

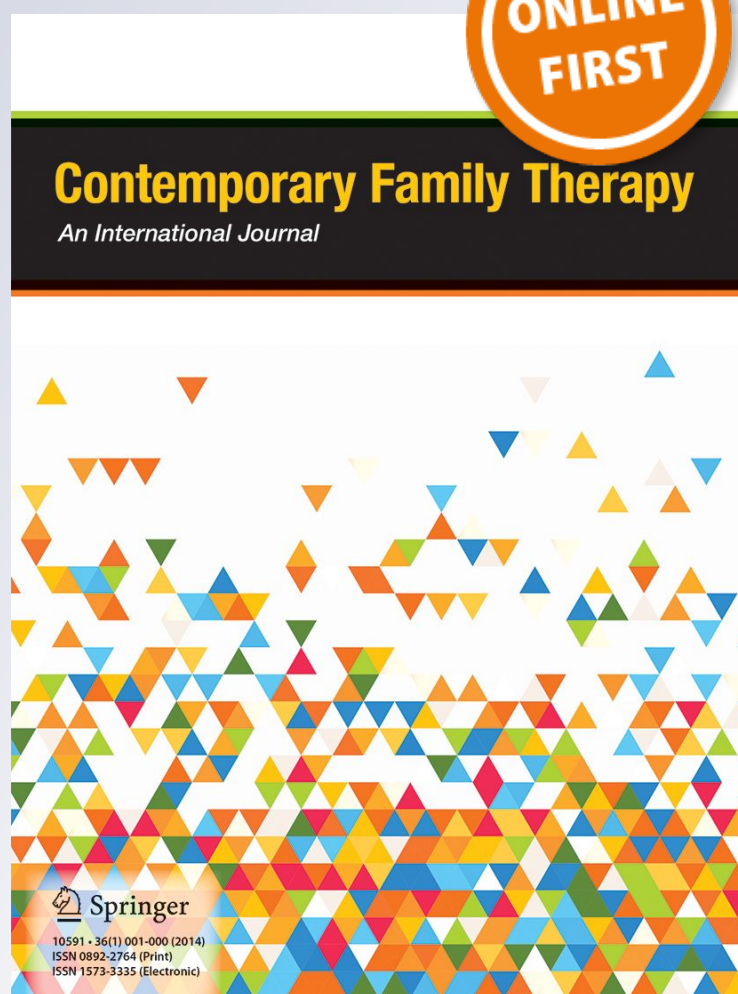
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Mass Trauma in the African American Community: Using Multiculturalism to Build Resilient Systems

B. Range¹ · D. Gutierrez¹ · C. Gamboni¹ · N. A. Hough¹ · A. Wojciak¹

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Abstract

Within the last 4 years, there has been an increasing awareness of traumatic shootings of Black Americans in our society, more specifically Black American males who are likely descendants of slaves and or low socioeconomic status. This increase in media coverage of these shootings has highlighted not only the plight of Black Americans in America but also the real threat of death Black American's live with. Americans in general have expressed outrage against these fatal shootings, which has been traumatic for many people, especially Black Americans and their community. These shootings severely impact Black American families and communities causing them to become trauma organized; losing basic sense of physical and psychological safety as well as family and community functionality. Understanding the effects these shootings have on the Black American community can help clinicians work more effectively work with this population. This article presents the Multi-Phase Model of Psychotherapy, Counseling, Human Rights and Social Justice (MPM) as a vital and necessary perspective in the treatment of traumatized Black Americans, specifically those effected by mass traumatic events, as well as a case study that applies the MPM using the fatal shooting of Philando Castile.

