

**Guide for Clinical Practice: 1555 Internalized Racial-Trauma
Addressing Internalized Racial-trauma Among African Americans**

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GUIDE FOR CLINICAL PRACTICE: 1555 INTERNALIZED RACIAL-TRAUMA

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Dedications

I dedicate this project to my family and friends, who have supported me throughout life, and my academic journey. My parents, who are the most inspiring people I know, they have always encouraged me to strive for whatever I desire and stressed the importance of standing with the great will of God. With the immeasurable amount of love and support from my family and friends, this was possible.

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ABSTRACT

GUIDE FOR CLINICAL PRACTICE: 1555 INTERNALIZED RACIAL-TRAUMA

Talyah Polee

Prior literature has suggested interventions to address racial-trauma among individuals of African descent in clinical practice settings. Although there is an existing body of literature on external racial-trauma interventions, limited research has established interventions to address internalized racial-trauma in clinical practice for mental health providers. This project used conceptual framework of community-based participatory research, theoretical framework post-traumatic slave syndrome theory, and existing racial-trauma interventions, to understand the social problem of internalized racial-trauma among the African American community, and propose the developed innovation, Guide for Clinical Practice: 1555 Internalized Racial-Trauma. Guide for Clinical Practice: 1555 Internal Racial-Trauma (1555 IRT) is a social innovation that is aimed to increase conversations on race in therapeutic settings, with objectives (1) to increase clinician knowledge on internalized racial trauma, (2) increase self-efficacy to use 1555 IRT open-ended questions, and (3) assist mental health providers to increase skills to personalized treatment plans that addresses race-related distress. 1555 IRT consists of five subscales: Devaluation of Own Cultural Group, Vacant Esteem, Internalization of Negative Stereotypes, Disdain of Natural Physical Features, and Social Fears, that were influenced by existing literature.

Section I: Executive Summary

Observation

There has been an oversight on how racism impacts the well-being of individuals of African descent in mental health settings. Through professional observation, there is a profound absence of interventions within mental health settings that explores racial-trauma within the African American community. With the lack of observed interventions and increased violent racist acts within the last several years, the researcher observed an upsurge in African American clientele's pain and outrage in treatment settings, that has impaired their societal functioning. This impelled a further exploration of how to address African American racial-trauma.

Identify

Throughout U. S. history, African Americans have endured over 400 years of racial-trauma. On a micro and macro level, the ramifications of racism have caused external and internal human distress as well as created a sizable social problem. Externally, racism has instigated an exponential increase in African American deaths over the last two decades. Based on the historical, slave owner psychology of inflicting fear, mistrust, and hatred within and between African Americans, hair texture and skin shade (i.e., colorism) can be a source of trauma within the African American community. The recent Affirmative Action policy changes have shifted the college admission process, this deviation from recognizing and addressing the impact of historical racial-trauma can potentially create a new form of racial-trauma among African Americans.

Integrate

There is a rich body of work from the Bible and theoretical literature that may give solutions to the African American racial-trauma social problem. God intended individuals to

abide by His commandments and to live according to His law. In addition, God intended for people to experience freedom, justice, and equality; however, oppression was inflicted among his children. Post-Traumatic Slave Syndrome theory helps us contextualize the impacts of generational trauma inflicted on African Americans for over 400 years of oppression. Theology and theoretical literature can potentially provide a future solution to the generational African American racial-trauma social problem.

Engage

This project was informed by the community engagement and social innovation process. With the engagement of community stakeholders, mental health providers from various organizations contributed their professional knowledge regarding the African American racial-trauma social problem. The stakeholders pioneering contributions provided significant and essential feedback that aided in the development of the social innovation.

Assess

A review of the literature contributed to the scope of the research. Therefore, the research question that emerged: *What interventions exist to address racial-trauma among African Americans?* was further explored. The review of the literature identified gaps in racial-trauma research in association with interventions, programs, and assessment tools. Specifically, there were research gaps that focused on external racial-Trauma Assessments that measured racial oppression, discrimination trauma symptoms, and impacts of internal racial oppression. However, there were interventions identified in the literature that advocated racial socialization and community healing storytelling as interventions that had the potential to address racial-trauma.

Innovate

Guide for Clinical Practice: 1555 Internal Racial-Trauma (1555 IRT) is a social innovation that is aimed to increase conversations on race in therapeutic settings, with objectives (1) to increase clinician knowledge on internalized racial trauma, (2) increase self-efficacy to use 1555 IRT open-ended questions, and (3) assist mental health providers to increase skills to personalized treatment plans that addresses race-related distress. 1555 IRT consists of five subscales: Devaluation of Own Cultural Group, Vacant Esteem, Internalization of Negative Stereotypes, Disdain of Natural Physical Features, and Social Fears, that were influenced by existing literature. 1555 IRT is developed for culturally humble licensed/unlicensed mental health providers, of all cultural/ethnic backgrounds, who have experience treating clients of African descent. 1555 IRT requires no formal training, is designed to be implemented during the clinical intake phase of treatment. The guide consists of a total of 10-pages that consists of 30 open-ended questions exploring a clients' internal experiences regarding race, have the option to select which statements they deem are clinically appropriate to explore with their client. The guide consists of brief psychoeducation provided to assist clinicians who are not familiar with internalized racial trauma. Following the clinical vignette, a brief feedback rationale is provided.

Evaluate

Participants for the study will consist of mental health clinicians who have experience providing mental health services to individuals of African descent, with license/certifications in social work, marriage and family therapy, professional clinical counseling, and clinical psychology. A quantitative survey will be developed to assess the innovation objectives. The survey question will entail a likeart scale ranging from strongly agree to strongly disagree. Additionally, to inquire about participants experience with the utility of 1555 IRT, the survey will

also include open-ended questions. The researcher will also explore responses from the clinical vignette, to assist with exploring clinician initial knowledge of internalized racial-trauma. A thematic analysis will be conducted to collect qualitative data from the vignette responses and open-ended section of the survey.

Disseminate

The researcher will publish research articles expanding on the challenges of internalized racial-trauma among individuals of African descent nationally and globally, as well as develop training programs for mental health providers on the utility of 1555 IRT; additionally, the researcher hopes 1555 IRT will develop into a formal assessment tool to align with *the Grand Challenges of Social Works* mission, Eliminating Racism.

Section II: Observation

As a practicing mental health clinician with experience grounded in community mental health, I have observed the oversight of the subjective experiences of African American clients seeking mental health treatment. In particular, I have observed the clinical oversight of cultural and ethnic background and the impact that these dynamics can have on the social, emotional, and occupational functioning of clients. During my early community mental health experience, in 2020, an African American man named George Perry Floyd Jr. was murdered by means of suffocation under the knee of an officer for 8 minutes and 46 seconds. The media repeatedly played the traumatizing video of the George Floyd murder for an extended length of time. I considered how the repetitive exposure might initiate vicarious and other racial-trauma within the African American community. Furthermore, I began to deliberate whether African Americans were experiencing similar thoughts and emotions as the visual aid of their life experiences and ancestors' experiences were played repeatedly on live television.

Being the only African American at a previous mental health organization, clients often requested an African American clinician as their provider. African American clients openly shared with me their frustrations regarding the murder of George Floyd, unjust policing, integrational traumas, and racial discrimination issues. While conducting psychological assessments, administering mental health screening tools, and developing treatment plans, I observed the lack of screening associated with the impacts of racial discrimination, racial-trauma, and impacts of intergenerational racial-trauma. It was during this time when I realized a whole dynamic of disconnect between the community mental health system and the African American community. I viewed this disconnect as having detrimental mental health effects on

African American clients' lives, which in turn prompted me to want to acquire more knowledge behind this racial-trauma social issue within the field of mental health.

Social Work Mission and Values

The National Association of Social Workers (NASW) code of ethics is a standard that influences the professional conduct of social workers (NASW, 2021). The mission of the social work profession is to enrich the human-wellbeing and support to meet the needs of all human beings, in particular, to the vulnerable and oppressed populations (NASW, 2021). Important to social work is the attention to environmental forces that birth and contribute to oppression, and promoting social justice and social change (NASW, 2021). Social workers are sensitive to culture and ethnic diversity, and they drive to end discrimination, oppression, poverty, and other forms of social injustice (NASW, 2021). Social works mission is grounded in a set of core values.

The National Association of Social Workers (NASW) first core value is service, which is distinctively assigned for social workers to service others above self-interest. This core value allows social workers to draw on their expertise to address social problems with no expectation of financial return (NASW, 2021). The second core value is social justice, which challenges social injustice, where social workers are with and on behalf of oppressed individuals and groups of people (NASW, 2021). This core value speaks to standing against racial discrimination and other forms of social injustice; additionally, this core value seeks to promote knowledge about cultural and ethnic oppression (NASW, 2021). NASW third core value is dignity and worth of the person; social workers are mindful of individuals unique difference and cultural and ethnic diversity (NASW, 2021). This core value highlights social workers ability to enrich clients' capacity and opportunity to change and to address their own needs. Integrity is NASW's fourth

core, which promotes social workers to take tremendous measure to behave in a trustworthy manner (NASW, 2021). Lastly, the final core value of NASW is competence, which promotes social workers to continually strive to enhance their professional knowledge (NASW, 2021).

