimination have been recognized as psychological and emotional stressors. Classes of racism have also been recognized as predictors of race-based traumatic stress symptoms that measure racism or racist experiences. The instruments discussed measure the symptoms of racism, assess various perceptions of racism, considers life experiences, provides index of racism, and racist align relevant racist events (p.63).

Identifying therapeutic strategies while working with African Americans having indications of race-based traumatic stress assists and informs social workers in improving the manner in which they facilitate assessments, implement appropriate service plans, and recognizing race-based incidents as sources of mental health issues. According to Carter et al. (2013), social workers, mental health professionals, and those who have experienced racism may understand concepts of racial experiences better to manage the emotional and psychological effects and how they may impact behavior of potential clients (Carter et al, 2013). Post traumatic slave syndrome (PTSS) is a term identified in social work research as a direct response to racially motivated experiences (DeGruy, 2017). This issue is prevalent within populations who have experienced trauma over several generations (Burrowes, 2019). PTSS refers to African Americans who have experienced institutionalized racism from slavery to present day.

PTSS is the result of racism accumulated from one generation to the next. In order to identify strategies that may address this condition it is important to understand how these, or other factors contribute to the stress and trauma of African Americans in rural Mississippi. In this study, I identified an appropriate means of working with this population by focusing on race-based traumatic stress of African American adults similar to the study conducted by Carter et al,, 2013.

Anderson, McKenny, and Stevens (201eight) reported that approximately 90% of African American adults and children have reported race-based incidents nationally and internationally. Burrowes (2019) asserted that African Americans experience intergenerational trauma stemming from chattel slavery, institutional racism from Jim Crow segregation, and mass incarceration serve as contributing factors to this idea (p. 5–6). Burrowes (2019) also suggested that the effects of racism are a significant component in the lives of African Americans historically, socially, psychologically, and educationally (p.5–6). Williams and Cabrera-Ngyugen (2016) indicated African Americans in the United States suffer from adverse mental health issues at a greater rate than their European American counterparts without accessing assistance. Anderson, McKenney, and Stevens (201eight) stated that African Americans are 20% more likely to experience severe forms of mental health issues due to unmet needs and other barriers. Research strongly indicates that repressed feelings associated with racist acts experienced by African Americans from their European American counterparts may be psychologically damaging; this data creates the basis for symptoms of PTSS or race-based traumatic stress (Burrowes, 2019). The scope of the local problem is connected to

the historical context of racial discrimination in the rural South as there are 12.6% of

African Americans in the United States with eight.2% living in rural areas or small towns

(Coles, 2016). According to the World Population Review (2019), in the state of

Mississippi, 37.59% of residents are African American, which is one of the largest

percentages of African Americans of any state in the United States.

Purpose of the Study and Research Questions

The purpose of this qualitative study was to identify strategies that may prove

effective in clinical practice with African American adults who reside in rural

Mississippi. These individuals have been diagnosed with or have experienced race-based

traumatic stress. There has been an increased interest and need to understand how

intergenerational trauma and stress affects African Americans; researchers and educators

in various fields have been studying how trauma is passed from generation to generation

in addition to being transmitted biologically (DeGruy, 2017). Though the trauma of many

generations is only one aspect of the problem, these generations not getting adequate help

is a very necessary facet. Applying strategies in therapeutic practice from an African

American perspective or Afrocentric perspective infuses historical and cultural awareness

into social work and the mental health profession (Bent-Goodley, Snell, and Carlton-

LaNey, 2017).

Bent-Goodley, Fairfax, and Carlton-LaNey (2017) asserted that: Afrocentricity,

which interprets social and psychological aspects relevant to the ancestral approaches of

African philosophies be considered when exploring PTSS and or race-based

stress/trauma. The extensive African diaspora has concomitant factors related to history, culture, and African philosophy (Bent-Goodley, Fairfax, and Carlton-LaNey, 2017).

This concept of Afrocentricity contributes to the human condition of African Americans and commitment to their development regardless of their race, geographical location, or socioeconomic circumstances; the practitioner who utilizes the concept of Afrocentricity will provide innovative practice and programs (Bent-Goodley, Fairfax, and Carlton-LaNey, 2017). It is vital to continue to advance social work practice and Afrocentric social work in order to provide culturally appropriate services to these particular populations.

I created practice-focused questions for questionnaire and used a qualitative approach to address the questions with the respondents. The respondents in this study were African Americans or people who identify as African American who were 1eight years of age or older. I used a questionnaire to develop an understanding of professionals' strategies for treating the stress and trauma of African Americans similar to the questions used by Bailey et al., 2017.

Research Questions

To explore and identify treatment strategies for social workers to treat race-based traumatic stress in African Americans residing in rural Mississippi, I formulated the following research questions:

Research Question 1 (RQ1): What are the identified strategies found to be effective by social workers, working with African Americans with indicators of race based traumatic stress?

Research Question 2 (RQ2): What do social workers identify and support as characteristics that are associated with race based traumatic stress?

Nature of the Doctoral Project

I used a qualitative methodology and a questionnaire to investigate respondents who work with African Americans in rural Mississippi. An open-ended questionnaire with respondents is often used to understand how mental health professionals address stress and trauma in their clients, which is the focus of this study.

Stress and trauma in African Americans need to be addressed with appropriate strategies. Stevenson (2014) developed the racial encounter coping appraisal and socialization theory (RECAST). As a result of this theory, an assessment tool was developed and utilized by researchers to address stress and trauma in the African American community; this assessment examines the impact of the stress and trauma in the African American community (Anderson and Stevenson, 2019).

Social workers working with African American in rural Mississippi will participate in the questionnaire regarding their experiences working with individuals meeting the criteria for African Americans with race-based trauma stress. The participants consisted of eight professional social workers from rural local community mental health centers. I recruited participants via social media. The criteria for selection included professional, licensed social workers who have been in practice for at least 3 years with the various license levels of licensed social workers, licensed bachelor social workers, licensed master social workers, and clinical social workers.

Significance of the Study

This research was significant because it will inform social work practice and improve services provided to African Americans in rural Mississippi identified as having race-based traumatic stress. This study is unique because it addressed an underdiscussed area of mental health among the helping professionals, similar to the study conducted by Carter et al., 2013.

The results of this study will provide knowledge and inform the skill set for social workers who provide mental health services in rural Mississippi specifically to African Americans with symptoms related to race based traumatic stress. Social workers will have access to tools that address the manifestation of the emotional and psychological effects of racial encounters, similar to the study conducted by Anderson and Stevenson, 2019.

Theoretical Framework

Racial Encounter Coping Appraisal and Socialization Theory (RECAST) was used in this study. This theory is an integrative approach that serves as a buffer between racial stress and racial coping by promoting self-efficacy or confidence during a racial encounter (Stevenson, 2014). This theory was proposed by Riana Elyse Anderson and Howard C. Stevenson to use in clinical practice focusing on trauma as well as with interventions for family healing from discriminatory racial encounters. Through this theory, African American youth and adults can prepare for and present the consequences of these racial encounters by applying the concepts of racial socialization, communication about racial experiences, and reduce stress and trauma-related through therapeutic

processes (Stevenson, 2014). Anderson and Stevenson (2019) asserted that mental health professionals working with African Americans, utilizing this theory will provide an improved understanding of how race-based traumatic stress impacts the mental health of African American adults in rural Mississippi. This may positively impact the skills set of the clinician, assist them in becoming informed practitioners, and equip the practitioner in impacting social change in a community that has been significantly traumatized address the trauma, stress, and provide a means to healing for the future of all involved.

Values and Ethics

In support of the values and ethics of the social work profession, practitioners will be informed by this study on how to address the needs of African American adults. Through addressing the mental health effects of race-based traumatic stress in African American adults, social workers will essentially appropriately address the needs of their clients. Culturally appropriate strategies will be identified in this study. The National Association of Social Workers (2017) stated that "Cultural competence requires self-awareness, cultural humility, and the commitment to understanding and embracing the culture as central to effective practice."

Limitations

Limitations of this study included difficulty recruiting participants for interviews and lack of information from mental health professionals due to missing data from the target population. Mental health professionals lack information provided by clients as well as lack information related to training and competence to identify information provided by clients.