Keywords Multiculturalism · Black American · Resilience · Trauma · Mass trauma · Community · Shooting

Introduction

The word trauma originates from the Greek word 'wound' (Webb 2004) which communicates the foundational effects trying experiences can have on an individual and the degree, level of intensity or severity of that experience. The word trauma implies high intensity and severity. Therefore, trauma can be best and simply understood as a harmful physical, physiological or emotional energy of high intensity and/or severity (Bloom and Farragher 2013) with intensity being

the magnitude of the event(s) while severity is the meaning attached to the event(s) (Webb 2004). A negative correlation exists between trauma and an individual's level of functioning, adaptability and ability to heal (Nesbeda 2014); the higher the intensity and severity of trauma, the more complications develop. Fundamental self-protective mechanisms such as fight, flight, or freeze responses become significantly less effective against trauma; undermining a basic sense of felt security which can produce an array of consequences from mild anxiety to fear of death (Wieling and Mittal 2008). Trauma also capitalizes on time. The more unexpected, such as the death of Philando Castile during a routine traffic stop, or repetitive the trauma, such as the consistent occurrence of Black American males being shot and/or killed (Buehler 2017), the more traumatic or impacted a person is emotionally, physiologically and/or physically (Webb). This conceptual paper focuses on the adverse effects mass traumatic events have on the Black American community, particularly the killings (most of which by shooting) of Black American men by police officers, their families and the communities in which they belong (Chrisman and Dougherty 2014; Landau et al. 2008; Neria and Sullivan 2011; Wieling and Mittal 2008). The Multi-Phase Model of

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Psychotherapy (MPM) will be used to outline key concepts, perspectives and approaches in addressing mass trauma in Black American communities as well as provide a case study.

The Basics of Trauma

Trauma can produce unfavorable outcomes and negatively impact an individual's ability to function normally which can cut across all developmental domains: mental, emotional, spiritual, biological and physical (Wilson and Keane 2004). The extent or consequences of experiencing trauma may never be fully realized due to the complex ways in which trauma can impact individuals and communities developmentally (Nesbada 2014). Potential within a person or community prior to a traumatic event maybe lost, as trauma has the ability to alter developmental trajectories and a person's most basic beliefs about themselves and the world (Wilson and Keane 2004). Furthermore, trauma tends to outweigh an individual's and community's resources (Neria and Sullivan 2011) whereby community's internal organization can be severely affected and very difficult to regain. Bloom and Farragher (2013) talk about systems being trauma organized, which includes "hypervigilance, the loss of the capacity to grieve appropriately and reasonably anticipate the future, problems with authority increase, a basic sense of safety is lost, emotional regulation decreases, communication and cognition declines and judgement becomes impaired" (p. 19).

As it pertains more specifically to Black Americans and their community, they began to organize themselves around the harmfulness of trauma in an effort to prevent injury in the future and/or cope with a harsh reality that trauma presents. Ta-nehisi Coates (2015) explains this phenomenon in his book "Between the World and Me", which demonstrates the deleterious effects shootings have on the Black American community. More specifically, he refers to this throughout his book as "his/our/their body" (the Black American body) or the persistent fear of death and exploitation of the Black American body and ways in which this fear permeates throughout Black Americans psyche and community. In general, there becomes a mental, emotional, spiritual and physical disconnect between Black American experiences and the rest of the world hence the title, "Between the World and Me". This connotes hopelessness, pain and fear Black Americans live with daily because of feeling ostracized, treated unjustly and traumatized which consequentially may not yield the best developmental outcomes. Hypervigilance, also known as flight, fight or freeze strategies, become a necessity for survival rather than higher levels of cognitive functioning. The lack of hope, increased fear and hypervigilance can help to adopt a plethora of maladaptive coping strategies; violent behaviors such as domestic violence,

robbery, substance abuse and other criminal behaviors (Lan-dau et al. 2008; Wieling and Mittal 2008). Furthermore, parenting practices become more abusive, aggressive and authoritarian which do not support ideal outcomes for children. A Black American musician from Compton, California named Lamar (2017) writes in his song titled "FEAR,"

I beat yo ass, keep talkin' back. I beat yo ass, who bought you that? You stole it, I beat yo ass if you say that game is broken. I beat yo ass if you jump on my couch. I beat yo ass if you walk in this house with tears in your eyes, runnin' from Poo Poo and Prentice. Go back outside, I beat yo ass, lil nigga.