These assemblage of core values reflects what is distinctive to the social work profession. Furthermore, the social work profession is vowed to enhance human-wellbeing and uplift the oppressed. With my personal and professional observations of the dynamics between the field of mental health and African Americans, and its detrimental effects on lives, there is a need to develop innovative solutions to address racial-trauma among the African American community. The researcher's professional observation of lack of clinical resources to explore internalized race-related experience in clinical settings, has led to the development of the social innovation Guide to Clinical Practice: 1555 Internalized Racial-Trauma (1555 IRT), which will be explored in chapters to follow.

Section III: Identify

Introduction

Racial and ethnic discrimination is detrimental to the mental health of African Americans (Williams-Washington et al., 2018). African Americans have endured incalculable race-related traumatic events throughout U.S. history such as slavery, the government sponsored Tuskegee Syphilis Experiment, incidents of police brutality, as well as massive church and grocery store shootings (Howard, 2016; Lynch, 2016). In referencing these historical traumatic events, there is an inherent implication of an increase prolonged racial-trauma experienced by some African Americans (Degruy, 2005). The American Psychological Association (APA) (2017) highlights that racial and ethnic discrimination generate profound distress among ethnic minorities in the U. S. With White racial extremism as the primary domestic terrorism threat in the U.S. (U. S. Department of Homeland Security, 2020), the 223 recorded deaths of African Americans who are killed by law enforcement in 2017 (The Washington Post, 2017), and African Americans being three times more likely to be killed by law enforcement comparative to White Americans (Buehler, 2017), these statistics, according to DeGruy (2005) establishes a “cycle of disrespect of African American minds, bodies, spirits, and dignity”. Additionally, Comas-Díaz et al. (2019) and DeGruy (2005) proposes that these racially charged incidences initiates the development of racial-trauma.). This chapter will explore historical impacts of racism and how it emerged over time, The Grand Challenges of Social work, and current policies that may increase psychological distress.

Racial-Trauma

Although there are various definitions of racial-trauma, all of the descriptions center on the notion that racial-trauma may surface in response to racism, oppression, and ethnic and racial

discrimination; which in turn, induces stress and trauma reactions (Anderson & Stevenson, 2019; APA, 2017; Carter, 2007; Madubata, et al, 2022; Nadal, 2018; Pieterse et al., 2010). Various authors collaborate on the cyclical and intergenerational implications of racial-trauma.

Accordingly, Brave Heart (2003) and Comas-Díaz et al. (2019) stated that racial-trauma is the “collective emotional and psychological wounding over a lifespan and across generations”.

Associatively, Williams-Washington et al. (2018) emphasized that racial-trauma has detrimental effects on the psychological wellbeing of African Americans.

Racial-trauma has contributed to poor physical and psychological distress among African Americans (Kaholokula, 2016; Kendall-Tackett, 2009; Polanco-Roman et al., 2016).

Furthermore, in addition to understanding that racial-trauma has intergenerational implications as well as has the potential to negatively impact African Americans, it is important to clarify two significant and critical components of racial-trauma associated with African American physical and psychological distress. By definition, racial-trauma does not exist if there is no distress inflicted by racism. However, in 2001, the U.S. Department of Health and Human Services stated that the racial-trauma effects of racism have contributed to external (physical) and internal (psychological) traumatic effects of African Americans within the U.S. which implies that racism is still inflicting pain within the African American community.

External Racial-Trauma

External racial-trauma may be defined as physical injury from experiencing racism, whether perceived or actual (Bryant-Davis, 2007; Carter, 2007). External racial-trauma shares similar symptoms congruent with posttraumatic stress disorder (PTSD), including re-experiencing traumatic events, avoidance, hypervigilance, and negative mood and cognitions (Carter, 2007; Williams, Metzger, Leins, & DeLapp, 2018). Moreover, external racial-trauma

centers on the collective historical and intergenerational effect of racism (Carter, 2007; Helms, Nicolas, & Green, 2010).

Internal Racial-Trauma

Internal racial-trauma may refer to “the individual inculcation of the racist stereotypes, values, images, and ideologies perpetuated by the White dominant society regarding one’s racial group which may lead to feelings of self-doubt, disgust, and disrespect for one’s race and/or oneself” (Pyke, 2010). In early conceptualizations of internal racism, the symptoms were considered a significant psychological effect of racism, (Fanon, 1965; Freire, 1970; Memmi, 1965). Furthermore, racial-traumas’ were considered to have detrimental psychological impacts on an individual (Williams-Washington, et al., 2018). Correspondingly, Grimes et al. (2022) proposed that racial-trauma be evaluated on a micro or macro level since it can create social challenges among African Americans as an oppressed group.

Social Problem

During the past two decades, African American communities experienced an excess of 1.6 million deaths compared to White Americans. According to Caraballo et. al. (2023) the devastating loss of African Americans lives cost the U.S. hundreds of billions of dollars. In addition, between the years of 1999 to 2020, the disproportionately higher death rates in African American males and females resulted in 997,623 and 628,464 excess deaths, indicating a loss of more than 80 million years of life (Caraballo et. al., 2023). There are numerous reasons for the excess deaths including mass incarceration, financial instability, food insecurity, and psychological distress. However, the root cause is the racially imbalanced nature of how American society is structured (Rivara, 2021; Carraballo et. al.,2023).

Structural racism, defined as “society and its systems cause avoidable and unfair inequities in access to power, resources, capacities, and opportunities for racialized groups perceived as inferior in the context of White supremacy,” has deeply affected the livelihood and psychological impacts of African American Americans (Misra et. al., 2015; Rivara, 2021). There’s an extensive history of perpetuating acts of racism in the U. S., which is demonstrated throughout the U.S. social system and associated with housing, employment, education, health care, finance, and law enforcement (Rivara, 2021).

The effects of racism have contributed to profound physical and psychological distress among African Americans (U.S. Department of Health and Human Services, 2001). The continued condemnation and injustice that African Americans are subjected to may cause internalized racial-traumatic symptoms of self-doubt, identity confusion, and feelings of inferiority (David et. al, 2019). The killings of African American Americans have been covered on social media, and major news outlets such as the killing of George Floyd, Breonna Taylor, and many others (Rivara, 2021). As a result of racial-trauma, early research has suggested African Americans, as an oppressed group, might develop a desire to distance self from their racial group and emulate the oppressor by viewing their ways as superior (David et. al, 2019).

Context (Historical and Political)

The effects of racial-trauma within the African American community have immersed over time. Racial-trauma was activated with the greatest race related crime of all time, the Trans-Atlantic Slave Trade. The Trans-Atlantic Slave Trade trafficked and enslaved captive African men, women, and children (Scott, 2022). Notably, Degruy (2005) and Scott (2022) referred to the Trans-Atlantic Slave Trade as a devastating period of human trauma that robbed innocent lives of humanity and personhood, which drove anti-African American racism for ensuing

decades. During the Trans-Atlantic Slave Trade millions of African slaves were forced to reside in confined cargo ships, with sometimes less than 18 inches of space where they slept, defecated, menstruated, gave birth, died, and wept as they were shipped to the U. S. and other countries throughout the African diaspora (Degruy, 2005). African slaves were deprived of basic human rights and shared a collective trauma (Degruy, 2005). Furthermore, to Americanize the African, African American bodies were abused through practices of physical and psychological abuse (Scott, 2022; Anekwe, 2014).

Willie Lynch

In 1712, Willie Lynch, a British slave owner in the West Indies, offered a speech to the once known colony of Virginia to teach his methods to slave owners on the bank of the James River (Walker, et. al., 2016). In his letter, *The Making of a Slave*, Lynch (1712) revealed a method he described as, “a fool-proof method, that will control slaves for at least 300 years” (Lynch, 1999, p. 1.). Willie Lynch (1712) argued his methods could control self-identity to create a mentality of a sub-human, and a second-class race within the minds of slaves (Walker, et.al., 2016). Lynch (1712) outlined several differences among the slaves including age, gender, skin tone, and hair texture (Lynch, 1999, p. 1.); among these differences, Lynch (1712) outlined the use of weaponizing these differences among the slaves as a means of domination (Heaggans, 2003). Additionally, Lynch (1712) argued the use of inflicting fear, distrust, and envy would create discord among slaves while establishing trust and dependence in the slave owners (Anekwe, 2014; Heaggans, 2003). Research highlights marginalized racial groups refer to the superior society in order to create a sense of self, which frequently results in internalizing negative stereotypes, images, and messages used to explain their culture (Speight, 2007). Furthermore, the weaponization of slave characteristics Willie Lynch (1712) advocated among

slaves and slave owners has had an ensuing effect within the African American community which can still be evidenced.