Challenges faced during this project included barriers to care which affected the number of African Americans seeking services as well as the amount of information shared through services regarding the stigma and view of mental health services. Ensuring a clear separation of my role as a mental health professional from my role as a researcher was also a challenge. One of the greatest limitations is the lack of trust between clients and practitioners. This results in practitioners not wishing to participate in the study as it may impact their professional relationships with client, colleagues, and possibly communities. One last limitation and challenge was the COVID-19 pandemic, which limited in-person data collection as well as the working conditions of the social workers participating in this study.

Key Terms and Concepts

It is vital to define the key terms and concepts of the current study.

Adult: a person who is fully grown or developed, typically above the age of 1eight (Newman and Newman, 2009).

African Americans: This ethnic group refers to mainly those of African ancestry, or descendants of people who were brought to America from their African homelands as slaves (Lynch, 201eight).

Afrocentricity: concept that interprets social and psychological aspects relevant to the ancestral approaches of African philosophies; an approach to the study of people of recent African descent (Bent-Goodley, Fairfax, and Carlton-LaNey, 2017).

Culture: the overarching characteristics and or qualities held by a group or even generation of people. Culture may embody beliefs, values, religion, spirituality, age, social class, age and ethnic group (NASW, 2015).

Cultural competence: Applied cultural understanding that results in respectful social work practice toward diverse populations (NASW, 2015).

Mental health professional: This professional is a health care practitioner or community services provider who offers services for the purpose of improving an individual's mental health or to treat mental disorders. Examples include clinical social workers, professional counselors, marriage and family therapists, psychologists, and psychiatrists (Nami.org, 2019).

Post-traumatic slave disorder: condition coined by Dr. Joy DeGruy that refers to African Americans who have lived with the impacts of institutionalized racism from the 1600ss to present-day (Burrowes, 2019; DeGruy, 2017).

Race: a social construct in which people in the United States are identified by their skin color, language, and physical features, and are grouped and ranked into distinct racial groups (Thompson and Neville, 1999).

Race-based traumatic stress: theory of Robert T. Carter that implies that there are individuals of the color of experience racially charge discrimination as traumatic, and often generate responses similar to post-traumatic stress (Carter et. al., 2013).

Rural: in, relating to, or characteristic of the countryside rather than the town.

Stress: a person-environment, biopsychosocial interaction, wherein environmental events are appraised first as either positive or unwanted and negative (Carter et. al., 2016).

Trauma: emotionally painful events that are sudden, negative, and out of one's control and that result in primary symptom clusters that include avoidance, arousal, and intrusion (Carter et. al., 2016).

Treatment modality: the method used to treat a patient for a particular condition; evidence-based treatments have yielded positive outcomes (American Addiction Centers, 201eight).

Review of the Professional and Academic Literature

In the African American community, mental health professionals may face challenges in identifying appropriate strategies to address symptoms unique to this community(Phipps and Thorne, 2019).. Variables included systemic racism and oppression, culturally appropriate resources, culturally inclusive education and training, navigating African American culture, and the client view of services and mistrust of mental health professionals (Phipps and Thorne, 2019). At the time of the study, it was not clear if these factors intersected with addressing race-based traumatic stress of African American adults in rural Mississippi from a mental health perspective.

The general problem is that African Americans are 20% more likely than their European American counterparts to experience severe forms of mental health issues due to unmet needs and other barriers (Williams and Cabrera-Ngyugen, 2016). Research has shown that African Americans in the United States suffer from adverse mental health

issues at a higher rate than their European American counterparts without seeking help (Williams and Cabrera-Ngyugen, 2016). Effects of these severe forms of mental health issues in African Americans in the United States impact racial identity, moral development, psychosocial development, and overall wellness (Williams and Cabrera-Ngyugen, 2016). Dr. DeGruy (2017) explained that with the PTSS, effects are generational, so they are cyclical and begin with the next generation in childhood.

In this review, I explored critical concepts relevant to the study such as social conflict theory and the race-based traumatic stress injury model to identify the challenges related to practice with African American adults. I utilized the race-based traumatic stress injury model to define the practice problem. I conducted the literature review to (a) demonstrate ways that mental health professionals have engaged and treated this problem for individuals and for strategies with the African American community, and (b) explore the differences in the treatment of African American adults by mental health professionals in comparison to other racial groups. The case study examples that I presented in the literature review are relevant to understanding the current study's practice problem and possible treatment strategies. I conclude the literature review by outlining current gaps in knowledge that require further research regarding culturally appropriate treatment strategies.

In the literature review, I discuss selected articles relating to race-based traumatic stress in the African American community and mental health services targeting African Americans in the sections that follow. *Systemic racism, post-traumatic slave syndrome, race-based traumatic stress, discrimination, culturally appropriate resources, culturally*

inclusive education and training, navigating African American culture, and *view of services and mistrust of mental health professionals* are keywords used throughout this study. I used the following databases: SAGE Journals, Google Scholar, and a Thoreau multi-database search.

Introduction to the Problem

The current research suggested that frequent racist attacks on an ongoing basis result in cross-generational trauma (Comas-Diaz, 2016). These attacks referred to events of danger related to discrimination, threats, shaming, witnessing harm, microaggressions, and marginalization (Dunbar and Blanco, 2014; Smith, 2010). Events of marginalization included the access to resources or the lack of resources, which is a substantial contributing factor in a history of unequal treatment opportunity for African Americans, causing symptoms of race-based traumatic stress. With proper access to resources and care received in childhood, healthy growth and development into adulthood is promoted, according to psychosocial theory (Newman and Newman, 2017). The inclusion of childhood development can expand on the generational or cyclical effects of racial trauma (DeGruy, 2017). This change of inclusion can create new cycles within the African American community (Laureate Education, 2009e). Adequate healthcare, including mental health services, can support African American families in combating years of systemic racism, discrimination, and marginalization.

This cycle of cross-generational trauma begins in early childhood when children are in care outside of the home before beginning school. A term referred to as *the school to prison pipeline* begins during this phase of development (Warren, 2020). This concept

refers to African American children in preschool or daycare exhibit typical behaviors of children in early childhood, but their disciplinary actions are disproportionate of their White counterparts (Warren, 2020). As these disproportionate actions continue, African American children accumulate a disciplinary record of suspensions, which may result in removal from school. Thus, parents have to find alternate resources for daycare or appropriate school settings (Warren, 2020).

Psychosocial theory provides understanding of the processes that a person must master at each developmental stage (Newman and Newman, 2017). Psychosocial theory is a theory of psychological development that proposes that cognitive, emotional, and social growth are the result of the interaction between social expectations at each life stage and the competencies that people bring to each life challenge; is theory explains how developmental tasks, psychosocial crisis, central process, and coping shape how one interacts in society and progresses over time (Newman and Newman, 2017).

Middle childhood is defined as between ages 6 and 12. Children in this group have slowed in growth but are increasing in cognitive development, have more skill and coordination, become more aware of their bodies, adjust to school and parent separation, become an individual, and develop peer socializing skills (Newman and Newman, 2017). Children in middle childhood acquire the developmental tasks of friendship, concrete operations, skill learning, self-evaluation, and team play. These are the tasks African American children must learn during this developmental stage. Newman and Newman (2017) asserted that during middle childhood, children face the psychosocial crisis of industry versus inferiority, which is the stage when children learn to do things on their

own and begin to enter society outside of the family. The central process for children in middle childhood is education (Newman and Newman, 2017) Children in middle childhood may cope with these tasks through rebellion, withdrawal, success, cooperation, or any other response according to whether their needs have been met or not.

Through this study, social workers will become more informed of the adverse consequences related to lack of appropriate resources during childhood, which shows that African American children in childhood face issues of mental and physical health, moral development, and racial identity. Many children suffer from not getting the healthcare that they need because their parents cannot afford it, their parents' jobs do not offer insurance as a benefit, or the parents are unemployed. According to research compiled by the Urban Institute in 2005, 9% of African American children were uninsured and were 20 times more likely not to receive the medical care than their European American counterparts (Buchemueller, Levinson, Levy, and Wolfe, 2016).