Ta-nehisi Coates connotes these same parenting practices in his book and explains that parenting is defined by the idea that a parent would rather kill their children before they let someone else take their child from them. This is not literal but expresses a belief that define strict and intense parenting practices. Although this fear is not created by shootings alone, they contribute to the traumatization of Black American communities. These shootings widen the gap Mr. Coates speaks of helping to create more fear, hypervigilance and trauma organization behaviors in the Black American community. The MPM helps to bridge this gap and restore hope and resilience among Black Americans. It is important to elucidate that it is not these shootings alone that are traumatizing but what occurs before and after that are also traumatizing.

Pre, Present and Post Trauma

Trauma is often thought of as a single event. What is commonly not understood about trauma is that it occurs in stages; pre-trauma, present trauma and post-trauma (Dyregrov et al. 2015). Pre-trauma is anticipation or expectation of the traumatic event. Present trauma is the actual traumatic event. Post-trauma are consequences experienced after the traumatic event. The stages of trauma also help to identify others that can be adversely effected: family, friends, co-workers, acquaintances, neighbors, other families of low socioeconomic status, the local and global Black American community, other dark skin minority groups as well as individuals from other ethnicities that have adopted Black American culture such as the famous rapper Eminem.

Philando Castile was shot and killed on July 6th 2016 after being pulled over by officer, Jeronimo Yanez, for an apparent busted tail light (Hezakya Newz & Music 2016a, b). Cable News Network (CNN) reports that Mr. Castile's girlfriend, Diamond Reynolds, live streamed the aftermath of the shooting where Mr. Castile is "dying from multiple gunshot wounds while the officer that shot him keeps his gun pointed through the car window". Ms. Reynolds began to narrate the situation while her

daughter is quiet in the backseat (CNN 2016a, b, c). Ms. Reynolds explains that her and her boyfriend had just been pulled over for a “busted taillight” and that her boyfriend, Mr. Castile, was shot while he was reaching for his wallet (CNN 2016a, b, c). She explains further that her boyfriend, Mr. Castile, was licensed to carry and that he had informed the police officer, prior to being shot, that he had a license to carry.

The pre-trauma for Philando Castile is the general fear of being racial profiled, or what is referred to in Black American communities as driving while black (DWB), and pulled over by a police officer as well as actually being pulled over. Also, Castile’s family and friends likely live with the constant fear that because of racial profiling and his permit to carry puts him at a higher risk for being shot by a police officer. Castile’s local community may live with fear and experience pre-trauma by hearing about the death of another Black American and hoping it is not their friend, neighbor, brother, uncle, son or nephew. The present trauma is the actual event or in this case, the fatal shooting of Philando Castile, as well as the first-time family, friends, co-workers, Black Americans etc. hear about the shooting. Castile was shot four times with his girlfriend Diamond Reynolds in the driver’s seat and her daughter in the backseat. It is not only the killing of Castile that is traumatizing but the trauma that others experience when they see the situation from Diamond’s and her daughter’s perspective. The post-trauma is the physical, psychological and emotional loss and feelings of injustice that Reynold’s, her daughter and all people effected experience: Reynold’s daughter’s classmates, Castile’s co-works, family, friends, neighbors, Black Americans etc. Even those who did not know him but watched the live video feed on Facebook and thereafter on YouTube could be traumatized, specifically if they share similarities to Mr. Castile that would place them at a higher risk of being shot by police: low socioeconomic status, being Black American, being Black American and male, or minority gun owners. People who empathize with the plight of Black Americans and the social inequality they face could also be traumatized.

Dr. Martin Luther King Jr. stated, “injustice anywhere is a threat to justice everywhere” (1960–1968). Dr. King words expresses the troubling sense of loss, particularly the loss of fairness, which is an essential ingredient to a basic sense of safety. It is not uncommon for others of different ethnicities than Philando Castile to participate in protests which serves as proof to how so many others experience loss and can be traumatized by these shootings. Unfortunately, these traumatic events are so specific to Black Americans that the Black community experiences the greatest loss of basic emotional, physical and psychological security and safety.

