

Black teens experience an average of five discriminatory encounters every day, research has shown.



CE

CONTINUING EDUCATION HOW TO DISCUSS RACE WITH BLACK TEENS AND THEIR FAMILIES

BY CHARLOTTE HUFF

To best help Black teens and their families, psychologists must not only develop a comfort level with discussing racial socialization and racial identity but also be prepared to incorporate those concepts into therapy.

Such discussions are more critical than ever as protests over racial injustices take center stage in the wake of high-profile police killings of African Americans including Breonna Taylor, George Floyd, and others. In fact, one federal survey showed that signs of anxiety and depression among Black Americans rose from 36% to 41% in the week following the release of the video showing Floyd's death.

And racial stressors are common among Black teens, say psychologists who study racial socialization and identity. One study found that Black adolescents experi-

ence an average of five discriminatory encounters every day, either online or in person (*Journal of Applied Developmental Psychology*, Vol. 66, 2020).

These encounters exert a toll: A recent meta-analysis, for example, finds that teens of color who report greater perceptions of racial and/or ethnic discrimination have higher rates of depression, higher psychological distress, and poorer self-esteem. They are also more likely than their counterparts to suffer academically and to engage in risky behaviors such as substance use (*American Psychologist*, Vol. 73, No. 7, 2018). Meanwhile, Black high school students are more likely than those in other racial and ethnic groups to attempt suicide, with 11.8% reporting at least one attempt, compared with 8.9% of Hispanic/Latinx and 7.9% of White high school students (*Morbidity and Mortality Weekly Report*, Vol. 69, No. 1, 2020).

Unfortunately, large treatment gaps remain. As of 2018, 10.3% of Black adolescents ages 12 to 17 had experienced a depressive episode in the prior year, but two-thirds were not receiving any care, according to federal data. And when Black teens and their families do seek out therapy, there's a high likelihood they will be treated by psychologists who don't look like them: As of 2019, 83% of psychologists described their race/ethnicity as White and 3% as Black, with the remainder self-identifying

as Hispanic (7%), Asian (4%), and other (2%), according to APA data. That situation is exacerbated by the fact that nearly two-thirds of psychologists say they never, rarely, or only occasionally provide services to Black patients, APA data find.

Luckily, there are signs of a generational shift, with half of psychologists under age 35 reporting that they frequently or very frequently treat Black patients. But psychologists of all backgrounds can take steps to develop cultural competency and become proficient at talking with Black teens about issues such as the emotional impact of vicarious racism and of more direct racist assaults, says Alfree Breland-Noble, PhD, a mental health disparities researcher and founder and board president of the nonprofit African American Knowledge Optimized for Mindfully Healthy Adolescents (AAKOMA) Project in Arlington, Virginia.

Black teens must cope with these racial stressors along with the challenges of navigating adolescence, say Black psychologists who study racial socialization and racial identity. Working effectively with Black teens and their family members requires close listening and unpacking of any racial components to solve problems and work through racial dilemmas, they say.

To that end, psychologists and psychology trainees should expose themselves to cultures other than their own through cultural awareness activities like taking courses in African

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1. Learn strategies to help Black teens process and problem-solve racial dilemmas.
2. Identify the components of ethnic-racial socialization and their protective benefits in raising Black children.
3. Better understand how to introduce the element of race when there is a dichotomy between psychologist and patient.

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American studies, volunteering for organizations that serve a mix of communities, or building a diverse circle of friends. Those efforts should begin long before psychologists begin to see Black patients, Breland-Noble says.

With that context, “by the time any African American or any family of color shows up in clinic, it’s not the first time that a psychologist is learning to have discussions around race,” she says. “We shouldn’t be practicing and developing our cultural competence on patients.”

BRINGING RACE INTO THE OPEN

Psychologists from other racial backgrounds who are working with Black teens have a responsibility to raise that difference at the start of therapy so it doesn’t inhibit frank discussions moving forward, Breland-Noble says.

She adopts that approach herself when her patient is not Black. When she and a client start therapy, she details her education and training, and then says, “Clearly, I’m an African American woman and that informs the work that I do. My hope is that it doesn’t become an impediment to our relationship and our working together.” Acknowledging any racial or ethnic differences frees teen patients and their family members to express their thoughts about the racial aspects of what they are coping with, says Breland-Noble, even if the initial reason for seeking help doesn’t appear to involve race.

“Everything is connected to race,” she says. “There’s nothing that that child is going through that does not have a racial component

to it.” That awareness begins early: Studies indicate that children as young as age 10 can recognize discriminatory actions, whether they are direct, such as name-calling, or more covert, such as being suspected of wrongdoing (*Child Development*, Vol. 76, No. 3, 2005).