Through this study, social workers will also be more informed regarding the attitude of mistrust towards seeking services due to not having access to affordable healthcare during childhood, which also affects growth and development into adulthood. The lack of such benefits leaves the children vulnerable to diseases and infections if they are not able to be vaccinated in a timely fashion. A significant number of parents are not insured, which leads to the children being born and raised without appropriate healthcare as well (Buchemueller, Levinson, Levy, and Wolfe, 2016). Inadequate healthcare and health information resources can lead to unhealthy lifestyles, which results in obesity

(Assari and Caldwell, 2017). The result of an unhealthy lifestyle can become a cycle that can be passed from generation to generation.

By understanding the lack of access by families to healthy food options is another adverse consequence of not having access to appropriate resources, social workers will understand indicators of race-based traumatic stress. The stress may be caused by a paucity of grocery stores in a neighborhood or inadequate financial resources, as well as insufficient the time or skills to prepare a nutritious meal are factors in the increase in obesity.

Among children and teens aged 6–19 years, 16 percent (over 9 million young people) are considered overweight. Among African American children, nearly 1eight percent of boys and 22 percent of girls are overweight, compared to 12 percent of European American, non-Hispanic boys and girls. Obesity and overweight status in children can lead to health issues such as diabetes, heart disease, hypertension, and other chronic diseases in adulthood. (Assari and Caldwell, 2017)

These physical health issues also can lead to mental health problems. Overweight children may become depressed and withdrawn due to low self-esteem. Obese children can be picked on and chastised by peers because of their size (Assari and Caldwell, 2017). These factors hinder the developmental tasks for children in middle childhood, including moral development. Children who grow up without adequate healthcare may lack general well-being. If these problems are not addressed early, they may continue to

make unhealthy decisions throughout their lives, thus altering the psychosocial crisis of industry versus inferiority. This will also affect education.

Newman and Newman (2017) asserted that children in middle childhood learn the most information, developmentally, so having other factors influencing their focus is detrimental at this stage of development. Shin's (2011) study showed that there is research available showing a range of positive outcomes associated with racial or ethnic identity. This research is also consistent previous research with children around the ages of 4 and 5 having the internalized belief that race "is a fixed human characteristic," which includes a membership of a particular group that has predicted qualities (Shin, 2011). These beliefs distort reality for African American students who excel academically and create negative stereotypes for African American students who encounter barriers in excelling academically. This research from Shin's (2011) study is imperative for identifying protective factors for the influence of cultural or community perceptions of academic efficacy and self-efficacy, according to Shin (2011). Shin (2011) further asserted that lack of protective factors creates an unbalanced focus, poor motivation, and school disengagement for African American children in middle childhood. This imbalance results in not having a positive racial identity that lasts throughout adulthood. Without a healthy racial identity, some African American children may drop out of school, join gangs, work at an early age, start families at an early age, or fall victim to substance abuse due to a failure to cope well in middle childhood.

Middle childhood is the most critical stage in a child's life for cognitive development (Newman and Newman, 2017). According to the theory of cognitive

development, children learn from their peers, teachers, parents and family, and their environment (Newman and Newman, 2017). Because children learn from their environment, their culture, ethnicity, socioeconomic status, and other factors have a significant impact on their lives. Shin (2011) showed that ethnicity and culture come into play because African American children appear to not have role models who look like them because the crucial figures in their lives are in prison and not at home. Shin (2011) observed that some children see crime as a gateway and look up to gang leaders and criminals as role models; they then shape their lives after these people. The research from Shin (2011) shows that boys are more likely to feel the need to take over as the provider if a parent is absent. Since they are not of working age during this stage, they may resort to illegal jobs and gang crimes. Girls are affected emotionally by the loss of a parent and develop mental issues later in life due to lack of nurturing, support, and attention; girls may also feel the need to help with the financial slack by resorting to prostitution and other illegal jobs (Shin, 2011).

Every child does not receive everything that he or she needs to develop, but access to these things is very important. African American children, especially in middle childhood, are at extreme risk for adverse development. Middle childhood is a crucial stage in learning and development. Without the adequate resources, these children will not have optimal development and will experience difficulty functioning as adults in society. With this knowledge, social workers can be knowledgeable of the different aspects of a child's life such as culture, economics, and psychological issues. Since middle childhood is a pivotal point in development, it shapes how individuals will behave

and function in adulthood. Whether negative or positive, the behaviors and functions influence how individuals are portrayed as adults (Newman and Newman, 2017). With this research, scholars aim to debunk stereotypes and stigmas that may be formed from negative experiences and assumptions of unresearched information.

Social workers advocate for children in middle childhood stage to be better prepared to grow and develop into adults without the symptoms of race-based traumatic stress. New or nontraditional familial units can be equipped to support children. Social workers will know how to look at the systems to evaluate how to assess the needs of the client and his or her family because the systemic factors found in this literature view play a significant role in the issues in which a client is experiencing. This data and knowledge can benefit school districts, community agencies, levels of the legislature, and policy. Cultural competence in practice and policy is necessary to provide equal opportunity and equal access regardless of race, class, gender, disability, sex, or age (Comas-Diaz Hall, and Neville, 2019).

Systemic Racism and Oppression

As stated in the problem statement, racial inequality for African Americans in the United States persists and contributes to the presentation of race-based traumatic stress in this population. Generational trauma of a group of people due to systemic loss is experienced historically and impacts generations to come (Grayshield, Rutherford, Salazaar, Mihecoby, and Luna, 2015). Due to this systemic loss, African Americans are more likely than any other ethnic group to live in high poverty, according to Firebaugh and Acciai (2016). Consequences of marginalization include limited access to healthcare,

employment, education, and beneficial social networks. This inequality leads to a lower quality of life, more exposure to crime, and inequality of life chances (Firebaugh and Acciai, 2016). Adverse effects of systemic racism and oppression include the lack of stability in the home and support to thrive, according to Newman and Newman (2017).

Through examining the generational systemic racism and oppression, social workers will have a better foundation to assess and develop strategies specific to the interconnection of African Americans within the community as well as the various aspects of African American culture and life (Shea, Mosley-Howard, Baldwin, Ironstrack, Rousemaniere, and Schroer, 2019). Racial encounters require advanced understanding and practice (Anderson and Stevenson, 2019). Due to the increasing negative effects of race-based traumatic stress found in research, culturally grounded theories, healing practices, and therapeutic strategies (Williams and Medlock, 2017).

Firebaugh and Acciai (2016) asserted that in worst cases, African American children often find acceptance in gangs, premature relationships, and childbearing and illegal jobs; because of these alternatives, children tend not to be motivated or have a positive attitude towards education. The focus on children in middle childhood with the effects of racial trauma expands from a legacy of injury from systemic racism, (DeGruy, 2017). African American children face systemic oppression and racism just as adults do. These issues contribute to African American children not having adequate grooming skills and appropriate healthcare. If the mother did not have access to healthcare during her pregnancy, the child could be born into the same cycle without appropriate healthcare (Buchmueller, Levinson, Levy, and Wolfe, 2016). There are also systematic factors that

influence healthy, optimal development in the lives of African American children in middle childhood. For example, a healthy living environment can be a changing factor in a child's life; a child learns the most at home.

The positive consequences of effects not having the presence of marginalization from systemic racism and oppression include having an encouraging and stable support system can be a positive influence on healthy development (Newman and Newman , 2017). According to general systems theory, these factors can be referred to as the mesosystem, which is defined as the interrelations among two or more settings in which the developing person can actively participate (Firebaugh and Acciai, 2016). The mesosystem then directly influences the child, who is the microsystem. A microsystem is defined as a pattern of activities, roles, and interpersonal relations experienced by the developing person in each setting with physical and material characteristics (Firebaugh and Acciai, 2016). Lee (2016) indicate once encouraged, nourished, and supported, the child can thrive in social interaction, academic excellence, extracurricular activities, and other tasks or hobbies. In another study, a new method of teaching was introduced to influence academic excellence by incorporating cultural enrichment. This study was focused on African American children in low-income families. This study concludes that community and cultural factors can influence healthy, optimal development. The macro system, consistencies in the form and content of lower order systems that exist or could exist at the level of the subculture along with any belief systems of the ideology underlying such consistencies, can affect the success of the microsystem.