Mass Trauma

Mass trauma, such as “natural disasters, transportation disasters, technology-related disasters, spacecraft disasters, kidnappings, hostage, war, civil war, political war, community violence and/or terrorism” (Webb 2004), effect a large number of individuals and communities. These events are traumatic because of the devastating impact and unfavorable outcomes they have on individuals and their communities; PTSD symptomology (Neria and Sullivan 2011) as well as increase in community violence (Landau et al. 2008). Not only are Black Americans the most impacted group from these shootings and killings (Neria and Sullivan 2011) but our global community is affected as well considering how these shootings are broadcasted across all major media outlets: Facebook, YouTube, ABC News, FOX News and CNN. CNN report protests taking place in London after the Philando Castile shooting (2016a, b, c). Therefore, mass trauma connotes that many people are impacted by a traumatic event.

It is unfortunate that trauma in America is not so uncommon. “15% of women and 19% of men have reported lifetime exposure to natural disasters alone” (Neria and Sullivan 2011, p. 1374). For the Black American community, the rate of trauma may increase due to addition of race-based trauma which develops out of racial inequalities and disparities (Fyfe 1982; Banks et al. 2006) and can be said to be at the heart of these shootings and killings. CNN reports that Black Americans are three times more likely to be killed by police than their Caucasian counterparts (Buehler 2017; Howard 2016). Further evidence of racial inequalities is the overrepresentation of Black Americans in the criminal justice system, also known as mass incarceration. Black American males make up 39% of jail inmates (Weatherspoon 2014) but only 13.3% of the American population (Unites States Census Bureau 2016). They are also “twice as likely to be arrested and six times more likely to be incarcerated than their white counterparts” (Assari et al. 2017, p. 2). Systemic oppression and discrimination are often at the core of many traumas Black Americans experience (e.g., race-based trauma), more specifically as it pertains to this day and age, the shootings and killings of Black Americans by police officers. Mass incarceration, also referred to as modern day slavery, of Black Americans depict a system of oppression that contribute significantly to these traumas.

The Effects of Mass Trauma

The effects of trauma depend on several factors. Is the trauma acute or chronic, physically and/or emotionally near or far, personally experienced or witnessed, random or deliberate, completed or continuous (Gewirtz et al. 2008) or if

there is a natural loss such as the death of a family member to old age (Webb 2004). Black Americans are concurrently affected in these ways from the fatal shootings and killings of Black Americans, apart from natural loss, which will be demonstrated in detail later in this article. Generally, trauma can elicit grief or sorrow as well as intense feelings of loss (Webb 2004). Therefore, mass trauma can elicit grief and intense feelings of loss from large sums of individuals and communities that have been affected. Loss is experienced in a multitude of ways across the human experience. As it pertains to Black Americans and the Black American community, the experience of trauma, grief and loss becomes pervasive considering the concurrent experience of different factors that define the traumatic experience (acute or chronic, physically and/or emotionally near or far etc.). Black Americans are traumatized by present trauma (these shootings and killings) and experience not only grief, loss and sorrow but intense feelings of injustice that reflect a history oppression and discrimination. Immediate family members experience not only physical losses (e.g., loss of a loved one and possibly other economic losses such as a decrease in household income, housing or healthcare coverage), but the larger Black American community loses hope and trust in any group outside of their own (Williams et al. 2015). This lack of trust becomes an essential protective factor against systemic discrimination which are believed to be at the heart of these perceived injustices (Williams et al. 2015). Moreover, normalcy, or ideal normalcy which entails a basic sense of safety is lost as well. Living in a state of fear and hypervigilance or being trauma organized to protect oneself from such trauma, grief and loss becomes the norm. Post-trauma loss, as it pertains to immediate family members, is also experienced socioeconomically. Rent or mortgage maybe become impossible to pay due to the loss of income. There could also be loss of healthcare coverage, general financial stability and physical and psychological security and safety. As this basic sense of safety and security is lost, the fear of death, which is the most salient feature of posttraumatic stress disorder (PTSD), either your own life or someone you love, sets in as a reality.