Colorism

Colorism, the “discriminatory treatment of individuals falling within the same racial group on the basis of skin color” (Herring, 2004), still has a persisting presence within the African American Community and U.S. society (Anekwe, 2014). Colorism originated from the mental and physical enslavement of Africans (Degruy, 2005). In Willie Lynch’s letter: *The Making of a Slave*, Lynch (1712) argued that isolating the African American race according to color, could create a sense of control and manipulation among the slaves. Lynch (1712) argued that “you must use the dark skin slaves vs. the light skin slaves, and the light skin slaves vs. the dark skin slaves...they must love, respect and trust only us...the slaves themselves will remain perpetually distrustful of each other” (Lynch, 1999, p. 1.).

Psychiatrist Frantz Fanon (1952) argued darker complexion individuals, whom have a history of oppression due to colonialism, may be prone to an internalized belief system they feel is inferior, and absorb the psychological and physical attributes of their oppressors. The practice of lightening skin tone, also known as skin bleaching (Harper, 2019), is considered a physical expression by African American and other ethnic oppressed groups to conform and convert as their oppressors (Fanon, 1952). African American and oppressed groups, who engage in skin lightening practices, find limited to no value in their cultural expressions of selfhood, rather depend on the physical and psychological appearances of their oppressors to validate their existence (Fanon, 1952; Harper, 2019).

Hair Texture

Hair texture was another source of demarcation between the oppressed and the oppressors. Since the superior slave owners had straight hair, the quest for straight hair was often internally agonizing for slaves (Byrd et. al., 2014). Straight hair often translated to social advantage (Robinson, 2011). In the 19th century, more than one-hundred-thousand African American slaves were mulatto, defined as the offspring of the European slave owners and the African slave (Degruy, 2005; Byrd et. al., 2014). Due to racially motivated methods in slavery, lighter complexion slaves with straighter and loosely curled hair textured were preferred to work inside the plantation homes of the slave owner, and were later considered free, over slaves of darker complexion and tighter curled hair texture (Byrd et. al., 2014; Lynch, 1999, p. 1).

As lighter complexion and straighter hair slaves were favored among slave owners, these features transformed into a skin complexion and hair texture hierarchy that developed into a social structure within the slave community (Byrd et. al., 2014). This skin complexion and hair texture hierarchy has current implications within the African American community, for example, straight or loosely curled hair as being classified as “good hair” (Byrd et. al., 2014; Degruy, 2005). *Good hair* is considered long strands of hair, lacking in tight curls, kink, and frizz (Robinson 2011, Banks, 2000). Hair texture is the foremost way African American females are devalued (Greene et. al., 2000 Harrison, et. al., 2009; Herring, 2004). U.S. racial hierarchies commends a Eurocentric standard of beauty, which devalues African hair textures, which constrains African American females to fit into Eurocentric standards of beauty (Arogundade, 2000). Good vs bad hair perceptions exemplify racial internalization of White supremacy among African Americans (Robinson, 2011). White supremacy and racial

discrimination have had an ensuing psychological effect on African Americans, including polices.

Policies

The constitutional justification for affirmative action exists to improve the educational and employment opportunities of members of minority groups, as a solution to the effects of long-standing discrimination against minority groups (Harper et al., 2009). The goal of affirmative action was to implement an active approach to restoring past discrimination (Yee, et. al., 1998). Furthermore, the Affirmative Action policy extends beyond the prohibition of overtly racist practices, by requiring employers and college admissions to broaden their search for qualified employees and academic students through the active recruitment of minorities (Yee et. al., 1998).

Affirmative action programs are critically important in the African American experience in America (Aka, 2009). Recently, the Supreme Court diminished race-conscious admission practices at private and public colleges and universities (NPR News, 2023). Race-conscious admission affirmative action bans can have a detrimental impact in the enrollment of African American students, as seen in California's approved Proposition 209, where enrollment of African American students fell by 40% at several California universities (Bleemer, 2020). Furthermore, with the lack of visible diverse ethnic representation among colleges and universities, internalized racial oppression can occur as individual inculcations of racist stereotypes about one's racial group can be adopted, leading to internal feelings of self-doubt, inferiority, and disrespect for one's race or self (Pyke, 2010.). The APA (2023) highlights that race-conscious admissions are critical to providing quality mental healthcare for addressing the mental health inequities that marginalized and minoritized individuals experience. Thus,

eliminating discrimination and racism policies within the U.S. has societal and mental health implications (American Academy of Social Work and Social Welfare, 2020).

Grand Challenges of Social Work

Racism impacts the daily lives of millions of people, through discriminatory practices that promotes racial inequality in innumerable ways (American Academy of Social Work and Social Welfare, 2020). In 2020, the American Academy of Social Work and Social Welfare established an aim of eliminating racism as one of *The Grand Challenges of Social Work*. The organization proposed developing a model for eliminating racism by identifying evidenced and practice-based interventions that would end racism and ameliorate the negative outcomes of U.S. history of racism (American Academy of Social Work and Social Welfare, 2020).

Racism is inextricably interconnected to all the *Grand Challenges for Social Work*. *The Grand Challenges* statement of “Vision, Mission, Domain, Guiding Principles, and Guideposts to Action,” explained and aligned with “the commitment to ending racism and other injustices is fundamental throughout the Grand Challenges (American Academy of Social Work and Social Welfare, 2020). However, their statement did not aim to address the historic and structural context of racism. *The Grand Challenges for Social Work* anticipate that the new principles will be further operationalized by innovative research and interventions that will be developed under the leadership of the new Grand Challenge network (American Academy of Social Work and Social Welfare, 2020). African American Americans are biologically and socially vulnerable due to racism (Iruka et al., 2021). Systemic racism remains to expose African Americans to less than ideal developmental outcomes (Trent et al., 2019). The Grand Challenges for Social Work’s new principle to eliminate racism, is aimed to promote teaching and learning within social work

education programs which examines structural inequalities and white privilege and impacts individual and group outcomes (American Academy of Social Work and Social Welfare, 2020).

Conclusion

A position statement by the APA (2006), recognized the impacts of racism and discrimination as well as racism ability to negatively impact an African American psychological functioning, ability to diminish self-image, and negatively impact a person's self-worth and confidence (APA, 2006). Similarly, the American Academy of Social Work and Social Welfare (2020) revised its *Grand Challenges of Social Work* to acknowledge its efforts in eliminating racism, due to its negative social and psychological impacts. Furthermore, with 15 years between the acknowledgments of the APA's statement, and the revised *Grand Challenges of Social Works* regarding the impacts of racism, racism continues to be a predominant issue that has impacted African American individuals, families, and communities for centuries (Grimes, et al. 2022). Additionally, recent policies of diminishing race-conscious admissions in schools, reflects the controversial statement, "I don't see race," referring to not seeing intergenerational historical traumas oppressed people have endured (Degruy, 2005). However, in conclusion, a review of the literature established the ensuing effects of historically practiced racism has had, both physically and psychologically, on African Americans physical, mental, and emotional wellbeing (Anekwe, 2014).

Section IV: Integration

Introduction

The historical traumas African Americans have endured has impacted them on a deep psychological level (Pyke, 2010). There is a rich body of work within the bible and from theologians that helps us understand the current and historical impacts of oppression. Furthermore, through theoretical literature, God intentions for managing mental health provides practical solutions to address future psychological symptoms. Throughout history, African descendants have been enslaved and executed by an oppressor (Degruy, 2005); these crimes were often committed in the name of kings and queens as well as in the name of Jesus Christ (Degruy, 2005; Dow, 2013). This chapter will review the theological and theoretical foundations required to understand this social problem and potential solutions. Specifically, the theology of God's Law will be highlighted. Also, several theories will be discussed including Strain Theory, Social Learning Theory, System Justification Theory, and Post-traumatic Slave Syndrome Theory.

Christian Worldview

Jesus of Lubeck

In Genesis 15:13, God said to Abraham, “know this for certain, your descendants will be strangers in a land that is not their own, and they will be enslaved and mistreated for four hundred years...but I will judge the nation they serve as slaves, and afterward they will depart with many possessions...” (English Standard Version Bible, 2001, Genesis 15:13). In the year 1555, one of the largest and most active ships used in the trans-atlantic slave trade, Jesus of Lubeck transported Africans to America at the directives of Queen Elizabeth I and leadership of Captain John Hawkins (Dow, 2013). In 1555, Captain John Hawkins captured Africans to develop the new world which he referred to as “*America*” (Muhammad, 1987). Muhammad

(1987) notes that in 1619, the first generation of Africans were murdered and their children were then enslaved without any knowledge of their culture identity. In fact, Muhammad argues that the involuntary enslavement consisted of physical tortures and psychological abuse (Muhammad, 1987).

God's Law

In Isaiah 41:10, God says to the oppressed, “fear not, for I am with you; be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my righteous right hand” (ESV Bible, 2001). Additionally, in 1 Corinthians 14:33, God is not the author of confusion, but of peace (ESV Bible, 2001). The Law of God is to obey God and to keep his commandments (ESV Bible, 2001, John 14:15). God created man and woman, i.e., all mankind, in His own image and likeness (ESV Bible, 2001, 1 Genesis 1:27). Thus, God intended for all men and women to be God-like beings, to love one another, and do no harm. Therefore, love is the fulfillment of God's Law (ESV Bible, 2001, Romans 13:10).