Information from these studies show that African American children who lack major resources have disruptions in major growth and development (Lee, 2016). The child can become withdrawn and discouraged. Also, without having a positive figure or a loving family, a child will fail to thrive. A child in a toxic community that has violence, gangs, illegal drugs, lack of successful or positive figures can have a different outlook on life. Even small recreational activities such as swimming, playing with peers, sports, etc. may not be appealing or possible when a child doesn't have a healthy development. There is a stereotype that there are very few African American children that can swim because of there a very few pools or lessons available in the communities. Fitzpatrick, Cote-Lussier, Pagani, and Blair's (2015) study showed that "Nearly 70 percent of African American children have low or no swim ability, compared to 40 percent of Caucasians, putting them at risk for drowning, according to the study, which was conducted for USA Swimming's Make a Splash Initiative. The report also found that the largest reason for low swimming ability among African-American children was the fear the parents had of swimming" (Fitzpatrick, Cote-Lussier, Pagani, and Blair, 2015). Community factors are also a significant influence on development because this is where the child interacts with others and observes behaviors.

Culturally Sensitive Resources

Culturally appropriate resources provide a connection to underrepresented groups within the United States who have experiences systemic or institutional racism; lack of these resources result in adverse health, social, cultural, interpersonal, familial, and education outcomes (Shea et al., 2019). A historical background and assessment are

necessary for social workers to utilize culturally appropriate resources to African Americans experiences the effects of systemic racism. Social policy is gateway to bridge the gap of inequality caused by systemic racism and oppression causing race-based traumatic stress. Dr. DeGruy explains that social structure affects African Americans at all levels, which affects all generations (DeGruy, 2017).

It is important to understand these affects from childhood, for this is how the generational effects from Post Traumatic Slave Syndrome persists. For example, the effects of mental and health issues, issues with moral development, and racial identity that African American children in middle childhood face can impact their psychosocial development. Many children suffer from not getting the healthcare that they need because their parents cannot afford it, their parents' jobs do not offer insurance as a benefit, or the parents are unemployed. Not having these benefits leaves the children vulnerable to diseases and infections because they are not able to be vaccinated unless they are taken to a local department of health to enroll in school. There are a high number of parents that are not insured, which leads to the children being born and raised into life without appropriate healthcare as well (Buchmueller, Levinson, Levy, and Wolfe, 2016)).

These health issues also can lead to mental problems. Children can become depressed and withdrawn due to low self-esteem; children that are overweight seem to not fit the norm. Obese children can be picked on and chastised because of their size. These factors hinder the developmental tasks for children in middle childhood ("African American children," 2005). Moral development is also affected. Children will grow up without healthcare, and well-being may not be relevant in their lives (Center, 201eight).

They will try to fit in, ignore their problems, and not make healthy choices and decisions throughout their lives, thus altering the psychosocial crisis of industry versus inferiority. Due to this, the demand is not as significant as the need. African Americans may not voice demands to address these issues to stigma, fear, and the lack of the ability to identify the central problem. The need for the social justice issue is evident, but the demand from the community to ask or request for the advocacy is not as visible (Center, 201eight).

A positive contribution in policy includes current policies regarding mental health and overall wellness exist on the state level but are not universal (Current Mental Health, 201eight). Also, these policies are not specific to any ethnic group but are general, which does not specifically target African Americans who experience race-based traumatic stress. Early identification and intervention for those at risk can be addressed locally or on the state level but are not addressed nationwide at the federal level. For example, not all public schools are required to have mental health professionals or healthcare providers staffed in schools. Polices related include the Mental Health in Schools Act (H.R. 1211/S. 15eighteight), Caring Start Act of 2015 (H.R. 93eight), and Saving our Next Generation Act (S. 473). Prevention for all people has been addressed from state to state as well but have not been treated nationwide. Examples include the Academic, Social, and Emotional Learning Act (H.R. eight50) and the Jesse Lewis Empowering Educators Act (S. eight97). However, the Mental Health Reform Legislation (S. 26eight0/H.R. 2646) was signed into action by President Obama to advocate for mental health across the nation. This policy addresses advancing mental health, authorizing programs for early

intervention, promote initiatives, encourage family involvement, prioritize community involvement, adding funding, and promoting growth (Current Mental Health, 201eight).

Culturally Sensitive Education and Training

In addition to culturally appropriate resources, education and training for social workers is equally important. In order for social workers to have the knowledge to identify resources, their knowledge base need to reflect culturally sensitive education and training. Research of historical, racial trauma suggests that there are major factors that define the concept of race-based traumatic stress; these factors include the "actual domination and assault of the dominant culture on the masses, the generation receiving the trauma demonstrating the symptoms, and the transmission of the responses to successive generations" (Shea et al., 2019). In order to prevent the transmission from continuing through practice, culturally sensitive education and training is necessary.

"Structural racism refers to the ways that society perpetuates discrimination and oppressive actions through multiple systems acting together to reinforce inequities, biased values, and access to resources that benefit European American individuals and groups." (Bailey et al., 2017). The individuals include supervisors, administrators, field instructors, professors, clinicians, etc. "Racism and oppression reside not just in individuals, but also within larger institutions and societal structures." (Metzl, Petty, and Olowojoba, 2017). Structural racism affecting people of color in need of mental health services, public aid, social justice, home health, medical care, etc. More specifically,

structural racism affected students seeking a place in the field of social work, seeking licensure, and in need of clinical supervision.

When agencies, institutions, organizations, policy, law, and other systems enact trauma on those who receive services, peers who work within, or students seeking guidance, what is the profession to do? One example of a solution includes the actions of the American Art Therapy Association. The September issue of the association's journal addressed the "systemic issues requiring the attention of the field including European American supremacy, European American fragility, toxic European Americanness, trauma perpetuated at social and cultural levels, contemporary neoliberal influences that appropriate resources from people of color and poor communities, and the need for critiquing multicultural approaches that ignore the long-standing systems of oppression in which art therapists operate"(Kaiser, 2017). Also, the association took useful information from the field of medicine's contesting of structural racism. An examination of national events, disparities in care, and access to resources were taken into account. Students, administrators, and faculty came together to share experiences and discuss systemic issues. This action proved to be an activist approach to pursuing solutions to racism to reconsider how race and racism are addressed in education, which could contribute to strategies targeting race-based traumatic stress (Kaiser, 2017).

Effects of racial microaggressions. "To promote the cultural competence of supervisees, it is essential that racial-cultural issues and dynamics are openly addressed, explored, and processed in safe supervision contexts." (Pope, Reynolds, and Mueller, 2019). The demographics of the country and the field of social work are forever

changing. Supervisors should ensure that their competency also continues to change with the times and demographics. "Unfortunately, an open and honest dialogue on race, culture, and ethnicity is not an easy task for many European American Americans, especially in supervisory relationships." (Pope, Reynolds, and Mueller, 2019). When a supervisor is not mindful of cultural beliefs, values, morals, language, etc., it creates a barrier for the relationship to thrive. The supervisee will suffer and be stagnant in growth.

When supervisors continue to practice with old habits, personal bias, or traditional Western European models, they put the supervision relationship in jeopardy. Their views, communication styles, and body language can cause conflict. These conflicts can include what is called microaggressions. "Racial microaggressions are brief and commonplace verbal, behavioral, or environmental indignities (whether intentional or unintentional) that somehow communicate negative or denigrating messages to people of color." (Franklin, 2016). These microaggressions can be unconsciously done and subtle, and supervisors may not view these actions as harmful or offensive. Nevertheless, those experiencing these actions feel distressed, discouragement, and disdain and may be deterred from continuing education, licensure, or advancement.

In order to decrease or eradicate structural or systemic racism, diversity and multiculturalism should be a required class for undergraduate and graduate programs. Also, it should be included as a requirement for continuing education credit and supervisor courses. Addressing the issue at all levels will provide prevention and recourse of race-based traumatic stress, similar to the Starbucks corporation giving training to all of its employees in May of 201eight. "In 1992, the Association for Multicultural

Counseling and Development, a division of the American Counseling Association, took a proactive approach by outlining multicultural competencies and objectives that have since become the springboard for teaching culturally appropriate skills in graduate and continuing education across most mental health fields." (Maat, 2011). Specifically, for African Americans, it is essential to be open, authentic, and empathetic to develop trust and engage in conversation. Trust is a determining factor when deciding to continue with supervision or therapy (Comas-Diaz, Hall, and Neville, 2019).

