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African Americans participation and counseling

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Abstract

The purpose of this literature reviewed is to understand African Americans' underutilization of mental health services available to them. It is also important to understand barriers that keep African Americans from seeking mental health services, so this population of people can maintain a healthy life. This review also addresses implications for Caucasian clinicians. The following literature review will explore: The kind of support and treatment African Americans seek or receive to help them with mental health problems, effectiveness of these programs, and barriers to treatment when services are available.

African Americans Participation and Counseling

The church is the family of unconditional acceptance. It provides a safe environment physically as well as socially for African Americans. They feel safe talking to a pastor from their choice of church when facing mental health concerns. African Americans are at a disadvantage regarding traditional mental health counseling services because the majority of clinicians are Caucasian and they do not understand the language or needs of this population (Beaman,1994).

As a young adult, I heard African American woman as well as men discuss the following: They would not seek counseling because clinicians are white and they can't put themselves in our shoes. White clinicians can not understand our culture; they accept things in life we as African Americans do not. We keep our parents in our home versus taking them to a nursing home. We seek help from our pastors, family and close friends. Because we are afraid of what other African Americans think or say, they may think we are crazy if we seek counseling outside the church. African Americans had to handle their own problems and concerns for such a long time; they didn't feel the need to seek counseling.

At one point, I heard African Americans convey their beliefs; stating white clinicians' clients didn't want to sit next to them in the same waiting room and the clinicians didn't want to loose their Caucasian clients. It is also a belief of African Americans when seeking counseling; clinicians appear not to accept their issues. It seems their issues were not important to them. If their issues their issues were not in a

book, they didn't know what to do, because they haven't lived their lives or their experiences.

Most African Americans handled their own issues and concerns. This is dating back to slavery. White clinicians did not know how to put themselves in our position. If African Americans were to seek counseling they were made to feel guilty because white clinicians seem too acted as though they were so far removed from the conversation. It seems to be a language barrier between the clinician and African Americans (Beaman, 1994). It seem as though African Americans issues were not validated and because of this type of behavior exhibited by the clinicians, guilty feelings surfaced.

Barriers to Treatment

Discrimination

African Americans represent 12% of the United States population. They are considered to be relatively poor. In 1998 24% of African American families and 8% of white families had incomes below poverty level. African Americans tend to live in the deep south compared to Caucasian. African Americans are considered to have less of the total wealth compared to white families. This is about one-tenth of income than white families when including homeownership and other assets (Snowden, 2001).

The poverty rates of African Americans appear to be shrinking. In 1990 32% of African American men and women held white collar jobs. Although the poverty level rate is high, for African Americans this is declining.

Mental illness and treatment of the African Americans experiences was periodic confinement to psychiatric hospitals. In the last three decades there have been strides in closing the gap of mental health and treatment utilization compared to Caucasian, although barriers still

the gap of mental health and treatment utilization compared to Caucasian, although barriers still remain. African Americans tend to be overrepresented in the high need populations. This high need may be due to incarceration and confinement to mental hospitals, homeless, and live among the inner city rural poor. This affects the mental heath needs as being underrepresented in household surveys. This also affects a higher rate of mental health illness among this population (Snowden, 2001).

Counselors must not rely on stereotypical and generalizations when working with this population. Paranoia schizophrenia is the most diagnosis given to African Americans. The explanation may be clinicians' insensitivity to different cultural norms among the African American population. Clinicians' misinterpretation of cultural mistrust as clinical paranoia contributes to the misdiagnosis of African Americans as schizophrenia (Whaley, 2001)

African Americans cope with problems by relying heavily on prayer, family members, and the clergy. Seventy-eight percent of African American population practice the act of praying. Prayer has a way of comforting and helping them to cope with their situation. It is the belief of the African American to face their situation and pray. It is the belief that prayer will help to overcome the situation. Turning to significant others is a form of strategy that African Americans seek when trying to solve their problems. This consist of the inter community including family members, friends, neighbors, and clergy. African Americans believe these wise people are faithful, reliable, and it is a tradition to confide with these individuals when seeking help. Seeking help face to face out side the intercommunity isn't typical of African Americans. The inter community is seen as being more trustworthy, especially from those who are viewed as not being a friend or an outsider when seeking mental and emotional help (Snowden, 2001).