Zechariah 7:10 states, “Do not oppress the widow, the orphan, the stranger, or the poor; and do not devise evil in your hearts against one another.” This reflects how prophets were dedicated to promoting justice and equality among all the people. The bible teaches how God's will for the world was to create equality, with no social injustice, and discrimination. However, God's law for love, justice, and equality was lost in the works of the flesh, which theoretical literature helps us understand the impacts of deviation from God's will. While this comprehensive project is grounded in post-traumatic Slave Syndrome theory. Strain theory, Social Learning theory, and System Justification theory were initially explored and will likewise be discussed prior to explaining Slave Syndrome theory. Considerably, all have an impact in the development of the study mental health innovation.

Conceptual Framework and Theory

Strain Theory

People engage in deviant behaviors when they cannot achieve socially approved goals by legitimate means, as defined by Robert Merton's Strain Theory (Armstrong et. al., 2019); deviant behaviors are results of strains individuals feel when placed in environments they cannot succeed in (Uink, 2022). There are two elements of Strain Theory, which include structural factors and cultural factors. Structural factors highlight society's unequal opportunities; cultural factors are society's greater stress on achieving goals over using legitimate means to achieve them (Uink, 2022). Strain Theory can be applied to mental health conditions, economic hardships, and social problems. Undergoing strain can lead to anger, anxiety, and depression; these feelings can lead to deviant and maladaptive behaviors to alleviate strain and undesirable emotions (Uink, 2022). Strains can impact one's quality of life, and achievements. Racial discrimination produces strain among African Americans which may impact their ability to flourish in their environment (Armstrong et. al., 2019).

There is a correlation between anger among ethnic minority groups and racial discrimination. Unjustness and discrimination that prevents individuals from achieving their goals are linked to aggressive and delinquent behavior (Uink, 2022). Strain theory aids in understanding how discrimination blocks opportunities to flourish in one's environment impacts African American behaviors and attitudes, which in result increases mental health symptoms (Armstrong et. al., 2019). Although the use of Strain Theory can be useful when understanding how one's environment can increase deviant behaviors, it does not provide an in-depth context on how behaviors are observed and applied. Strain Theory explains why one is engaging in deviant behaviors, its limited in understanding where the cycle of seeking maladaptive coping

behaviors originate from when applying it to the framework of African American who experience racial-trauma.

Social Learning Theory

Social Learning Theory can be useful as a framework to understanding racial-trauma among people of color through its observation, imitation, and modeling. Social Learning Theory was established in the 1960's by psychologist Albert Bandura. Social Learning Theory was designed to help understand how people learn learning (Akers & Jensen, 2006). Behaviorists suggest that learning is originated from individuals' interactions with their environment; Bandura agrees with this perspective, however, proposed individuals can also learn by observation of others, which he termed observational learning (Akers & Jensen, 2006).

Social Learning Theory assists with understanding how ones social, educational, or occupational environment can impact a person of colors sense of self-worth and belonging. Though this theory, we can see how imitating behaviors can impact one's mental health. Floris Muller conducted a study on the effects of lack of ethnic representation on television, and its impact among ethnic minorities (Muller, 2009). This study shows how lack of diverse representation can have an impact on one's sense of belonging. Additionally, Social Learning Theory helps recognize how traumatic symptoms acquired through one's environment is observed, modeled, and imitated; furthermore, the behaviors are then normalized (Campbell, 2019). Although Social Learning Theory explains how individuals learn in their environment, there are limitations when applying it to racial-trauma among African American. The theory simulates automatic change in one's environment creates a change in one's behaviors and focuses on the process of learning. Furthermore, the theory does not consider the etiology of contemporary behaviors, and its impact on a transgenerational spectrum. The theory abates to

recognize how generations of learned behaviors are transmitted over centuries that impacts future generations. Additionally, Social Learning Theory eludes those individuals do not always learn through direct teachings, instead acquired through vicarious learning (LaMorte, 2019).

System Justification Theory

System Justification Theory argues that members of underprivileged groups may justify social hierarchies at the cost of their own group's interest (Shockley et. al., 2016). This theory helps us understand how individuals of oppressed groups could also rationalize and propagate racism, through means of participating in internalized oppression (violence towards self, self-destruction) (Padilla, 2001). Further, System Justification Theory helps explain how racial-trauma continues racism by creating conflicts within oppressed racial groups, and possibly causes oppressed groups to emulate with their oppressor (Padilla, 2001; Lipsky, 1977). Although Systems Justification Theory helps us understand the how racism is justified and ensued internally among oppressed groups. This theory does not help us understand how the etiology behaviors among African Americans are adapted overtimes, and how it impacts distress among marginalized groups.

Posttraumatic Slave Syndrome Theory

Posttraumatic Slave Syndrome Theory (PTSS) was established by researcher Dr. Joy DeGruy (Campbell, 2019). PTSS is a theory that explains the etiology of adaptive survival behaviors among African Americans (Campbell, 2019). PTSS theory explains how one adapts behaviors and attitudes of their distressed and oppressed relatives; in turn, the behaviors are adapted and normalized, passing them along towards the next generation (DeGruy, 2005). PTSS theory encompasses three key patterns of behaviors including, vacant esteem, marked propensity for anger and violence, and racist socialization (DeGruy, 2005). DeGruy defines vacant esteem

as a person(s) who has “minimal or no worth, aggravated by societal declaration of inferiority” (Mitchell, 2004). DeGruy’s PTSS theory (2005) argued a person of color may exhibit behaviors to underachieve and self-sabotage due their ancestors being condemned to pursue education.

PTSS theory states the second patterns of behavior is marked propensity for anger and violence, which is defined as “extreme feelings of distrust of others, violence against self/others” Lastly, PTSS theory defines racist socialization as “learned hopelessness, and aversion for culture and customs of original heritage” (DeGruy, 2005). Additionally, Degruy (2005) lays emphasis on “the power of belief,” and states how beliefs are intricately woven into PTSS, as they shape our internal perception, expectations, and memories and they have a strong influence cognitively and emotionally. Furthermore, PTSS theory can be applied to race-related social issues such as mistrust in law enforcement, delay in seeking medical assistance, and mistrust of health care professionals (See Appendix B for conceptual Model).

Conclusion

The Bible and theoretical literature help us understand currently and historically how racial-trauma was developed, and how to address it. The bible displays Gods law to obey Him, and to love one another as He loves us all, as we are equally made in His image and likeness. The bible teaches how Gods will for the world was to create equality, with no social injustice, and discrimination. However, due to disobedience of Gods law, racial-trauma was inflicted among oppressed group. Post-traumatic slave syndrome theory, system justification theory, strain theory, and social learning theory helped us understand the impacts racial discrimination has on African Americans.

Section V: Engagement

Introduction

Community engagement is essential when addressing racial-trauma among African Americans. MacQueen (2001) defines community engagement as, “a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.” There are various layers to consider when engaging community in social problems. One to emphasize is the systems perspective. Henry (2011) highlights everyone within the system, who operate contrary to one another, works in cohesion to meet community needs of each member within the system, and they each play a unique role for the betterment of community needs. By collaborating with system-involved mental health stakeholders, stakeholders can recognize their input is valued.

As part of engaging stakeholders, this researcher previously interviewed one community stakeholder whose research is grounded in racial-trauma among oppressed groups, and two mental health providers, who work closely with oppressed groups in community mental health settings. Elmer (2006) states that cultural humility is an important aspect when approaching stakeholders in the development of innovations. The community stakeholders were approached with the aspects of cultural humility in mind, along with the foundation of servant leadership. Elmer (2006) highlights a component of servant leadership ensures no authority is raised. Throughout the process, the researcher encompassed cultural humility, which established a sense of trust and cohesion in the relationships.

Stakeholder Collaboration

Upon initiation of this innovation, a licensed clinical social worker, licensed clinical psychologist, and licensed marriage and family therapist were interviewed regarding their

experiences of addressing racial-trauma among the African American at two community mental health organizations in southern California. Consistent with the literature, the mental health providers identified a lack of interventions to address racial-trauma among the African American community. Additionally, providers identified interventions such trauma informed care, and PTSD screening tools as a barrier to contextualize and address physical and external impacts of racial-trauma. Further discussions focused on potential solutions to increase knowledge regarding the impacts of racial-trauma, among mental health providers, such as the development of programs educating organizations on the historical context of intergenerational trauma, and clinical vignette trainings to aid providers in expanding their knowledge.

Mental Health Providers

In partnership with Ubuntu Psychological Services, an initial idea of potential questions that could be used in clinical practice to explore internalized racial-trauma among clients of African descent, was explored among licensed mental health providers, including licensed marriage and family therapists, licensed professional clinical counselors, and licensed psychologists. Feedback was acquired through a survey, and through the feedback, it aided in the social innovation, Guide to Clinical Practice: 1555 Internalized Racial-Trauma (1555 IRT), which will be explored in chapters to follow.