Racial identity and ethnic identity. Race and ethnicity are used interchangeably due to misinformation, which can contribute to stress and trauma of African Americans due to lack of identity. The terms are not the same; race refers phenotypical aspects, such as a species or group with shared characteristics like skin tone, eye shape, or hair texture (Race, n.d.). The race is based on physical features; ethnicity refers to culture and tradition of common nationality such as language, geographic location, or belief system (Ethnicity, n.d.). Ethnicity is similar to race as it interrelates the shared characteristics of a group. The ethnic group can have members of different races. For example, Hispanic groups can have both European American and African American races within the culture and geographic location. The differences in race and ethnicity include the features and characteristics, which is more specific. For example, members of the African American community have a distinct difference in hair texture than members of the European American community. Another variation includes when races mix but retain the dominant indicator of race. The physical features of race are distinct. A positive sense of identity contributes to positive strategies to address race-based traumatic stress (Lee, 2016).

Assessing race and ethnicity. Social workers practice within an ethical code specific to their field. This specific code includes a level of cultural competence. Cultural competence includes being aware of values, beliefs, customs, and the language of others' cultures. If a social worker has a conflict with a client's culture, a transfer of services should be an option to avoid a conflict of interest when the social worker is open to practice cultural competence or there is no opportunity to do so. A possible conflict of interest also includes religion, sexuality, and orientation. A social worker cannot share his or her religious beliefs, morals, or values with the client about a case. According to the Purpose of the NASW Code of Ethics, the code offers its own set of values and ethical principles. Also, according to section 1.06 "Conflict of Interest," a worker cannot take advantage of their professional relationship by disclosing or imposing religious interests and beliefs (National Association of Social Workers [NASW], 200eight).

To be culturally competent, one must understand intersectionality. According to Ratti (2019), intersectionality is a word that describes "the complex and cumulative way that the effects of different forms of discrimination combine, overlap, or intersect." Although intersectionality is not a new concept or term, it was not added to the dictionary until April of 2017. The term has been in use for decades when discussing discrimination, policy, and civil rights (Ratti, 2019).

To develop and assess competence, recognition of intersectionality across racial groups is very important. People within specific groups such as African Americans or African American people have many variations. Intersectionality plays a significant role in access to resources for African American children and their families. To stereotype the

entire community into one generalization is a disservice to the field of social work and its code of ethics. The actions of one student or supervisee do not determine the effects of those to come. Personal bias should be removed.

Racial issues have been discussed throughout supervision literature, theoretically and empirically. A supervisee's racial and ethnic identity is a critical variable in the supervision and educational relationship. The supervisor's awareness of his or her racial identity influences the amount of multicultural competence and ability to conceptualize clients and supervisees within a multicultural framework. Also, the supervisor's multicultural knowledge and skills contribute to the supervisee's experience (Pope, Reynolds, and Mueller, 2019). Cross-racial supervision may reflect a microcosm of race relations in America, especially when a supervisor is European American with the supervisee is African American (Pope, Reynolds, and Mueller, 2019). Since the supervisor is relatively in a position of power, he or she is responsible for ensuring issues receive attention in supervision. When European American supervisors lack knowledge of multicultural experiences, they may become anxious about discussing issues or being aware of their personal biases and prejudices (Pope, Reynolds, and Mueller, 2019). Inclusion and diversity attribute to a healthy supervisor and supervisee relationship while decreasing race-based traumatic stress that can be passed down to new practitioners and students.

Navigating the African American Community

In order for social workers to appropriately identify therapeutic strategies to address the specific needs of African Americans in rural Mississippi, they must

understand how to navigate the African American community. Familial ties and kin relationships are traditionally significant within the African American community and contribute to the generational effects of race-based traumatic stress. A study by Fripp and Carlson (2017) examines how African American families, including extended family such as fictive kin relationships, influence the use of mental health services. Family histories were reviewed through a national representative sample of African American adults that also included a subsample of those with a disorder. Negative interactions with family were shown to have effects on the use of mental health services. Also, family support was shown to not have results.

Previous research was used to complete this study such as data from surveys, family interactions, and family history (Fripp and Carlson, 2017). The study from the National Survey of American Life was conducted nationwide for a household probability sample of adult African Americans, non-Hispanic European Americans, and Afro-Caribbeans. Then, a four-stage area probability sampling was utilized. The clinical subsample consisted of respondents with a past year mental health diagnosis. Respondents were interviewed face to face or by telephone, using a computer-assisted structured questionnaire. The subsample was assessed using the Composite International Diagnostic Interview, which was the World Health Organization's version (Fripp and Carlson, 2017). The sample design utilized a sequential series of logistic regression models which yielded results that less than 10% used any services in the last year, mental or medical. Most participants were middle-aged with more women than me with three out

of four with at least a high school education. The use of any service was associated with negative family interactions or no family support (Fripp and Carlson, 2017).

Interactions which relate to family history due to the inclusion of kin relationship may be limited. Family histories may have lacked information or include socially desirable answers. This history affects those with positive histories and negative histories (Villatoro and Aneshensel, 2014). Also, there may be misinformation regarding the questions about symptoms and previous treatment. The family history can be skewed due to the inclusion of unrelated family kin, the lack of education regarding mental health, adverse symptoms, and perception. However, the strengths of this study, in particular, has good external validity and generalization of the target population. The sample included a large national probability sample. Future research can examine the extent of the familial influence with those who have a history of diagnosis or history of treatment. The difference in utilization of services among African Americans and non-Hispanic European Americans can be explained. Systematic barriers are different among the groups, and the focus on families should not take away from the need for policy initiatives to reduce barriers (Villatoro and Aneshensel, 2014). The reduction of barriers would contribute to a lessened presentation of race-based traumatic stress over generations.

View of Services and Mistrust of Mental Health Professionals

The perception of mental health among people of color affects them seeking assistance or talking about their wellbeing. Social workers may not be aware of the perception of services among African Americans. This may create barriers in developing

a therapeutic relationship with African Americans seeking services with social workers. The factors that social workers should be aware of include mistrust, stigma, and disparity, which contributes to race-based traumatic stress. Historically, these factors developed due to resilience through the adaptation to systemic racism. An example of mistrust of health professionals includes the experimentation of African Americans in studies like the Tuskegee experiment (Halloran, 2019)

Leis, Mendelson, Perry, and Tandon (2011) surveyed 129 African American and Latino community members to examine these factors; the authors utilized linear regression analysis to reveal the. In preparation for the study, the authors reviewed prior research before conducting this study and found that African Americans and Latinos did not seek services as much as their European American counterparts, which influenced the purpose of this particular study. The research questions came from information gathered by the National Alliance on Mental Illness related to engagement with minorities and people of color (Villatoro and Aneshensel, 2014).

The research hypotheses examined attitude or perception as the key contributing factor related to the influence of seeking services. The study included African American and Latino adults who had previously received treatment, have experience of treatment due to an involved family member, were currently receiving treatment, and who had no experience with treatment. The sample of adults resided in the southern United States and was recruited by active and passive strategies. After collecting demographic information, participants were given three surveys to complete that assessed their attitudes, behavior, and stigma. The linear regression analyses showed that the views of the 129 participants,

due to stigma, affected their decisions to seek services. The stigma within their communities influenced the views regarding mental health and its services (Fripp and Carlson, 2017).

The authors conducted preliminary analyses to test for assumptions, missing data, and outliers of which none were found. The results showed the correlation between attitude and participation as well as the inverse relationship toward participation due to stigma. However, the strength of the relationships was found weak due to lack of understanding and the nature of the services (Fripp and Carlson, 2017). If the participants had been well informed, the attitudes would have likely not been the same. However, there are limitations regarding the application of this study due to the sampling method, which was convenient. Many other ethnic groups were excluded due to the convenience of the agency of choice and the region of the community. In the future, social workers can take part in community involvement and outreach to provide education and awareness to destigmatize and change their attitudes regarding seeking services. Multicultural competence is vital due to cultural or ethnic differences and the sensitivity of information delivery (Fripp and Carlson, 2017). Participation in services would contribute to decreasing the presentation of race-based traumatic stress over generations.

