APSAC Research to Practice Brief

Study Title: Healing Interpersonal and Racial Trauma: Integrating Racial Socialization Into Trauma-Focused Cognitive Behavioral Therapy for African American Youth
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Introduction:
African American youth are disproportionately impacted by traumatic experiences relative to peers of other ethnic and racial groups, which may be attributed to the increased prevalence of racism-related stressors within this population. In recognition of the growing racial disparities in trauma exposure and the traumatic consequences of racism-related encounters, this article proposes adaptations to Trauma Focused Cognitive Behavioral Therapy (TF-CBT) through integrating racial socialization (RS), or the process of transmitting culture, attitudes, and values to prepare youth to cope with stressors and oppression. While RS has been integrated into other interventions for African American families, no enhancements exist for African American youth who have experienced interpersonal trauma and racial trauma.

Article Aims:
The authors note that focusing on general coping strategies may ignore culturally specific strategies that could enhance coping and improve initiation and retention in TF-CBT treatment. Guided by the racial encounter coping appraisal and socialization theory (RECAST), the authors postulate that integrating RS into trauma-focused cognitive behavioral frameworks holds the potential to: (1) enhance positive coping strategies among African American youth to adaptively negotiate interpersonal and race-related traumatic stressors more adaptively; (2) assist youth with managing additional race-related stress that may compound more general traumatic experiences; and (3) bolster treatment engagement to enhance positive therapeutic outcomes for African American youth.

The authors provide specific recommendations for integrating RS into pre-treatment assessment and each of the TF-CBT PRACTICE components (psychoeducation/parenting, relaxation, affective expression and modulation, cognitive coping, trauma narration and processing, in vivo mastery, conjoint sessions, and enhancing future safety and development).

Recommendations:
Prior to engaging in any of these recommendations, the authors suggest that clinicians engage in self-examination to increase awareness of their own biases and the ways that these biases may influence assessment and treatment. This can be accomplished through peer consultation and/or professional development.

Pretreatment Assessment: The authors encourage clinicians to consider tailoring their assessment battery to better capture youth's symptom presentation (e.g., psychosomatic symptoms) and assess for youth's experiences with racism-related stressors (e.g., racial discrimination), which may heighten PTSD symptoms. Screening for parents' experiences with racism and discrimination may also be warranted, as this impacts child-rearing practices by increasing the likelihood that parents are communicating RS messages to their children. Relatedly, clinicians should assess the family's current use of RS using standardized, empirically supported measures.

PRACTICE recommendations:

PRAC: During *P*sychoeducation and *P*arenting, clinicians should discuss results of RS assessment and caregiver's beliefs and values around child-rearing. Clinicians should also inquire about cognitive and attitudinal barriers to treatment, including beliefs about or prior experiences with mental health to provide corrective information as needed, and introduce RS as a protective factor. When reviewing *R*elaxation, clinicians should assess youth's beliefs (e.g., African Americans have to work twice as hard to get half as much) and emphasize the importance of relaxation for recharging and healing. The authors also recommend that clinicians assess culturally relevant strategies that youth and families utilize to cope with stress (e.g., prayers, music) and potentially incorporate these into traditional relaxation techniques. As some African Americans may experience psychosomatic stress responses, explicitly stating how relaxation can alleviate these symptoms may be helpful. With regard to *A*ffective expression and modulation, the authors suggest that clinicians encourage youth to accurately appraise experiences of racism and discrimination (e.g., microaggressions, witnessing police brutality in media) that lead to affective changes so they can label and communicate their feelings, including in situations where there may be heightened racial tension. During *C*ognitive coping, clinicians should consider processing and role-playing techniques that teach children how to behave in situations that mirror previous discriminatory encounters (e.g., police stops or being followed by store employees). Clinicians should ensure they do not invalidate their client's race-related traumatic experiences during cognitive coping, but rather help them to focus on adaptive thoughts. Additionally, for clients who indicate race-related index traumas, clinicians may want to attend to racial pride messages that can reduce or repudiate negative messages about self-worth or guilt at and encourage clients to generate positive self-statements related to their race or help them with instilling pride through reminders of the resilience of African Americans.

T: During *T*rauma narration and processing, clinicians should assess the child's and caregiver's understanding of cultural norms around trauma narratives (e.g., "not telling family business"), as well as cognitions about oneself, others, and the world rooted in cultural norms (e.g., being a "strong black woman") that may present barriers. When constructing the narrative, culturally relevant forms of communication such as fables with morals or creating a song, rap, or poem should be considered and clinicians could encourage youth to include a chapter describing the historical plight of their racial group and how their ancestors overcame challenges. During

processing, clinicians can utilize Socratic questioning to ensure the client can externalize racist and discriminatory encounters and internalize ethnic and self-pride to counteract negative beliefs and messages about themselves and others.

ICE: During *I*n vivo mastery, therapists should allow clients the opportunity to practice skills that may reduce negative cognitions, emotions, and behaviors in response to future triggering racial encounters by constructing and moving through a fear hierarchy associated with entering into situations where racism or discrimination may be present. In Conjoint sessions, it is important to discuss the success of RS activities throughout treatment and the impact they had on the client's racial identity, as well as provide caregivers the time and space to hear and validate children's experiences of racial trauma while supporting helpful development of strategies and thoughts/beliefs to cope with these experiences. During the *E*nhancing safety module, therapists should develop a safety plan that equips the youth with how to respond in the event of future experiences with racial discrimination and to identify warning signs of danger (e.g., police stops). These efforts can be aided through role playing new skills with the caregiver.

Future research should continue to study the ways in which RS can be integrated into child trauma treatment. Specifically, preliminary research can determine the feasibility and acceptability of integrating RS into trauma treatment that leads to focus groups for manualizing and piloting adaptations, which would inform randomized controlled trials.

Bottom Line:
Integrating cultural practices such as RS into trauma-focused interventions can help to address African American youth's increased risk of trauma exposure that may be tied to race-related stressors and ensure culturally appropriate treatment. Once clinicians have had the opportunity to examine their own biases and understanding of cultural competence, the above recommendations can aid in enhancing treatment engagement, progress, and overall outcomes in this population while simultaneously ensuring challenges facing African American clients are not overgeneralized.

About the Research to Practice Authors:
Michelle Desir, PhD, is a postdoctoral fellow in Child Abuse Pediatrics at Penn State Hershey Medical Center where she is engaged in research focused on understanding risk and protective factors that influence the development of maltreated children and implements evidence-based intervention, including TF-CBT.

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