Evidence-based Leadership

Winston and Patterson (2006) defined a leader as individuals who influences followers through their diverse gifts, abilities, and skills, and motivates their followers to the organization's mission and objectives, prompting the followers to freely utilize spiritual, emotional, and physical energy in a synchronized effort to accomplish the organizational mission and objectives.

By its very definition, a leader goes beyond authority, and has been moved to serve others and highlight their strengths, which is similar to the values and mission of social work (NASW, 2021). Greenleaf (2002) highlights that a servant leader is an individual who serves first, and the desire to lead follows. During the community engagement process the researcher began to serve the identified community.

Conclusion

Upon community engagement and stakeholder interview, key and necessary information was acquired for further research, including what racial-trauma interventions exist that directly provides services to African Americans. Engaging with the community and stakeholder prompted the researcher to engage in a scoping review of literature, which is further explored in the following chapter.

Section VI: Assessment

Introduction

Due to professional observation of lack of clinical resources to address internalized race-related experiences, and interviews with community stakeholders who reflected similar findings, a scoping review was conducted to examine which interventions addresses racial-trauma among African Americans. Utilizing a scoping review is an appropriate methodological approach to address literature where there is limited to no research (Arksey et al., 2005). Scoping review method assist with mapping areas of literature and identifies gaps in research (Armstrong et al., 2011). Additionally, scoping reviews address wide-ranging topics including a variation of methodological designs as well as synthesizes qualitative literature (Arksey et al., 2005). After engaging in community stakeholder interviews, a common theme was the gap in interventions and research that address racial-trauma among African Americans. In accordance with this uncertainty, a scoping review method was utilized as the best methodological approach in exploring this gap.

Research Question

What is known about interventions to address racial-trauma among African Americans? Interventions are referred to as methods to treat or reduce symptoms, improve behaviors/skills, and increase knowledge through psychoeducation. Currently, there is research exploring what racial-trauma is, as well as how racial-trauma affects African Americans (David, 2014); however, to this researcher's knowledge, there is a lack of literature in any comprehensive way that describes what is being done to address racial-trauma among African Americans.

Methods of Scoping Review

To conduct the scoping review, methodical phase is required (Arksey et al., 2005). Phase one explores a research topic of choice; phase two establishes the broad research question (Booth et al., 2021). Through the research question the population, concept, and context (PCC) framework is utilized; the research question will be divided in the PCC to help with data search (Booth et al., 2021). The third phase of the scoping review is the inclusion and exclusion criteria; this process was utilized to investigate what kinds of interventions are available, how many interventions are accessible, and what interventions have already been done to address racial-trauma among African Americans (Booth et al., 2021). The fourth phase is the data search. The data process explored published and unpublished research through electronic databases, and removed duplicate published and unpublished research. Phase five included screening titles and abstracts that correlate to the research topic; phase 6 includes a broad review of full text search exploring how many interventions are available (Booth et al., 2021).

Inclusion Criteria

The scoping review considered all African Americans aged 8 years or older. To meet criteria the study must explore racial-trauma interventions utilized among African Americans. Additionally, peer reviewed journals published and unpublished, books, websites from reputable sources, and government reports conducted in English in the U. S. met inclusion criteria; the search included research conducted from any year. Research that identified racial-trauma as their focus of intervention was included. Research that included trauma in relation to racial discrimination met inclusion criteria. Any research that included racial-trauma or intergeneration race-based trauma was included. Additionally, interventions or programs that are directly provided services to an African American individual, family, or group was applied.

Exclusion Criteria

Studies that were located outside of the U. S. were excluded from the review. Additionally, studies that included participants under the age of 8 years old did not meet the inclusion criteria. Any research that includes PTSD and excluded racially related or general trauma was excluded. Articles that included general trauma but did not specifically or identify racial-trauma was excluded. Additionally, research that included non-direct services, such as practitioner-based trainings was eliminated, along with any training for providers regarding diversity and inclusion programs.

Search Methodology

A search was conducted using the following databases: PsychINFO, Google Scholar, and MEDLINE are utilized to access archival data. Through these databases keywords are: African American OR African American OR African American; racial-trauma OR race-based traumatic stress OR transgenerational trauma OR intergenerational trauma OR generational trauma OR internalized racisms OR internalized racial oppression; intervention OR treatment OR program.

Data extraction

Database search results was screened by abstract and title relevance to the topic. Articles that were deemed duplicates were extracted. Articles that held relevance to the research question: what is known about interventions to address racial-trauma among African Americans, were reviewed. Additionally, common sources across all articles that met criteria were read and reviewed in full text. Characteristics of the populations was viewed in detail including age and gender. The setting of where the interventions were conducted, included but not limited, to church settings, outpatient clinics, etc. were viewed in full text after data was screened. Research

that met criteria was organized to compare commonalities to extract summaries of intervention models conducted.

Literature Review Results

As illustrated in *Appendix A*, the database search yield 51 results and the hand search database search yielded 8, for total results 60 research findings. Upon screening duplicates, titles, and abstracts based on the inclusion and exclusion criteria, 29 full-text articles were viewed and screened. Upon reading full-text, 8 were selected based on inclusion criteria.

Based on the literature yielded in this review, results from this review aided in understanding gaps in research regarding interventions that can be utilized to address racial-trauma among African Americans. This review aided in exploring how the cycle of historical trauma in the U. S. continues to impact African Americans currently. The findings from the review aided in creating a social innovation that contextualizes assessing internal racial-trauma among African Americans, as there is limited research in this area. However, results from the scoping review identified other interventions, programs, and assessment tools that addresses racial-trauma, external racial-trauma, racial oppression, trauma symptoms of discrimination, and impacts of internal racial oppression. Furthermore, results indicated most interventions identified racial socialization, community healing storytelling, and external racial-trauma screening tools.

Racial Socialization

Racial socialization among families and youth is a source to addressing racial-trauma among African Americans (Anderson et al., 2019; Metzger et al., 2021). Research study by Anderson, et al. (2019) highlights racial socialization, which is defined as verbal and non- verbal messages parents use to communicate race to children, can create positive outcomes among African American youth to aid in coping with racial discrimination (Anderson et al, 2019).

Anderson, et. al (2019) conducted a study on African American families utilizing interventions: engaging, managing, and bonding through race (EMBRace) for African American families. EMBRace was developed by mental health professionals to aid African American families address racial-trauma in their daily lives, while conjointly increasing familial connections and healthy coping strategies after a race-based discrimination encounter (Anderson et al, 2019). The intervention was created to promote effective skills for caregivers and children to discuss racial encounters in their lives and community to mitigate racial-trauma. EMBRace was conducted over 90-minute sessions with caregivers and children. (Anderson et al, 2019). The sessions included gathering information from each family regarding their history with racial-trauma, psychoeducation, and enhance coping strategies to reduce physiological responses to racial distress (Anderson et al, 2019). The participants included twenty families of African Americans ages 10 and older of varies genders. The intervention was conducted at two school settings over a total of five 90-minute sessions. The results founded that the racial socialization could aid in reducing the impact of racial-trauma (Anderson et al, 2019).

Similarly, research study by Metzger et al. (2021) also highlighted that racial socialization is a strength tool to utilize among African American families and communities to reduce the negative psychological impacts of racial-trauma, when incorporated with the trauma-focused cognitive behavioral therapy (Metzger, et al., 2021). In this article, Metzger et al. (2021) suggested psychoeducation, relaxation, affective expression and modulation, cognitive coping, trauma narration and processing, in vivo mastery, conjoint parent-child sessions, and enhancing future safety and development (PRACTICE) interventions are tools to aid with racial socialization among African American families; in conjunction with the use of trauma-focused

CBT (Metzger, et al., 2021). The results in this article yielded to the positive outcomes racial socialization has when addressing racial-trauma (Metzger et al., 2021).

Story Telling

Research suggests community healing in the context of storytelling, body- centered activism, and communal cultural gatherings can be interventions to heal racial-trauma among African Americans (Chioneso et al., 2020). Storytelling healing is form of oral narrative therapy and testimony designed to reframe negative cognitions to positive cognitions (Comas- Diaz, 2007). Chioneso, et al. (2020) suggests community setting storytelling restores cultural identities, by counteracting negative stories regarding oppressed groups. Chioneso et al. (2020) developed a community healing framework called Community Healing and Resistance Through Storytelling. The major components of Chioneso et al. (2020) utilize in their intervention included justice, storytelling, and connectedness, as ways to that address racial-trauma among African Americans.