Summary

In conclusion, I examined the needs of African American adults in rural Mississippi to inform the practice of social workers who treat these adults. I used a basic, qualitative research design to explore this problem to empower mental health professionals to serve the needs of African American adults better. The focus of the study

identified the issues and challenges that impact the mental health of African American adults who are at risk or who have race-based traumatic stress. The purpose of the current study was to increase mental health professional engagement and services to reduce race-based traumatic stress in rural Mississippi. Social conflict theory and the race-based traumatic stress model were also used in the study to establish both cultural and relational factors between mental health professionals and African American adults. The current project sought to answer the following research question which was, what are the identified strategies found to be effective by social workers, working with African Americans with indicators of race based traumatic stress.

African American adults continue to remain twenty percent more likely to experience severe mental issues and not seek treatment than their counterparts (Nami.org, 2019). The literature review was used to review the common challenges shared by mental health professionals in various settings that included systemic racism and oppression, culturally appropriate resources, culturally inclusive education and training, navigating African American culture, and view of services and mistrust of mental health professionals. The issues have long been identified to create barriers that impede services that include strategies addressing symptoms of race-based traumatic stress. The study addressed the identification of race-based traumatic stress and its presentation in order to increase engagement with African American adults and their communities. Areas that required further study were the specific factors within rural Mississippi that impacted service provision for African American adults who experience race-based traumatic stress or who are at risk.

Section 2: Research Design and Data Collection

I used basic, qualitative research design to explore this problem to empower

mental health professionals to serve the needs of African American adults better. In

Section 2, I discussed the research design and data collection for this study, as well as the

methodology, participants, instrumentation, data analysis, and the ethical procedures that

I proposed to use. I will conclude Section 2 with a summary.

Research Design

I used a qualitative research design for this study. The methodology was

qualitative, and I used an open-ended questionnaire. I used Basic qualitative research as

the methodology to understand the mental health effects of African American adults in

rural Mississippi who have experienced race-based traumatic stress. The knowledge

obtained from the interviews will improve social work practice among African

Americans with indicators of race-based traumatic stress. The study's primary objective

was to explore best practices for strategies addressing the stress specific to African

Americans in rural Mississippi.

Methodology

Professional social workers in rural Mississippi were the participants in this study.

The key group consisted of eight social workers from community mental health centers in

rural or countryside communities, whereas the goal was approximately six to 10 social

workers. Participants were all recruited via Facebook. I created a Google form and

shared the link on Facebook along with the participant criteria for those who were

interested in responding. If the group minimum was not met, I would have utilized Linkedin's social media platform, but the minimum was met via Facebook.

I used phone calls and emails to communicate with potential participants during recruitment. All other communication to introduce the topic and discuss the project and their interest was conducted via email and by phone. Once the participants were selected, I followed the protocol as it related to obtaining participants' informed consent, which ensured that they understand the scope of the project as referenced in the study of Morse, 2016.

Participants

Participants included social workers who work with African American adults who work in rural Mississippi constituted the study sample. The criteria for selection included professional, licensed social workers who have been in practice for at least 3 years with the job titles of licensed social workers, licensed bachelor social workers, licensed master social workers, and clinical social workers. The sample was obtained via referral sampling on social media. The sample size was set for 6 to 10 professionals from the local mental health centers, and the sample size received eight respondents.

Instrumentation

In a qualitative study, the researcher is the primary instrument that observes, takes notes, and talks to people. I utilized an open-ended questionnaire with social workers who work with African American adults who have experienced race-based traumatic stress. The group consisted of eight social workers who work with African American adults at the local community health center in rural Mississippi.

Data Analysis

Data for the study included responses from rural social workers who work with African American adults. I analyzed the data using discourse analysis (DA). Wilson, Onwuegbuzie, and Manning (2016) report that discourse analysis is a technique used by researchers to look at how people communicate in everyday situations by understanding social interaction and cognition. This method involves selecting segments of language use, like interview transcripts, and examining them in detail. Wilson, et al.'s (2016) study reported that DA paired with qualitative data is highly effective for the social sciences. The effects of discourse analysis include relating to conventional therapeutic strategies and evidence-based practice (Wilson, et al., 2016). For this study, DA was utilized by identifying interventions used by the social workers through discussion and comparing best practices.

Ethical Procedures

I obtained approval from the Walden University Internal Review Board (IRB). None of the research process took place with any perspective participants prior to IRB approval (Walden University Center for Research Support, n.d.). I did not engage in research activities with any participants prior to approval. The participants received full disclosure regarding the project before any commitment to participate. The participants provided written and verbal consent. I committed to ethical research practices throughout the research process. I ensured that informed consent was reviewed with participants as well as disclosed the participants' rights and possible risks of harm of the study. Following data collection, the responses and consent forms were stored on a password-

protected file on my password protected computer and hard drive. The data will remain

stored in my home for 5 years and then destroyed in a confidential manner, protecting the

study respondents and the data collected.

Summary

In summary, I collected responses from social workers as the method of collecting

data regarding addressing race-based traumatic stress in African American adults who

reside in rural Mississippi from a mental health perspective. Service provision was the

focus of the study. After IRB approval (approval number: 05-29-20-074eight35), I used

referral sampling to professional social workers who are licensed. I honored ethical

considerations in research and utilized appropriate data protection for the participants. I

began the data collection from the respondents and processed the data using discourse

analysis. Upon completion of the analysis process, I generated a summary of the findings

for participants to review. Stakeholders throughout the state of Mississippi will have

access to a complete report, made available at the final stages of this study.

Section 3: Presentation of the Findings

The purpose of this research was to identify strategies that may prove effective in clinical practice with African American adults who reside in rural Mississippi. To identify strategies, I used a questionnaire to collect data as face-to-face data collection was not feasible due to the COVID-19 pandemic. The qualitative research project afforded professional social workers the opportunity to share their personal experiences, feelings, challenges, and ideas for improvement in social work practice.

I used two research questions for this study:

RQ1: What are the identified strategies found to be effective by social workers, working with African Americans with indicators of race based traumatic stress?

RQ2: What do social workers identify and support as characteristics that are associated with race based traumatic stress?

I analyzed the data gathered from the questionnaires completed by the professional social workers using the data analysis technique of discourse analysis. Wilson et al. (2016) suggested that DA paired with qualitative data is highly effective for the social sciences. The effects of discourse analysis include relating to conventional therapeutic strategies and evidence-based practice (Wilson et al., 2016).

Data Analysis Techniques

After receiving IRB approval, the timeframe for data collection began during the summer of 2020, and recruitment lasted 3 weeks. The recruitment process involved posting the recruitment flyer on Facebook with the criteria for participants. I asked participants to respond via email expressing interest in participating in the study. Once

the potential participants responded with interest, I sent the consent form via email. After sending consent forms to 14 qualified social workers, only eight social workers gave verbal and written consent to participate. Each questionnaire consisted of 22 questions, in which the social workers were given 1 week to complete and return. Following the receipt of each submission, I sent participants a follow-up email to ensure accuracy and authenticity of data through a check-in process.

After verification, I began the discourse analysis, which took 2 weeks to complete. Using discourse analysis, I established the social and historical context in which the material was produced and intended to be received. The questionnaire included factual details of when and where the content was created, who the client was, who did the actions, and who provided the information. During the process, Is continued to analyze the content for themes and patterns by examining the words, sentences, paragraphs, and overall structure of the responses. Then, I related the responses to themes and patterns related to the research questions.

Limitations

While collected responses, limitations encountered involved the lack of diversity of respondents. Through participant observation, I noticed that all respondents were African American women. I intended the respondents to have various experience and licensure levels, from different age groups, different races, and different genders to add to understanding social workers' experiences working with African Americans in rural Mississippi. The composition of the respondents limits not only the respondents' responses but also the relationship with their clients and their responses. A male client

may have been able to relate more to a male social worker, which may have provided more details regarding the experiences related to race and trauma.

Some participants provided more detailed experiences than others, which ultimately did not limit the amount of information obtained to address the research questions. However, the major limitation was the number of participants who agreed to participate in the study. Although the minimum of six was met, having the maximum sample size would have provided more information and diversity from professional social workers.