143 African American college students who were recruited from campus organizations. In two different classrooms, they were approached either individually or in a group setting and asked if they would like to participate in a study of African Americans upbringing, beliefs and wellbeing (Fisher, 199).

The final sample consisted of 119 participants, they completed a questionnaire and the data was collected by two different African American women. About fifty-two participants were an acquaintance of one of the women. The participants signed a consent form, completed the questionnaire, and received debriefing material about the study. Compensation was given in the form of extra credit (Fisher, 1999).

The study indicated a relationship between racist discrimination and African Americans' overall mental health and self esteem. Individual differences may influence the extent in which racial discrimination is perceived. African Americans with higher levels of self-esteem tend to have a more positive reflection of self and perceive racial discrimination as less challenging to their wellbeing, thus helping African Americans to maintain better mental health versus African Americans with lower levels of self-esteem (Fisher, 1999).

Thompson (2004) conducted a study to understand the attitudes, values, and concerns that affect African Americans perception of psychotherapy and psychotherapists. The participants included 201 African Americans. To help with the study a semi- focus group was developed and probes were use to assess African Americans mental health knowledge, attitudes, and concerns about the usage of mental health services. Twenty-four mixed sex groups were broken down into smaller groups of 3-12 members. The focus groups were conducted by an African Americans counseling graduate student and African Americans female psychologists with eight years experience conducting focus groups with African Americans. The probes were developed by one

smaller groups of 3-12 members. The focus groups were conducted by an African Americans counseling graduate student and African Americans female psychologists with eight years experience conducting focus groups with African Americans. The probes were developed by one of the researchers and the length of the groups lasted 1.5 hours. All sessions were audio-taped for accuracy and transcribed. The groups were conducted for six months and following the discussion the group was paid for participating.

The focus group provided important insight into attitudes and beliefs that promote patterns of mental health services used by African Americans. The key barriers to services usages were: cultural barriers, the need to resolve issues within the family, stigma, embarrassment and shame associated with seeking services, lack of knowledge, level of knowledge surrounding signs and symptoms that may indicate depression, anxiety etc.(Thompson, 2004).

Whaley (2001) compared the relationship between cultural mistrust and beliefs African Americans have towards mental health clinicians. A study was conducted to determine the relationship. The researchers gathered information about African Americans belief system about white mental health clinicians. Before the study was conducted the sample was taken from a state psychiatric hospital. The original sample consisted of 218 participants and the final sample of 154 was part of the study. After obtaining verbal and written consent a brief mental status exam was given by either a male or female African American clinical psychologist. A debriefing included a structural interview for those who met all the following criteria: (1) they had to be between the ages of 18-59 (2) be self-identified as being of African American descent and being U.S. citizen or having immigrated before the age of 14 yr. (3) they could not be experiencing a

severe psychotic episode at the time of the interview (4) they did not require permission from a legal guardian to participate.

The participants agreed to an independent structured interview, usually within one week of the screening an additional consent form was signed. An African American or Caucasian master's level psychologist conducted the interview. The participants were paid after completion for time spent or a prorated fee was given for an incomplete interview.

The following questions were given in a true/false questionnaire: (a) Black clinicians and white clinicians are equally good in diagnosing my mental health problems. (b) People are more comfortable with clinicians of their own ethnic/racial groups. (c) White clinicians receive better training in mental health practices than those of other ethnic/racial groups. Based on the results from the questionnaire, the study shows African Americans are more comfortable with clinicians of the same ethnic background and that those with severe mental illness have a high level of mistrust and a more negative attitude toward white clinicians (Whaley, 2001).

Cultural mistrust has a high impact on the attitudes and behaviors of African Americans particularly when it comes to mental health services. Clinicians who are treating African Americans with high levels of cultural mistrust must acknowledge the possibility that this reaction maybe a legitimate way of coping with racism and discrimination. The clinician must first accept racism and discrimination play a significant role in the past and present experiences of African Americans (Whaley, 2001).

When African Americans complain about racism, counselors must explore and support their client. A client's mistrust may increase if the clinicians dismissed these complaints or beliefs out right. Clinicians must be open to learning from these clients and not be judgmental

towards their client's cultural point of view, which includes their level of cultural mistrust (Whaley, 2001).