External Racial-trauma Screening Tools

Trauma Symptoms of Discrimination Scale. The Trauma Symptoms of Discrimination Scale (TSDS) is a measure of addressing discriminatory distress African Americans (Williams et. al., 2018)). TSDS is a 21-item scale that assesses discriminatory distress-related symptoms of trauma (Williams et. al., 2018). Williams et. al (2018) engaged in a preliminary study, where they utilized 123 African American student participants. TSDS subscales included, uncontrollable hyperarousal, feelings of alienation, worries about future negative events, and perceiving others as dangerous. TSDS results indicated 97% of its participants elicited symptoms of discriminatory trauma (Williams et. al., 2018).

General Ethnic Discrimination Scale. The General Ethnic Discrimination Scale (Landrine et al., 2006) is designed to assess the severity of ethnic discrimination. It contains 17 questions where participants are asked to rate the occurrences of discrimination experienced on a 6-point scale (Landrine et al., 2006).

Racial-trauma Scale. Racial-trauma Scale (RTS) is a clinical tool for the measurement of trauma-related symptoms resulting from race-based maltreatment of people of color (Williams et. al., 2022). The goal of the RTS is to identify racial-trauma to improve the mental health of marginalized ethnic groups. In its study 155 African American participants were included in the study (Williams et. al., 2022). RTS subscales include Lack of Safety, Negative Cognitions, and Difficulty Coping. Based on RTS findings, RTS appears to be a valid means of quantifying racial-trauma symptoms in people of color (Williams et. al., 2022).

Race-Based Traumatic Stress Symptom Scale. Race-Based Traumatic Stress Symptom Scale (RBTSSS-SF) is a 22- item clinical assessment of distress in responses to racism (Carter et al., 2020). It contains seven subscales: Depression, Anger, Physical Reactions, Avoidance, Intrusion, Hypervigilance/Arousal, and Low Self-Esteem. RBTSSS-SF measure starts with an open-ended section, where its respondents are asked three personal notable experiences with racism (Carter et al., 2020). Participants answer a sequence of yes/no questions to evaluate mental/emotional acuteness (Carter et al., 2020). Additionally, participants rate a sequence of responses on a 5-point Likert scale to assess emotional acuteness, ranging from “0: does not describe my reaction” to “4: this reaction would not go away (Carter et al., 2020).

UConn Racial/Ethnic Stress and Trauma Survey. UConn Racial/Ethnic Stress and Trauma Survey (UnRESTS) is an assessment tool administered by mental health providers, to screen for the presence of racial-trauma (Williams, Metzger, et al., 2018). It contains 6 questions

to evaluate ethno-racial identity development, and a checklist to aid to establish if the individual's racial-trauma meets DSM-5 criteria (Williams, Metzger, et al., 2018). UnRESTS is sculpted after the DSM-5 Cultural Formulation Interview (APA, 2013). Mental health providers inquire about participants experiences with racism, racism experienced by loved ones, vicariously impacts racism, and experiences with microaggressions (Williams, Metzger, et al., 2018). Racial-trauma was affirmed if the participant met criteria for a 3 out of 4 PTSD symptoms (Williams, Metzger, et al., 2018).

Conclusion

Given the limited interventions in addressing racial-trauma among African Americans, there are few assessment tools that encompasses internal racial-trauma among African Americans. The scoping review, as well as interviews with community stakeholders, has led to the development of 1555 Internal Racial-trauma Screening Tool (1555 IRTST). Each of the interventions highlighted in the scoping review have a communality of addressing external racial-trauma; however, there is limited exploration regarding the impacts racial-trauma has on a psychological level.

Section VII: Innovation

Introduction

Literature has discussed external racial-trauma screening tools, racial socialization, and community storytelling healing (Anderson et al, 2019; Carter et al., 2020; Chioneso et al., 2020; Landrine et al., 2006; Metzger et al., 2021; Williams et. al., 2018 Williams et. al., 2022) as interventions to address racial-trauma among African Americans. Yet, there is limited research which explored internal racial-trauma (David, 2014). Research has typically centered on the external impacts of racial-trauma and its impact on social experiences (Smith, 2010). However, from an in-depth review of literature, engagement in community stakeholder interviews, and the personal and professional observations of the researcher, the development of an innovation that explores internal racial-trauma among African Americans in clinical practice is necessary. This social innovation seeks to address these limitations. This chapter will review the innovation "Guide for Clinical Practice: 1555 IRT" which is a guide designed to increase conversations on race in therapeutic settings. This chapter will highlight how the innovation was developed, what it is, how it is utilized.

Description of Innovation

Guide for Clinical Practice: 1555 Internal Racial-Trauma (1555 IRT) (Appendix D) is a clinical guide for culturally humble licensed/unlicensed mental health providers, of all cultural/ethnic backgrounds, who have experience treating clients of African descent. 1555 IRT requires no formal training and is aimed to assist mental health providers with engaging clients in therapeutic discussions regarding their internalized race-related experiences. 1555 IRT is designed to be implemented during the clinical intake phase of treatment, among clients of African descent who expressed difficulties with cultural/social issues, challenges with racial

identity, and/or distress related to racially charged incidences. Within the guide, there are a total of 10-pages that consists of 30 open-ended questions exploring a clients' internal experiences regarding race. Clinicians have the option to select which statements they deem are clinically appropriate to explore with their client. Additionally, the guide consists of brief psychoeducation provided to assist clinicians who are not familiar with internalized racial trauma. Clinicians have the option to engage in a clinical vignette, within the guide to support them with identifying internalized racial-trauma among a fictitious client. Following the clinical vignette, a brief feedback rationale is provided.

1555 IRT Questions

1555 IRT consists of five subscales: *Devaluation of Own Cultural Group*, *Vacant Esteem*, *Internalization of Negative Stereotypes*, *Disdain of Natural Physical Features*, and *Social Fears*. Some of these subscales are inspired and guided by existing theoretical literature and external/internal racial-trauma scales, including Racial-trauma Scale (RTS), Internalized Racial Oppression Scale (IROS), Trauma Symptoms of Discrimination Scale (TSDS), and Posttraumatic Slave-Syndrome Theory (PTSS).

Racial-Trauma Scale

Racial-trauma screening tool is a clinical tool that measure trauma-related symptoms ascending from race-based mistreatment of people of color (Williams et al., 2018). RTS subscale *negative cognitions* explores negative beliefs about oneself. Williams et al (2018) suggest that negative cognitions in individuals who are affected by racial-trauma have negative thoughts of self and the world; correspondingly, 1555 IRT subscale, *vacant esteem* (6 items), inspired by Posttraumatic Slave-Syndrome Theory (PTSS), explores negative cognitions. Vacant esteem is defined as believing to have limited or no worth, which is intensified by statements of inferiority

inflicted by a larger society (Degruy, 2005). An example of 1555 IRT *vacant esteem* question is: *Tell me about a time when you felt unworthy because of your race* (see Appendix E).

Internalized Racial Oppression Scale

Internalized Racial Oppression Scale (IROS) is a scale indented to measure how racial oppression is internalized and repeated by African Americans (Bailey et al., 2011). 1555 IRT is inspired by IROS dimensions including, *internalization of negative stereotypes of internalized racial oppression, alteration of physical appearance, belief in the biased representation of history devaluation of the African worldview* (Bailey et al., 2011). Bailey et al. (2011) suggest theses dimensions are themes that indicate internalized racial oppression. *Internalization of Negative racial stereotypes* dimension indicates an individual's belief in negative racial stereotypes regarding one's race; similarly, 1555 IRT subscale *internalization of negative stereotypes* (5 items), encompasses open-ended statements that assist mental health providers with exploring internalization of negative stereotypes regarding the client's race. Bailey et. al. (2011) and Cokley (2002) suggest internalization of negative racial stereotypes increase the desire to accept a belief of inferiority to the White majority. A sample 1555 IRT question, that explores internalized stereotypes is: *How do you feel about the following statement: Black women are considered aggressive* (see Appendix E).

IROS dimension *alteration of physical appearance*, suggest an oppressed individual, whether conscious or unconscious, has an increased desire to alter their natural physical features to assimilate with Eurocentric aesthetics (Bailey et.al., 2011). Parmer et al. (2004) and Bailey et al. (2011) emphasized that individuals of African descent have the internalized desire to change physical appearance, dislike own physical appearance, and/or select a romantic partner with Eurocentric aesthetic. 1555 IRT subscale, internalized *disdain towards natural features* (3

items), assists mental health providers explore a clients' internal view of self, in regard to their natural physical attributes. An example question states: *How do you feel about the following statement: darker complexion is less attractive than lighter complexion* (see Appendix E).

Dimension *belief in the biased representation of history devaluation of the African worldview*, highlight that individuals of African descent embrace false historical facts skewed toward the majority racial groups (Clarke, 1991; Bailey et.al., 2011). Additionally, Bailey et al. (2011) emphasized history regarding Black people are distorted to minimize the accomplishments of Black people, which may increase the acceptance of internalized oppression. Furthermore, 1555 IRT was inspired by this dimension, and developed subscale, *internalized devaluation of own cultural group* (7 items). Mental health providers have the option to explore question in this subscale, to assist with acquiring information regarding an individuals' internalized perception of one's cultural group. An example of this subscale is, *describe a time when you felt the desire to devalue your cultural group* (see Appendix E).