Findings

The findings yielded from data collected from the respondents providing information on the interventions used to address race-based traumatic stress in African Americans residing in rural Mississippi. The findings correlated with a comprehensive look at the literature related to strategies used to address race-based trauma, post-traumatic stress disorder, or post-traumatic slave syndrome. In this section I describe characteristics of the respondents, specifics about analysis, and the findings.

Sample Characteristics

Eight professional social workers consented to complete the questionnaire aimed to gather data to address the research questions. All eight social workers were African American women. The women ranged in the ages of 27 to 41. One social worker was a bachelor level, licensed social worker. The other seven were master level social workers with six licensed at this level and one licensed at the clinical level. Each participant worked for a different agency or facility and had over 3 years in social work practice.

I addressed participants in the findings with an alphanumeric code to protect their identities and provide confidentiality, as stated in the consent forms. Each participant is identified with a combination of the first initial, last initial, and licensure level. The findings from experiences, perspectives, and best practices are also captured by using direct quotes from respondents.

Coding Specifics

Data analyzed from the responses yielded five settings in which the racial encounters occurred: in a town of Mississippi, school, clinic, Alcohol Anonymous meeting, and hospital setting. Within these five settings, the timeframe in which these encounters occurred ranged from 1960 to present-day 2020. In these five settings, the study identified a variety of themes to further understand and address the research questions. In this section, four themes are explained under the following headings: (a) racial discrimination, (b) lack of resources due to marginalization, (c) school to prison pipeline, and (d) microagressions.

Racial discrimination

The first theme was racial discrimination, which focused on discrimination experienced by the social workers' clients. Respondents described in detail the personal experience of their clients from a racial encounter. In the social work profession, social workers have the opportunities to work with clients in vulnerable or at-risk populations. Respondents DTLMSW, CHLMSW, KCLMSW, AHLMSW, RRLMSW detailed experiences that their clients received treatment for or requested services due to the need for assistance. Respondent DTLMSW explained that her client felt that he was

discriminated against regarding his mental illness due to his wife being White. The social worker detailed that the client stated, "if he were White, his in-laws would not have called the cops, speak negatively of him, or turned his wife against him." Her client was admitted to an inpatient psychiatric hospital and left there after suicide and homicidal ideations.

Respondent CHLMSW stated that her client believed he was being discriminated against because he was forced to leave his parents' home in the middle of the night due to threats of violence and racial slurs in the 1960s. The respondent stated that her client still feels fear, anger, and rage from that experience. Respondent KCLMSW stated that she had a woman of color who felt that she was discriminated against due to her race. Respondent KCLMSW explained that this was a hiring discrimination issue and that the client believed that "she was overly qualified for the position, but the position was given to a less qualified White counterpart." She went on to explain that her client is still angry and holds a deep grudge against White people in general.

Respondent AHLMSW detailed an experience of her client's where the client was renting from a White landlord, and the landlord repeatedly made racial statements and invaded the client's family's privacy by using the master key to enter the home at his leisure. Respondent RRLMSW detailed an experience of her client's from an AA meeting where the client walked in to other members who were White, "discussing African Americans in a negative and hateful way, using racial slurs." Her client left the meeting and never returned.

Lack of Resources due to Marginalization

Respondent DWLMSW expressed that her work experience at a clinic with uninsured and underinsured patients led her to have a lot of patients on her caseload with stress and trauma related to race. She stated that one of her patients did not receive fair treatment due to skin color. She explained in more detail that "the patient was prescribed the same medications that they were previously on, despite them not working, and was scheduled for a follow-up in 6 months, although most patients were seen weekly or biweekly at the clinic."

School to Prison Pipeline

Respondent NLLCSW detailed an experience of a client where the client was suspended from school for fighting but others were not. Respondent explained that this was a group of 11-year-old boys at school of which the client out of four individuals were suspended, but the other three White boys were not. Respondent detailed her client's feelings as "angry, sad, confused, and disappointed" as "the client has been affected by this incident as well as other similar life events. It has impacted how he interacts with other White people in his community."

Microagressions

Respondent BGLMSW detailed an experience of a client who expressed frustration when she was told that her natural hair was "too big" for the workplace. This encounter occurred during the first week of the client being at her new job. Respondent stated that her client believed it was race-related because "she did not feel that the size of her fair had anything to do with doing her job successfully." The social worker explained

that the client felt insulted and became frustrated because she was not able to contain the size of her hair due to her being natural, but a coworker continued to make light of the situation by making jokes.

Unexpected Findings

As the researcher, it was important that I maintained an open mind throughout the data collection and analyzation process by not allowing my thoughts influence the process ensured of the participants. Out of the data collected, there were some unexpected findings. Findings that were unexpected included respondents working in settings that provided services with discriminatory acts, working with children who were able to detail blatant discrimination in school, and respondents detailing multiple incidents occurring within a structural and systemic manner in the workplace that abides by the social work code.

<div align="center">

Summary

</div>

In this section, four themes provided a better understanding of social workers' strategies used to address and process race-based traumatic stress with their African American clients or patients. The themes were (a) racial discrimination, (b) lack of resources due to marginalization, (c) school to prison pipeline, and (d) microagressions. I concluded that the findings addressed the research questions by identifying what they did to address and assist the clients and identifying and supporting clients who identified stress and trauma related to race. Social workers were able to provide insight by completing a questionnaire, from which data was collected. Participants agreed by addressing race-based traumatic stress in their African American clients or patients. In

section 4 addresses how the findings of this study can be applied in professional social

work practice as well as the implications of positive social change.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this qualitative research study was to identify strategies that social workers use to address race-based traumatic stress with African Americans who reside in rural Mississippi. The objective of this study was to identify effective strategies used to social workers when addressing the traumatic stress in their clients or patients. Qualitative research provides a better understanding of the study's objective due to its approach of allowing participants to provide open and honest discussions of their work experiences with their clients or patients in clinical settings. Through the questionnaire, respondents were able to express their clients' or patients' feelings, experiences, frustrations, and other information in order to address the research questions.

To contribute to the overall social work knowledge, the aim was to address the gap in knowledge about strategies used by social workers to address race-based traumatic stress. The questionnaire was used to obtain information regarding their experience in working with clients or patients who experience race-based traumatic stress. The findings revealed four themes, which lead to the identification of the strategies used by social workers to address race-based traumatic stress in African Americans who reside in rural Mississippi. The identified themes were (a) racial discrimination, (b) lack of resources due to marginalization, (c) school to prison pipeline, and (d) microagressions.

Application to Professional Ethics in Social Work Practice

This qualitative research study provided an opportunity to bridge the gaps in social work practice by identifying strategies that are used to address race-based traumatic stress, overall perceptions about the racial encounters, and how to resolve or

help clients cope with the race-based traumatic stress. Findings identified throughout this qualitative study may improve clinical practices in the social work field. The NASW's ethical principles have a focus on addressing the social problems of those in need. These principles encourage social workers to advocate for service to others above self-interest. The National Association of Social Workers' (2017) *Code of Ethics* mandates that social workers understand culture in the lives of clients and society and develop skills to work effectively with other cultures

According to the NASW (2017), social workers are aware of the profession's mission, values, principles, and standards. This study supports the values and principles of the Code of Ethics. My goal was to identify strategies for best practices with an at-risk client population and to discover if those strategies were successful or unsuccessful. The result of this knowledge would be to advance the clinical practice for social workers to affect change in mental health settings.

Recommendations for Social Work Practice

Based on the findings, there are four action steps recommended to advance the social work practice for strategies that address race-based traumatic stress in African Americans. During the literature review, I investigated various scholarly studies to gain a better understanding of the current issues, history, and concepts in the field of social work. According to the literature, factors related to addressing race-based traumatic stress include systemic racism and oppression, culturally sensitive resources, culturally sensitive education and training, navigating the African American community, and understanding the view of services and mistrust of mental health professionals. In

comparison to the literature reviewed and the study's research questions, there were many lessons learned from the findings related to the action steps to identify strategies that address race-based traumatic stress in African Americans.

The first step involves reviewing and studying the systemic racism and oppression of African Americans. Findings from this study can be applied in the clinical social work practice of social workers maintaining competence in assisting vulnerable and at-risk populations. African American clients or patients are 20% more likely to experience mental health issues than their White counterparts (Anderson, McKenney, and Stevens, 201eight). The second step address the ethical principles and standards of the social work field by creating and maintaining culturally sensitive resources due to having received culturally sensitive education and training. Understanding why and how certain populations are marginalized and at-risk through education and training assists with creating and making appropriate resources available to a target population.