Kadzin (1995) compared risk factors of African Americans and Caucasian families and their children to drop out of treatment. A diagnostic interview was obtained for diagnosis of both parent and child. The sample included 279 participants who contacted the triage at a child psychiatric center. The child who displayed aggressive, antisocial, oppositional disruptive behavior was referred to the child conduct center. Each treatment surrounds content areas, themes, and skills knowledge that were to be developed in the child, parent or both. The treatment required 7-8 months of participation. The studied indicated several areas were predicted in relation to dropping out of treatment. In many cases, parental stress, and child antisocial behavior was present. It also indicated African Americans are at a greater risk of dropping out of treatment. These factors include: socioeconomic disadvantage, family income, and living conditions are key factors for this group to drop out of treatment.

According to Beaman, (1994),"Black English" is a distinct language, a language that reflects cultural differences in the way individuals evaluate and interact with their environment. Between the years 1880-1882, Sigmund Freud had a patient that described her psychotherapeutic treatment as the "talk cure". Carl Rogers, 80 years later stated, "the whole task of psychotherapy is the task of dealing with the failure in communication". Thomas Szasz, in 1970's insisted psychotherapy was a "particular kind of personal influence by means of communication". Recently Jeffery A. Kotter, (1994), stated "since therapy is an act of communication, much of what takes place is centered around the content and structure of linguistic process... as therapist, we must be sensitive to our client's use of language" (p.379).

Mental health counselors must be able to understand the client's words, which reflect the client's thought process for counseling to be effective. The central part of the counseling process is to listen and try to understand what the client is trying to convey. If there is a breakdown in misunderstanding the client's words this may cause early termination of treatment, because they do not see themselves as being understood by the therapist (Beaman, 1994). Fifty percent of minority clients terminate early after the first session compare to 30% of white clients. This is due to not feeling connected to the therapist.

There is a lack of understanding that has caused some professionals to believe that there is no such language as "Black English". The argument is simply "bad" English spoken by individuals who have not received a proper education. Black English originated from the Pidgin language spoken by slaves among themselves and to their masters, this language is developed into the Creole language that has evolved in today's Black English (Beaman, 1994).

The different language patterns may be seen as resistance to treatment. A mental health therapist may as a result, take the wrong clinical approach with the client. It is important for mental health therapists who work with theses clients to understand the words as defined by the client (Beaman, 1994).

The lack of communication between African Americans mental health clinicians and their physicians is very important. African Americans who mistrust health care systems may hesitate to enroll in a program. Also style and language barriers affect their diagnosis and treatment planning. The DSM-IV (APA, 2005) serves as a resourceful reference to help clinicians and physicians to properly evaluate symptoms and dysfunctions (Hollar, 2001).

Misdiagnosis

Garretson (1993) stated "diagnosing mental health conditions is an interpretative process and evaluation is influenced by characteristics of both clinicians and patient and how well the clinician can understand and empathize with the patient's behavior" (p.120). Studies of diagnosis among patient samples has shown that Caucasian were more likely than African Americans to be diagnosed with mood disorders and, conversely, African Americans were more likely to be diagnosed with schizophrenia.

The ideas that African Americans are at a higher risk of misdiagnosis then Caucasian patients has been a major discussion since the early-to-middle 1980's. Clarification of how ethnic and culture influence psychiatric diagnosis is important because mental health service deliveries are based on rates of disorders (Garretson, 1993).

Two recent studies were conducted and the subjects were 290 psychiatrists identified only by sex and cultural background. They were asked to make a diagnosis for a clear schizophrenia case description (Axis I) and a clear dependent personality disorder (Axis II). The patient sex and cultural background was described and manipulated. The correct diagnoses were most often given when identification of the patient wasn't a factor. African American patients were given more severe diagnoses, regardless of the cultural background of the psychiatrists.

Other studies focused on the concept of over diagnosis by comparing the percentage of minority in/outpatients to the percentage of minority patients in the entire mental health system. The researchers found while African Americans were only 16% of the population, they made up almost half of the diagnosed schizophrenics among inpatients and 37% of outpatients. African Americans were 30% of inpatients but 48% of schizophrenics and 18% of mood disorders among outpatients and 18% of the patient population, 37% of schizophrenics and 14% of the mood

disorders. The patterns that are presented here indicate a significant relationship between ethnicity and diagnosis (Garretson, 1993).

Access

Hines (2003) reported "nationally, racial, and ethnic minorities are projected to grow to nearly 40% of the population by 2030". Although, the overall health of the United States citizens has improved in the last twenty years, there continues to be an imbalance in the burden of illness experienced by minority individuals. Imbalances in health status, severity of illness, health and mental health care access, and services outcomes.