Trauma Symptoms of Discrimination

Trauma Symptoms of Discrimination Scale (TSDS) is designed to measure of discriminatory distress, with an emphasis on anxiety-related trauma symptoms individuals of African descent (Williams et. al., 2018). 1555 IRT *social fear* subscale (9 items) was inspired by TSDS component *uncontrollable hyperarousal*. Williams et. al. (2018) states uncontrollable hyperarousal is a component to PTSD and may be associated with racial trauma. One of 1555 IRT subscale *social fear* questions states: Describe a time when you became hypervigilant when you bypass law enforcement (see Appendix E).

Innovation Implementation

1555 IRT is designed to be implemented after the clinician engages in their general clinical intake process. Upon completing the intake, clinicians have the option to select from the 30 open-ended questions they find are clinically appropriate to explore with their client. Upon finalizing selection, the clinician will engage the client in a therapeutic discussion utilizing 1555 IRT. The final step in the implementation process is developing a personalized client treatment plan based on the findings from 1555 IRT.

Innovation Goal and Objectives

1555 IRT is designed to increase conversations on race in therapeutic settings, with objectives (1) to increase clinician knowledge on internalized racial trauma, (2) increase self-efficacy to use 1555 IRT open-ended questions, and (3) assist mental health providers to increase skills to personalized treatment plans that addresses race-related distress.

Innovation Rationale

Racism is persistent in the daily lives of individuals of African descent, which in turn is normalized by society, causing one to potentially develop internalized racial-trauma (Degruy, 2005; Gale et al., 2020). Internalized racism is often ignored in clinical-practice or is simply not recognized by clients and providers (Fisher, 2020). It is important to address internalized racial trauma in clinical practice, due to its ability to have adverse health outcomes, especially as it relates to negative mental health outcomes (Lee et al., 2011; Paradies et al., 2015; Pieterse et al., 2012). Addressing internalized racism in therapy may help clients develop their own values, develop a sense of self-worth, and mitigate/eliminate internalized racism (Fisher, 2020).

A guide to assist clinicians explore internal racial-trauma is the best clinical innovative approach to address internal racial-trauma among African Americans. 1555 IRT has the potential to aid mental health providers with better understanding their clients' experiences, and how they

led to their symptomology. 1555 IRT can assist providers with a deeper understanding of their clients' internal world, and how their experiences shaped their views of self, others, and society. 1555 IRT has the potential to assist clinicians establish better treatment goals, through its open-ended statements. Guided open-ended therapeutic discussions, on internal race-related experiences, allows the opportunity for the clinician to further engage in additional exploratory questions that other innovations may not allow.

Ethical Considerations

A key ethical challenge to consider with the 1555 IRT innovation is accessibility. This innovation will be accessible to mental health settings, resulting in limited access to African Americans who do not seek mental health services.

Biblical and Theoretical Foundation

The law of God is obedience to God and his commandments. The Bible highlights that God commands freedom, justice, and equality (ESV, 2001, Zechariah 7:10). God commanded us to love one another, as we love Him; and to do harm to one another is doing harm to Him, as He created us in His image (ESV, Bible, 2001, John 14:15; 1 Genesis 1:27; Romans 13:10); however, God's law was lost in the flesh of disobedience, and his children were oppressed and mistreated (ESV, Bible, 2001, Genesis 15:13). The oppressed became strangers in a land that was not their own, and they were enslaved and mistreated for four hundred years (ESV, Bible, 2001, Genesis 15:13). Furthermore, from a theoretical perspective, post traumatic slave syndrome theory (PTSS) helps us understand the etiology of many adaptive survival behaviors from the ramification of enslavement (Degruy, 2005). PTSS theory helps us understand the impacts intergenerational trauma has on African Americans from an emotional and behavioral stance.

Social Problem and Innovation

The 1555 IRT explores the ramifications of what African Americans have endured throughout centuries of abuse. There is a continuation of condemnation and injustice that African Americans are subjected, which may lead to potential internalized racial-trauma symptoms including devaluation, internalizing negative stereotypes, disdain towards natural African features, social fears, and vacant esteem (David et. al, 2019; Degruy, 2005). 1555 IRT explores for these internalization of symptoms.

Due to subjugation and inferiority, marginalized ethnic groups might develop the desire to *devalue and distance themselves* from their own ethnic group, and to emulate their oppressor, due to projections of superiority (Freire, 1970). The 1555 IRT Subscale Devaluation of Cultural Group explores if a client has this psychological condition (see Appendix D). Furthermore, experiencing racism over a span of generations can lead oppressed populations to internalizing *negative stereotypes* about their ethnic group, and to develop hatred toward others of the same ethnic group, as well as self (Fannon, 1965; Freire, 1970). The 1555 IRT Subscale Internalization of Negative Stereotypes, explores if the client is experiencing this condition (Appendix D).

The power of belief strongly influences how a person thinks and feels (Degruy, 2005). Beginning at the age of 8, an ethnic minority experiences at least one event of racial discrimination each year, which creates an immense sense of hopelessness (Anderson, et al, 2019); this is especially alarming for minority youth in poverty. An article from Washington Post (1993) reported that adolescents living in low socioeconomic neighborhoods in Washington D.C. had an increase sense of hopelessness, and children as early as 10 started to plan their own funerals, due to *vacant esteem* (Washington Post, 1993), explored in 1555 IRT Subscale Vacant Esteem (Appendix D). Additionally, medical discrimination has created strong mistrust among

African American Americans and African American maternal woman (Anekwe, 2014; Washington Post, 2023). African American women are twice as likely to suffer from serious complications during pregnancy and are three times as likely to die during childbirth, comparative to non-African American Americans (Washington Post, 2023). Medical discrimination created internalized distress among the African American community (Anekwe, 2014; Degruy, 2005) in which 1555 IRT helps explore these internalized fears.

Conclusion

With limited interventions that are accessible in clinical practice for mental health providers to address internalized racial-trauma among African Americans, the development of 1555 IRT was necessary. 1555 IRT is designed to internalized race-related experiences in therapeutic settings. PTSS theory and the bible provided a foundation in the development of this innovation. Additionally, 1555 IRT aims to support mental health providers by increasing conversations on race between clinician and client, with objectives (1) to increase clinician knowledge on internalized racial trauma, (2) increase self-efficacy to use 1555 IRT open-ended questions, and (3) assist mental health providers to increase skills to personalized treatment plans that addresses race-related distress.

Section VIII: Evaluate

Introduction

With the development of the social innovation, 1555 Internal Racial Trauma (IRT), an evaluation process is essential to determine the effectiveness, and assess the impact of the innovation on the identified population. The targeted population for the purpose of this project are mental health clinicians who provide services to minorities of African descent. This chapter explores how different methods will be used to evaluate the effectiveness of the guide.

Piloting Innovation

1555 IRT is designed to increase conversations on race in therapeutic settings, with objectives (1) to increase clinician knowledge on internalized racial trauma, (2) increase self-efficacy to use 1555 IRT open-ended questions, and (3) assist mental health providers to increase skills to personalized treatment plans that addresses race-related distress. A future pilot of this innovation will include three phases; phase 1: implementing the 1555 IRT clinical vignette with eight clinicians who serve clients of African descent, and engaging them in a discussion exploring their initial reactions; phase 2: providing psycho-education regarding internalized racial-trauma, including defining internalized racial-trauma, the difference between internal and extremal racial-trauma, literature of internalized racial trauma, and the impacts of internalized racial trauma; additionally 1555 IRT open-ended questions will be explored in detail, and clinicians will be guided on how to utilize the open-ended questions; phase 3 will entail revisiting the 1555 IRT clinical vignette, and providing a clinical feedback rationale regarding the fictitious client who inhibits symptoms of internalized racial-trauma.

Study Design

A mixed-method approach will be implemented to support the evaluation process of social innovation, 1555 IRT. Although mixed-method approach uses non-statistical and statistical analyses, the approach is considered legitimate within the field, due to its ability to explore broader research questions and collects more detailed data.

Ethical Approval

This project will involve research activities involving human subjects, with minimal risks to participants. Using a qualitative method to ask open questions regarding participants experiences implementing an assessment tool with adults of African ancestry in a mental health setting will present minimal risk. Therefore, the qualified project was submitted for review on March 10, 2023 and approved on March 14, 2023 by the California Baptist University (CBU) Institutional Review Board (IRB).

Participants

Participants for this study will consist of mental health clinicians who have experience providing mental health services to individuals of African descent, with license/certifications in social work, marriage and family therapy, professional clinical counseling, and clinical psychology.

Participants inclusion and exclusion criteria. Clinicians who have experience providing services to clients of African descent will meet criteria. The exclusion criteria are providers with no experience providing mental health services to individuals of African descent, and non-mental health providers who do not provide direct clinical care.