For instance, a Black teen may be struggling academically, but a key reason may be that she feels alienated from White peers at school, says Mia Smith-Bynum, PhD, an associate professor of family science at the University of Maryland School of Public Health. However, she may omit these details with her White therapist because she isn’t sure how the therapist will react or may doubt their perception when racial assaults are not directly stated.

“If a racial epithet isn’t used, a lot of times White people are just not comfortable seeing and hearing those stories,” Smith-Bynum says.

Psychology providers can also benefit from involving parents and other family members in therapy by tapping into a widespread cultural practice called ethnic-racial socialization. This practice “is a process by which race-related messages about the meaning or the value of race and racism are transmitted [to adolescents] by their parents, clinicians, and everybody around them,” explains Thomas Vance, PhD, an Atlanta-based counseling

psychologist who focuses on multiculturalism and intersectionality. “It’s been found to be one of the most critical development processes of Black youth.”

Researchers have broken down ethnic-racial socialization practices into four primary components: cultural socialization, preparation for bias, promotion of mistrust, and egalitarianism (*Developmental Psychology*, Vol. 42, No. 5, 2006).

Among the four, the strongest evidence so far pertains to cultural socialization and how it may benefit positive youth development. By teaching youth about their own cultural customs and traditions to promote racial pride and identity, family members can help cultivate myriad positive developmental outcomes, including higher self-esteem, better academic adjustment, and greater psychological well-being, according to a literature review of 259 empirical articles (*Journal of Marriage and Family*, Vol. 82, No. 1, 2020).

EXPLORING RACIAL STRESSORS

But to help their teen patients, psychologists must first identify the underlying racial dilemmas or stressors, which may not be initially apparent, according to psychologists studying racial socialization and racial identity. Identifying these may take some time and effort to solicit frank

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Psychologists should ask open-ended questions about the racial stressors in the lives of their teen clients, which can lead to deeper discussions.

discussion, they say.

Teenagers in therapy may mistrust that a psychologist can understand their experience, given their age difference and possible racial differences. But psychologists can signal openness to better understanding the teen's world and how their racial experiences may impact it. In fact, psychologists may find that Black Generation Z teenagers can be surprisingly frank about discussing racial stressors since they've experienced more ethnic-racial socialization than Blacks of older generations, Vance says.

To gain insights into the minds and lives of these teens, Vance suggests that psychologists ask both detailed and open-ended questions, which can open the door to deeper discussions concerning race and culture. Find out more about daily habits, including who makes dinner and whether church is a part of their life and in what way, he suggests. Other possible questions: What are some of the challenges of making White friends? Have you ever felt like

you had to code-switch, changing how you express yourself depending upon who you're around?

Another approach is to ask how the teen starts each day, says Isha Metzger, PhD, an assistant professor of clinical psychology at the University of Georgia. For example, a Black girl may describe how she starts her morning looking at social media and immediately sees reports of race-related deaths or racist political rhetoric, which overwhelms her with feelings of anger and helplessness, says Metzger, who also directs the EMPOWER (Engaging Minorities in Prevention, Outreach, Wellness, Education, & Research) Lab. After exploring the client's feelings, the therapist can then talk with her more broadly about the emotional effects of vicarious trauma and how to process and channel those feelings in proactive ways, Metzger suggests.

In a similar vein, Vance recalls a Black teen who initially started treatment for severe depression. During therapy, it became apparent that the client's depression

BUILDING RESILIENCE

Parents and others can help Black children and teens build self-esteem and prepare for racial discrimination by using these components of ethnic-racial socialization:

Cultural socialization

Promoting racial and ethnic pride by teaching about history and customs.

Preparation for bias

Building awareness about discrimination and helping children and adolescents develop coping strategies.

Promotion of mistrust

Communicating the need for caution and vigilance when interacting with people from other racial or ethnic backgrounds.

Egalitarianism

Emphasizing equality among all racial/ethnic groups.

was related to her perception that she was treated differently by others, including members of her immediate family, because of her lighter skin. For example, her mother often remarked how beautiful she was because of her skin color. Being perceived differently inflicted an emotional toll, and she wanted to look like her darker-skinned sister, who she thought was just as attractive.

The therapy then evolved into a broader conversation about how society perceives skin color, related prejudice, and the racist roots of these issues, Vance says. It provided an opportunity to raise the teen's consciousness that the "oppression of racism has a long history in our country," he says. As teens open up, psychologists should avoid downplaying perceptions that their experience involves race, essentially "to invalidate the racial stressor and to try to make it something else," Metzger adds.