The researchers conducted a study to understand African Americans utilization of mental health serves, as well as how they make their decisions, who or what may influences their decision to use these services when services are available. African Americans fall within a population of "high needs" due to being homeless, incarceration, exposed to violence, and families member in the child welfare system. This indicates a higher utilization of mental health services. This is important in understanding the context of mental health services and this population (p.198). Hines (2003) phrased it "regardless of types of mental health services that African Americans seek, there are barriers that they need to overcome at individuals, environmental, and institutional levels" (p.198).

Hines (2003) conducted a study including 24 African American participants at a 158 state bed inpatient setting, a tertiary-care hospital that housed two inpatient psychiatric units, emergency psychiatric service and outpatient mental health services, and a multisite, outpatient community mental health care organization, participants were individuals who had sought counseling for the first time (Hines, 2003).

The authors found African Americans process of seeking mental health services, revealed the only way to treatment that consisted of emotional and behavioral issues were to resolve this through mental health services, this decision was impacted by significant others such as family members, belief system, God; through teaching from church, and valued friends, agencies and previous users of mental health services (Hines, 2003).

<div align="center">Recommendations</div>

Understanding culture

When Caucasian counselors choose to work with African Americans they must be consistent with their view of the world, they must be respectful of their history and not be racist. The five major areas of concerns that culturally sensitive counselors need to take in consideration when working with African American clients: (1) historical perspective of African American families(2) The unique characteristics of value system African American families(3) current and historical social support systems of African American families(4) communication barriers that may prevent the development of trust between the African American client and the non African American counselor(5)strategies for providing effective systems based family therapy to African American clients(Wilson, 1999).

Although, African Americans face a unique psychological, environmental and economic stressor caused by racism and oppression, they also face similar problems common to other American families, such as martial or parenting problems. A strong support system may help these families who are able to cope with a variety of problems versus those who do not have a support system. A social support system is defined as a "set of personal contacts through which the individual maintains his/her social identity" (p.35).

African Americans have many support systems, but two are more commonly used: the church and relatives. The church is their root of support (socially). The church provides a profound sense of spirituality and also provides support as a coping mechanism to deal with stress which needs to be recognized and combine into the therapeutic process (Wilson, 1991).

Cultural Identity

When Caucasian clinicians are choosing to work with African American clients, many African Americans prefer the term racial identity because racial status is more widely accepted in white America. Sociopolitical factors or racial identity are described as being physical, psychological, and culture. However, cultural identity is also a source of ingredients that enrich, empower and give individuals meaning, dignity, history, and group integrity that is contained in a sense of self (Dana, 2000).

Spirituality

Within the last 10 years studies have reported a majority of African Americans are associated with some type of religious denomination. Some of these religious denominations are represented within the African American community which include the following: African American Methodist Episcopal, Apostolic, Baptist, Church of God in Christ, Congregational Episcopal, Jehovah Witness, Lutheran, Pentecostal, Presbyterian, Roman Catholic, Seventh Day Adventist, and a variety of Islamic sects (Constantine, 2000). Fifty-two percent of African Americans report as being Baptist, almost 12% Methodist, about 6% Catholic, 30% estimated as being American Muslim.

The church is a primarily means in which the majority of African Americans express their religious and spiritual beliefs and values. It is estimated membership to be about 24 million in the African Americans church. The expression of spirituality in the African American church

date back partially from enslavement. Africans developed their own place to worship and to

maintain a strong sense of community (Constantine, 2000).

In today's society, many African American communities' churches are a neutral place to

hold many functions. Besides the church serving as a spiritual and religious role, it presents a

means of coping with adversity, family preservation; it also encourages involvement in a social

aspect. Many counselors may believe the African American church has a narrow view on values

and morals. Those who have this view may not understand some African Americans'

identification with the church can support several of their ethical and moral beliefs. Many

African Americans see the church as family and providing informal support (Constsntine, 2000).

Counselor self awareness

For over 30 years, social sciences and the mental health field were sensitive in ways that

help to understand social cues such as body language, voice tone, and how social distance affect

social interaction. In the mental health profession there is a major impact of raising the

awareness of social insensitivity that varies among many different ethnic groups (Boyd-Franklin,

2003).