The third step involves navigating the African American community through understanding the social constructs, values, and beliefs that occur within the diaspora. In order for social workers to appropriately identify therapeutic strategies to address the specific needs of African Americans in rural Mississippi, they must understand how to navigate the African American community. Familial ties and kin relationships are traditionally significant within the African American community and contribute to the generational effects of race-based traumatic stress. A study by Fripp and Carlson (2017) indicated how African American families, including extended family such as fictive kin relationships, influence the use of mental health services.

The fourth step involves understanding the view of services and mistrust of mental health professionals due to systemic racism, oppression, and marginalization. The findings showed that understanding this view and mistrust prevents misdiagnosing, policing, and malpractice of African Americans. The perception of mental health among people of color affects them seeking assistance or talking about their wellbeing. Social workers may not be aware of the perception of services among African Americans. This may create barriers in developing a therapeutic relationship with African Americans seeking services with social workers. The factors that social workers should be aware of include mistrust, stigma, and disparity, which contributes to race-based traumatic stress. Historically, these factors developed due to resilience through the adaptation to systemic racism. An example of mistrust of health professionals includes the experimentation on African Americans in studies like the Tuskegee experiment (Halloran, 2019).

Implications for Social Change

These recommendations for improving social work practice also support positive social change. Social change focuses on human and social conditions to better society. The findings include actions and perceptions to share information, promote change, raise awareness, and improve clinical practice. Social workers uphold an ethical responsibility in the broader society. This society includes social welfare, advocacy, social and political action. The National Association of Social Workers (2017) states that "Cultural competence requires self-awareness, cultural humility, and the commitment to understanding and embracing the culture as central to effective practice." Social workers

should promote the general welfare of society on a variety of levels; These levels include micro, mezzo, and macro levels (NASW, 2017).

According to general systems theory, these factors can be referred to as the mesosystem, which is defined as the interrelations among two or more settings in which the developing person can actively participate (Firebaugh and Acciai, 2016). The mesosystem then directly influences the person, who is the microsystem. A microsystem is defined as a pattern of activities, roles, and interpersonal relations experienced by the developing person in each setting with physical and material characteristics (Firebaugh and Acciai, 2016). Lee (2016) indicated that once encouraged, nourished, and supported, the person can thrive in social interaction, academic excellence, extracurricular activities, and other tasks or hobbies. The macro system, which refers to consistencies in the form and content of lower order systems that exist or could exist at the level of the subculture along with any belief systems of the ideology underlying such consistencies, can affect the success of the microsystem. A major component emphasized by the NASW Code of Ethics (2017) is that social workers should seek to ensure that all people have access to the resources, employment, services, and opportunities that they require to meet their basic human needs and to develop fully. Advocating on each level, social workers can focus on the intervention at vital parts within the human development. Social change is an important part of the social work profession that aims to promote social justice for all clients and patients. The findings that were unexpected included respondents working in settings that provided services with discriminatory acts, working with children who were able to detail blatant discrimination in school, and respondents detailing multiple

incidents occurring within a structural and systemic manner in the workplace that abides by the social work code. I will conduct further research that can be used to improve service delivery and ethical practice. These findings were found to negatively impact the therapeutic relationships between the service providers and the clients or patients.

Summary

With the ongoing occurrence of systemic racism, oppression, and racial discrimination, it was important to identify strategies used by social workers to address race-based traumatic stress in African Americans. Effective strategies are a vital part of clinical social work practice in mental health settings. Working with vulnerable or at-risk populations, the roles and responsibilities of social works present with barriers and mixed perceptions related to racial encounters and experiences. Key findings revealed themes to provide a better understanding when addressing race-based traumatic stress. The themes include (a) racial discrimination, (b) lack of resources due to marginalization, (c) school to prison pipeline, and (d) microagressions. Strategies that focus on the overall social work knowledge include systemic racism and oppression, culturally sensitive resources, culturally sensitive education and training, navigating the African American community, and understanding the view of services and mistrust of mental health professionals. With this knowledge, improvements in clinical social work practice provide an opportunity for social workers to affect change and continue to promote social justice.

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Appendix A: Invitation to Participate

Greetings, my name is Syrenia Johnson. I am a licensed clinical social worker (LCSW) and doctoral candidate at Walden University. I wish to conduct a study regarding identifying strategies that address race-based traumatic stress of African Americans in rural Mississippi. Additionally, the focus of my action research is to identify factors that influence the treatment African American clients.

Once university institutional review board (IRB) approval is granted, I will begin to recruit participants. One of the sampling techniques I will utilize is known as purposeful sampling. This is a technique where potential participants are invited to participate in the study based the definition of a professional social worker who works in a rural setting of Mississippi. This definition identifies licensed social workers, licensed bachelor social workers, licensed master social workers, and clinical/certified social workers. If you are interested in this research study, I will send a formal written research consent form that provides more detailed information about the study. You may also feel free to contact me with any questions at my phone number and email.

Thank you for your time and consideration in this matter.

Appendix B: Recruitment Flyer

Would you like to participate in key informant group?

You are invited to participate in a case study designed to identify strategies that address race-based traumatic stress in African Americans residing in rural Mississippi. You will be asked to participate in one group meeting discussing your experiences and perceptions related to this population. Your voluntary input may lead to an awareness of attitudes and improvement in delivery of treatment outcomes to African American clients. Your help with this project will be greatly appreciated.

If you are:

- A social worker with an undergraduate (bachelor) or graduate (masters or higher) degree.

- Have at least years of experience working with African American clients.

- Be licensed at either the bachelor, graduate, or clinical level.

I would appreciate you contacting me to obtain more information about how you can be a part of this confidential study.

Appendix C: Interview Guide

I would like to thank you for your interest in participating in the study and ask some

additional questions about your experiences with raced-based traumatic stress. Are there

any questions I can answer for you before we get started with the case study?

{Allow time for the respondent to reply}.

If there are no questions, move on. If there are any questions, address them.

Before we continue with the interview, I need to explain your rights as a participant of

the study and what you can expect because of your participation. First, I would like to

reassure you that participation is voluntary, and you have the right to withdraw your

participation at any point. The individual consent form explains what we have discussed

this far. Please take a few minutes to read it over and if there are no additional questions

or concerns, please sign.

{After the document is signed, state that you would like to move forward with the

interview}

Identifying Strategies that Address Race-Based Traumatic Stress of African Americans in Rural Mississippi Interview

Name:

Age:

Race:

Gender:

Level of degree and licensure:

We will start by providing you with the contextual definition of race-based traumatic stress.

According to Carter et al., (2013) social workers, mental health professionals, and those who have experienced racism may understand concepts of racial experiences better to manage the emotional and psychological effects and how they may impact behavior of potential clients (Carter et al, 2013). Post Traumatic Slave Syndrome (PTSS) is a term identified as a direct response to racially motivated experiences (DeGruy, 2017). This identified issue is prevalent within populations who have experienced trauma over several generations (Burrowes, 2019). The researcher further asserted that PTSS refers to African Americans who have experienced institutionalized racism from slavery to present day. This study may identify an appropriate means of working with this population by focusing on race-based traumatic stress of African American adults in rural Mississippi (Carter et al,, 2013).

Next: We ask about your experiences with African Americans who have experienced stress indicated by this definition.

Next: We will ask you to describe specific experiences or incidents detailed by your clients involving race-based traumatic stress.

1. What happened?

 a. When did it occur?

b. Where did it occur?

c. Who was involved?

2. Why did the client believe it were race-related?

3. Detail the client's feelings immediately after the incident?

a. The client's overall perceptions about the incident?

b. Did you provide assistance for this issue?

c. If you did, how did you resolve or help the client cope with his/her feelings about the incident?

d. How often has the client reflected on the incident?

e. How has the event affected the client?

4. Did you use any specific strategies to address the stress?

a. If so, what were they?

b. Did they appropriately address the stress?

c. Did you use any instruments to measure the success of the strategies?

Do you have any additional information that you would like to share?

Do you have any documents that will help provide further details?