Instruments

Participants will engage in a demographic survey where they have the ability to self-report their licensure statuses, clinical title, and demographics, via secured Google document

assessment survey. The demographic survey will consist of four open ended demographic questions: (1) *What is your age?* (2) *What is your ethnicity?* (3) *What is your license/certificate title?* and (4) *To which gender identity do you most identify?*

Data Collection

A quantitative survey will be developed to assess objectives (1) to increase clinician knowledge on internalized racial trauma, (2) increase self-efficacy to use 1555 IRT open-ended questions, and (3) assist mental health providers to increase skills to personalized treatment plans that addresses race-related distress. The survey question will entail a likeart scale ranging from strongly agree to strongly disagree. This survey will be used to collect data to assess if the innovation accomplished the objectives; additionally, to inquire about participants experience with the utility of 1555 IRT, the survey will also include open-ended questions. The researcher will also explore responses from the clinical vignette, to assist with exploring clinician initial knowledge of internalized racial-trauma. Furthermore, a thematic analysis will be conducted to collect qualitative data from the vignette responses and open-ended section of the survey. The researcher will examine the data to identify themes and patterns of meaning, through a process that will allow the ability to familiarize, code, and generate themes. Based on theory and existing knowledge, a deductive approach will allow the ability to approach the data with pre-conceived themes expected to find in the vignette, and inductive approach will be implemented for the survey, that allow the data to determine the themes.

Expected Results and Impact

Based on stakeholder feedback and review of literature, providing 1555 IRT to mental health providers is expected to (1) to increase clinician knowledge on internalized racial trauma, (2) increase self-efficacy to use 1555 IRT open-ended questions, and (3) assist mental health

providers to increase skills to personalized treatment plans that addresses race-related distress.

Furthermore, there will be opportunities for growth related to the social innovation. The feedback from participants will be applied and used for future quantitative research.

Section IX: Dissemination

Introduction

Racial-trauma has contributed to poor physical and psychological distress among people of African ancestry (Kaholokula, 2016; Kendall-Tackett, 2009; Polanco-Roman et al., 2016). Increasing interventions among the field of mental health is vital to address this social issue. Social innovation 1555 Internalized Racial-Trauma (IRT) hopes to aid providers with challenging this social issue. This chapter will discuss the researchers' future plans for executing 1555 IRT.

Future Execution Plan

To continue with increasing attention to internalized racial-trauma among individuals of African descent, and 1555 IRT, the researcher will publish research articles expanding on the challenges of internalized racial-trauma. Additionally, further future plans will entail training programs for mental health providers, and expanding further research to increase attention on internalized racial trauma among individuals of African descent globally, in particularly colorism. Colorism impacts ethnic minorities globally Anekwe (2014). Brown-Glaude (2007) highlights that in European colonized countries there are perceptions that lighter skinned individuals typically cope better during challenging economic times, over darker skinned individuals. The researcher hopes to publish research articles that sheds light to this global issue.

Dissemination and Scaling

The researcher hopes to teach this social innovation in clinical programs, particularly to students and interns. With lack of clinician resources to explore internalized racial-trauma in clinical settings, this innovation should be taught to students and interns as part of their standard assessment procedures, to shift how internalized racial experiences is addressed in therapy

among the next generation of mental health providers. Additionally, The *Grand Challenges of Social Work* expressed the intention to end racism. The hopes for 1555 IRT is to become a formal assessment tool to align with *the Grand Challenges of Social Works* mission, by mitigating/eliminating internalized-racism through formal assessment tools, interventions, and programs.

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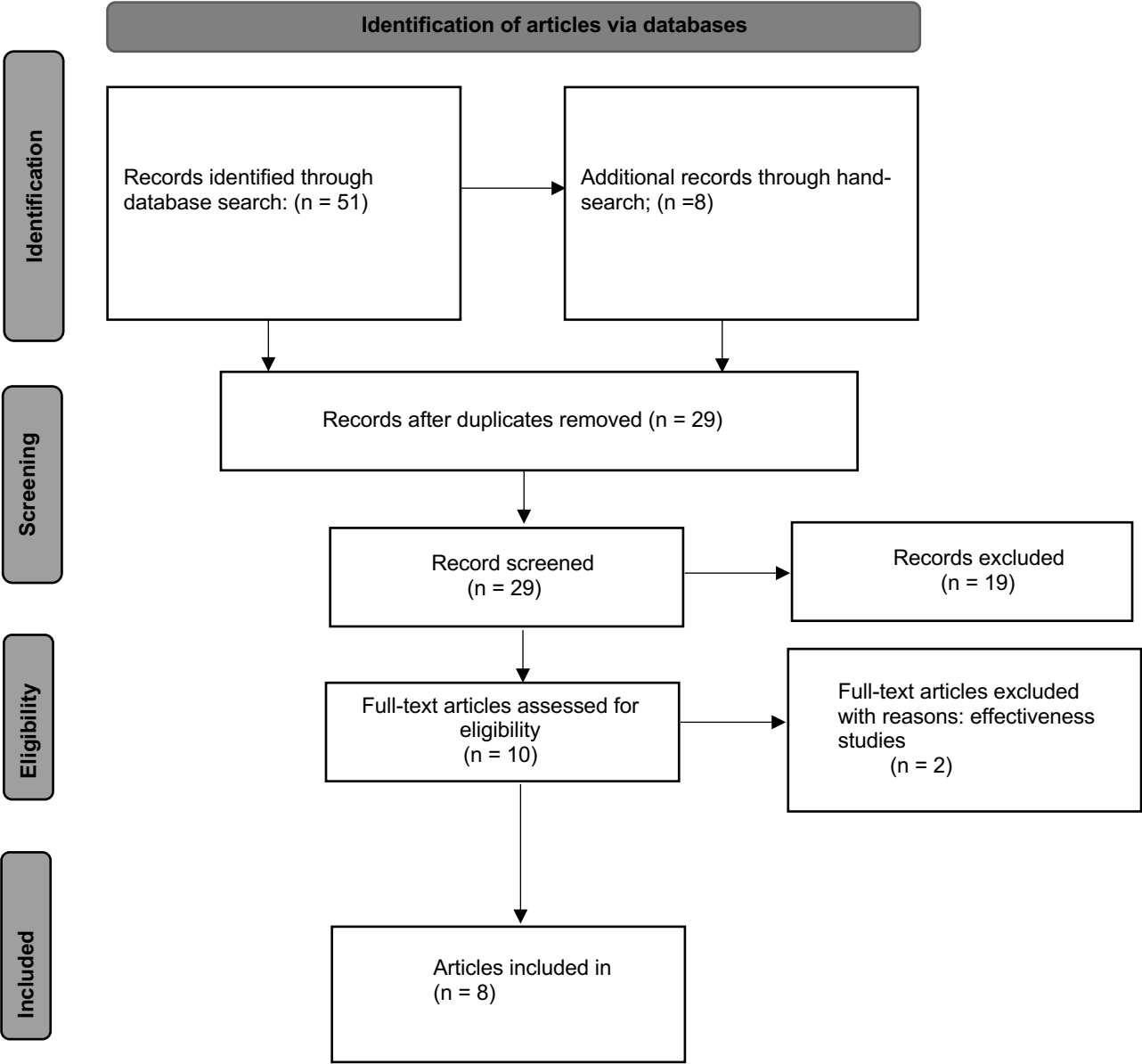
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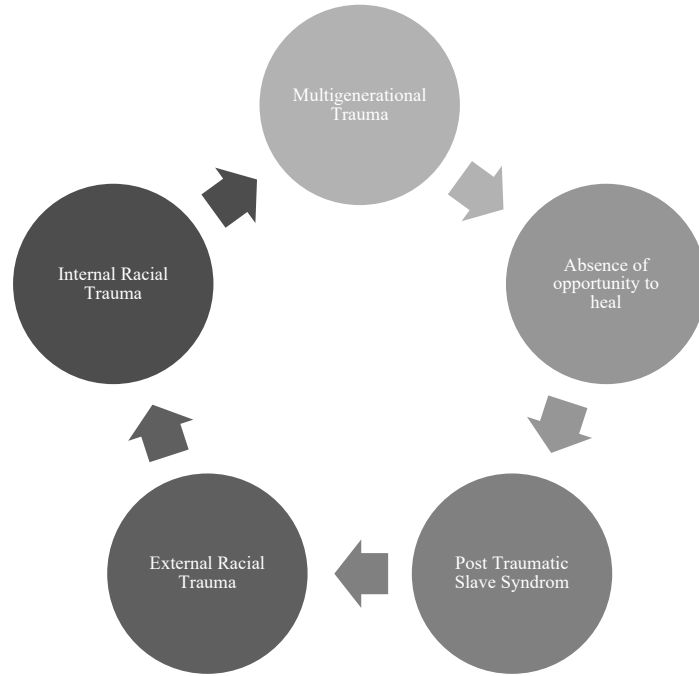
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Appendix A: Prisma



Appendix B: Conceptual Model



Appendix C: 1555 IRT Vignette

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Appendix D: 1555 IRT

1555 Internal Racial-trauma (1555 IRT)

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Appendix E: 1555 IRT Subscales

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