

Race-Based Traumatic Stress

What Is It?

Race-based traumatic stress (RBTS) speaks to the unique psychological and emotional distress that Black, Indigenous, and People of Color (BIPOC) suffer as a result of racism and discrimination. These experiences can be on a macro, meso, or micro level. Macroaggressions include society-level events or policies that are racist and could include overrepresentation of African Americans in the criminal justice system and police brutality and the murder of African Americans like George Floyd or Breonna Taylor. Meso-level aggressions can comprise race-based traumas on the scale of a specific contained community—for example, the prolonged water crisis in Flint, Michigan, starting in 2014. Notably, technological advances related to changes in the news cycle and social media have resulted in meso-level stressors expanding to macro-level aggression in their impact. Microaggressions refer to direct individual interactions and experiences of racism, sexism, heterosexism, and nationalism. These can include people clutching their purses when walking past young African-American men or asking someone who is racially diverse what they “are” or where they are from. Microaggressions can be accidental and still have a severe negative impact. The effects of race-based traumatic stress are similar to other forms of trauma and adversity. Additionally, the toll from these experiences is cumulative.

Why Is It a Problem?

BIPOC are at higher risk of experiencing and reexperiencing traumatic stressful events, which may compound and mirror symptoms of posttraumatic stress disorder (PTSD). Learning about the racism and discrimination experienced by family, friends, and others in the community may also lead to vicarious race-based trauma. RBTS is associated with a number of individual harms, including depression, anxiety, headaches, upset stomach or gastrointestinal issues, humiliation, difficulty sleeping, nightmares, loss of appetite, hypervigilance, crying spells, difficulty concentrating, low self-esteem, and avoidance behaviors. It is important to note that these are just a handful of the mental health ramifications of RBTS, as trauma can also gravely impact medical health, such as declining life span. Classifying the emotional harm caused by racism and discrimination under other psychiatric classifications, such as clinical depression or anxiety, does not capture the unique experience and pervasive impact of racism, and in fact may be a historical form of macroaggression within the field of psychology. RBTS was developed as a term to capture the unique negative impact caused by racist and discriminatory experiences. Research indicates at least 63% of Black Americans, along with 47% of Latinx Americans, 6% of Asian Americans, 5% of American Indians or Alaskan Natives, and 4%

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of multiracial individuals endorse experiencing at least one racially charged trauma in their life.

Many BIPOC also face issues such as underutilization of mental health services as well as reduced access to care. This means that they are not getting the treatment they need and as a result have a longer duration of illness and more acute symptoms when presenting for treatment. Additionally, they may not just experience obstacles to obtaining basic mental health care but face even greater challenges in receiving evidence-based treatment that is recommended and considered the gold-standard in treating race-based trauma.

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals. Changes or goals might involve:

A way of acting: controlling salt or alcohol intake, taking medications as prescribed;

A way of feeling: helping a person manage stress;

A way of thinking: understanding that diet and exercise affect blood pressure;

A way of dealing with physical or medical

problems: using behavioral techniques to control diet;

A way of coping: learning to take an active role in one’s own health

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person’s views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

Another problem is that even if the individual with RBTS does receive evidence-based, gold-standard care for trauma, their provider may or may not be well trained in openly and specifically addressing the unique aspects of race-based trauma in session. Needless to say, it may be an uncomfortable topic in itself and a racial client-therapist mismatch may act as a barrier to having a matter-of-fact, open, and genuine conversation about events surrounding the client's RBTS. A major factor in the underutilization of mental health services for BIPOC is the lack of mental health providers of their own race and cultural background.

How Can It Be Addressed in Therapy?

Culturally competent therapists are comfortable having conversations about race. During therapy, your provider may talk about race in several different ways. First, your therapist may ask how you identify racially and invite you to discuss your experience as a member of this race. If you and your therapist belong to different races, your therapist may acknowledge differences in racial worldviews and invite you to an ongoing, open dialogue about these differences. If your therapist identifies as a member of a privileged status, they may offer an open dialogue on their recognition of this privilege and their commitment to antiracism and actively working to acknowledge and repair microaggressions that could occur in the therapy room. If you and your therapist belong to the same race, your therapist may invite you to discuss what it means to share this identity, as well as the nuanced differences you may experience. In these moments, your therapist is recognizing you as the expert of your racial experience. You can take this opportunity to explore your level of comfort discussing race with your therapist, ask questions, and begin to work through any discomfort or apprehension you might have. Your therapist may also invite you to explore the ways in which race influences the issues you address in therapy or the way you see yourself and other members of your racial group. Some of your feelings may be the result of prejudice or discrimination experienced in your environment. Talking to your therapist about these experiences can provide a sense of affirmation and validation. Your therapist can also help you identify additional coping strategies to manage the stress associated with these events. Your therapist

may even help you identify ways to challenge prejudice and discrimination in your environment.

It may also be useful during an initial consult call with a new therapist to ask how comfortable they are integrating discussions about racism and discrimination into therapeutic work, along with questions about

how the therapist identifies, how they address power dynamics and privilege in the therapy room, and about their experience and expertise with multicultural competence.

How Can We Advocate for Change on a Systemic Level?

While the effects of RBTS can be addressed in therapy, practitioners of cognitive-behavioral therapy believe in addressing the underlying issues that are maintaining the problem; therefore, we must advocate for change on a systemic level. This includes increasing the representation of BIPOC members in mental health, increasing access to affordable mental health care in the community, and advocating for policy changes to reduce race-based traumatic stress in our nation.

RESOURCES

- Comas-Fitzgerald, L. (2012). Psychologists in independent practice (Div. 42). Multicultural care: A clinician's guide to cultural competence. American Psychological Association. Available from <https://doi.org/10.1037/13491-000>
- Hays, P. A. (2001). *Addressing cultural complexities in practice: A framework for clinicians and counselors*. Washington, DC: American Psychological Association.
- Steele, J. M. (2020). A CBT approach to internalized racism among African Americans. *International Journal for the Advancement of Counselling*, 42, 217-233.

How to Get Help

If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website (www.abct.org) and click on "Find a CBT Therapist"

Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.
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