Since African Americans has experienced racism in many subtle ways of interacting with

other from different ethnic groups and cultural groups, white institutions, other African

Americans, and Caucasian people. African Americans have become more in tuned with

nonverbal communication. Because of this experience, they have been socialized to pay attention

to verbal and nonverbal cues. The therapists need to be aware that African Americans are

becoming more in tuned in such ways as: cultural, appearances, skin tone, clothing, social class,

language and other ways (warmth, genuine, respect, sincerity, patronizing attitudes, judgmental,

For example: many clinicians, African Americans as well as Caucasians, and others from different cultures and ethnic groups have a subtle fear of African American males. Until clinicians are consciously made aware of this, it may be conveyed to the client on different levels.

Many Caucasian clinicians struggle with the belief that African Americans are to blame for their own problems. This thought can be viewed as, they are poor because they want to be poor or they should be able to pull themselves up by their boot straps". "All ethnic groups made it; why can't they?" This is called "blaming the victim". It is very important that clinicians who have discovered these beliefs, within themselves, work on their issues with their supervisor, enter counseling, or join a group that offers various diversity topics (Boyd-Franklin, 2003)

Implications

There is a need for improving African Americans access to mental health services by proving better public education, which emphasizes that services and programs are available and that clients are better off than those who do not seek access. Another way is outreach to leaders in the African Americans community to improve access to services (Snowden, 2001).

There is a high need for cultural sensitivity in psychological intervention with African Americans, often this places mental health clinicians in a situation in which the client nor the clinician know who will be receiving the better treatment. To avoid this, mental health clinicians may review literature and identify any cultural themes or concerns that have been show to have a direct reference to mental health treatment of African Americans (Whaley, 2001).

Resistance can be reduced by individuals when they have a better understanding of how services can be benefited by keeping their schedule appointments. Also the provider can

regularly schedule an appointment session and invite family members to attend these sessions (Tidwell, 2004).

Counseling in a spiritual or religious context is on the rise. Some African Americans may see mental health counseling as not being able to address their religious issues. It is important for clinicians to recognize these perceptions when counseling African Americans. Educational training programs for counselors may want to identify strategies that will encourage trainees to explore their own religious and spiritual preference and the influence or impact that it may reflect when working work African Americans (Constantine, 2000).

Conclusion

After viewing the literature mistrust has a significant impact on the attitudes and behaviors of African Americans utilizing mental health services. Those who have a high level of cultural mistrust tend to have a more negative attitude towards white clinicians and permanent termination from treatment.

Even though African Americans view white clinicians as being better trained, they prefer to have an African American clinician. African Americans fear they are being over diagnosed due to misinterpretation of cultural behavior. But, indeed this form of self-expression may be an expression of "healthy paranoia," but instead this expression may be diagnosed as being schizophrenia. When white clinicians are treating African Americans, there must be an acknowledgement that this may possible be a reaction to a coping mechanism of racism and discrimination. In order for the clinician to do this, they must accept that racism and discrimination play a role in the history and experiences of African Americans. There is a common theme that African Americans' complaints about racism and discrimination should be respected, explored and looked into when tested. Clinicians can increase African Americans

Even though African Americans view white clinicians as being better trained, they prefer to have an African American clinician. African Americans fear they are being over diagnosed due to misinterpretation of cultural behavior. But, indeed this form of self-expression may be an expression of "healthy paranoia," but instead this expression may be diagnosed as being schizophrenia. When white clinicians are treating African Americans, there must be an acknowledgement that this may possible be a reaction to a coping mechanism of racism and discrimination. In order for the clinician to do this, they must accept that racism and discrimination play a role in the history and experiences of African Americans. There is a common theme that African Americans' complaints about racism and discrimination should be respected, explored and looked into when tested. Clinicians can increase African Americans mistrust if they dismiss this complaint or belief out right. An experience of racism and discrimination represents a variable of cultural differences so, multicultural sensitivity training must be implemented to treatment of such issues with African Americans seeking mental health care. This will allow clinicians to become more aware of culture, religion, beliefs, values, morals, and customs of African Americans. This may also eliminate stereotypical notions that are associated with African Americans and will allow clinicians to be more helpful instead of being harmful when mental health is a concern.

Further research needs to be done on implementation of cultural sensitivity trainings to ensure proper diagnosis, treatment, trustworthiness, when African Americans seek mental health care.

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