"The worst thing you can do is to perpetuate the racism" by suggesting it hasn't happened, she says. "It happens all of the time, and that's when . . . Black people just stop seeing their therapist."

MOVING INTO ACTION

Once a racial dilemma has been identified, psychologists can then work with teens to help process what has occurred and discuss next steps if a similar situation arises. If the teen is comfortable incorporating other family members, those individuals can enrich the discussion by relaying experiences from their own lives.

Metzger describes a potential scenario in which a Black teen recounts a perplexing incident involving a school presentation



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that she had given by video. After she finished, a classmate expressed surprise that she was so well-spoken.

The first step is for the provider to validate the teen's experience and acknowledge that the comment was a microassault, Metzger says. "You want to give them power—you want to normalize what they're experiencing."

Next, the therapist can brainstorm with the teen on what she could say if a similar situation occurs again, Metzger advises. Instead of getting angry in the moment or going home and ruminating about the incident, for example, the girl could directly ask the classmate what he or she meant by the comment, putting the ball back in the classmate's court to explain.

Another helpful strategy is asking family members to join the session and offer on-the-spot commentary, Metzger suggests. "We ask caregivers about their lens," she says. "What are your experiences within the system? What are your experiences in day-to-day life as a Black mom or the mom of a Black teenager?"

When teens experience vicarious racism on social media, psychologists can help them think through ways to better protect themselves emotionally, Metzger says. Strategies may range from deciding to unplug more often from social media to coming up with ways that the teen can tap their talents to contribute to the discussion. If a teen writes poetry, for example, perhaps

FURTHER READING

Black families in therapy: Understanding the African American experience (2nd ed.)
Boyd-Franklin, N.
The Guilford Press, 2006

The unapologetic guide to Black mental health
Walker, R.
New Harbinger Publications, 2020

Healing interpersonal and racial trauma: Integrating racial socialization into trauma-focused cognitive behavioral therapy for African American youth
Metzger, I. W., et al.
Child Maltreatment, 2020

Racial/ethnic discrimination and well-being during adolescence: A meta-analytic review
Benner, A. D., et al.
American Psychologist, 2018

Perceived racism and discrimination in children and youths: An exploratory Study
Pachter, L. M., et al.
Health & Social Work, 2010

she can channel her feelings about Breonna Taylor's death into words and share those thoughts with others on Instagram, Metzger suggests.

As psychologists listen to Black teens' experiences, they should also guard against offering their impressions or perspectives too early, adds Shawn C. T. Jones, PhD, an assistant professor in counseling psychology at Virginia Commonwealth University.

He describes a scenario involving a teen in therapy for

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severe depression in which the young Black man is puzzling over an encounter earlier that day with a grocery store security guard. The teen, who had recently started driving, had gone to the grocery store for his mother in her car and was loading bags into her SUV when the guard came by and asked if the car was his or if he was loading the bags for someone else.

The teen was still mulling over the interaction in therapy but hadn't mentioned the guard's race or ethnicity, Jones says. Given the power dynamic between the psychologist and patient, the psychologist shouldn't put the onus on the teen to raise the element of race and shouldn't assume that it "was a really salient factor without further checking in," he says.

Instead, providers can note that these types of experiences can sometimes occur between Black men and law enforcement, Jones says, before asking, "I'm just wanting to check in and see if this is a relevant part of what you're sharing with me?"

If the teen believes that race did play a role—for instance, by pointing out that none of the other people loading groceries were asked about their cars—the psychologist can work with the teen on feeling and processing his emotions using various tools, Jones says.

University of Pennsylvania psychologist Howard Stevenson, PhD, has developed a series of steps to help people

work through loaded racial encounters. Called CLCBE (calculate, locate, communicate, breathe, exhale), it starts by asking patients to calculate the level of stress generated by the experience on a scale of 1 to 10. Patients then attempt to locate where they feel that stress in their body, whether it's uneasiness in the stomach or pressure in the head, followed by other steps, including deep breathing.

Like Metzger, Jones believes that family members can help teens process such events and develop a plan of action. In the case of the security guard encounter, a next step could be for the parent to return with the teen to discuss the episode with the store manager, he says. Another possibility is suggesting the teen write a letter to the security guard's employer.

Although being a different race from the patient's family can make it more challenging to work through such dilemmas, psychologists of all backgrounds can play important roles if they stay open and curious to the teen's world and tap into the experiences and insights of family members, Vance adds.

"A lot of times, non-Black psychologists feel that, 'Oh, I'm not Black so I'm not going to be able to talk about these topics, or I'm not going to have the same impact,'" Vance says. "And that's already taking a defeatist attitude. Because if Black people can be bilingual about race in this country, so can you." ■