The most widely known outcome from trauma is PTSD (Neria and Sullivan 2011), which Black Americans are at an increased risk for (9.1% prevalence rate) in relation to their Caucasian (6.7% prevalence rate) counterparts (Williams et al. 2015). This increased risk may be in part due to historical trauma such as slavery, multigenerational oppression, intergenerational social and political powerlessness as well as advocacy being met with violence (Wilkins et al. 2013). Symptomology of PTSD include intrusive memories, nightmares, reenactments/re-experience, intense psychological distress and physiological reactivity, avoidant behavior, numbing and hyperarousal (American Psychiatric Association 2013; Neria and Sullivan 2011). For Black American's,

in addition to these traditional symptoms of PTSD, may present with an increase in negative attitudes and beliefs about the world (Williams et al. 2015), which fosters a mentality of distrust in others as well as institutions that have historically oppressed Black American's. PTSD is also associated with "psychiatric comorbidities, severe psychosocial dysfunction, and increased rates of suicidal behaviors" (Neria and Sullivan 2011, p. 1374). Symptomology from trauma experienced by children and adolescents may present itself differently than adults. Children may exhibit emotional responses such as anxiety, sleeping problems and increased attachment needs (Finklestein 2016) and increase in behaviors such as aggressiveness, tantrums, restlessness, enuresis and thumb sucking (Kaffman and Elizur 1979) and adverse childhood experiences (ACES's) (Coulter and Mooney 2017). A study conducted by Felitti et al. (1998) reveals a host of negative outcomes for children in their adulthood due to trauma experienced as a child; "increased health risks for alcoholism, drug abuse, depression, suicide attempt, increase in smoking, poor self-rated health, 50 or more sexual intercourse partners, sexually transmitted disease, increase in physical inactivity, severe obesity" and early death (p. 245). Adolescents may have an increase in risky behaviors such as substance abuse (Wieling and Mittal 2008), an increase in delinquency, aggression and other behavioral problems (Chrisman and Dougherty 2014; Gewirtz et al. 2008), a decline in school performance (Chrisman and Dougherty 2014; Dyregrov et al. 2015) as well as emotional numbing, depression, alienation and irritability (Finklestein 2016).

Although these outcomes of PTSD are significant and applicable to the Black American population, the current definition of trauma does not include racism as a traumatic experience (Williams et al. 2015). Williams et al. (2015) states "Black Americans experience cumulative experiences of racism as traumatic... witnessing ethnviolence or discrimination of another, historical or personal memory of racism, institutional racism, microaggressions, and the constant threat of racial discrimination" (p. 165), which are fundamental and daily aspects of the Black American experience. Peggy McIntosh (1988) elucidates the daily microaggressions and prejudices Black Americans face by addressing white privilege, which are unearned privileges often afforded to the majority Caucasian culture that are not afforded to the minority Black American culture;

I can go shopping alone and be assured that I won't be followed. I do not have to educate my children to be aware of systemic racism for their own daily physical protection. If a traffic cop pulls me over, I can be sure I haven't been singled out because of my race (p. 1–2).

Racism, as a trauma, leads to vigilance or cultural paranoia/suspicion (Williams et al. 2015) which is a "refusal to identify with or trust persons differing from themselves in

color, race, ethnicity, lifestyle, class, and values” as a protective agent against racism and discrimination (Boyd-Franklin 2003).

Trauma and the Black American Community

Within the last 4 years, there has been an increase in public awareness of the shootings and killings of unarmed Black Americans in our society: Michael Brown (3chicspolitico 2014), Eric Garner (New York Daily News 2014), Tamir Rice (TomoNews US 2014), Charles Kinsey (Wiggs 2016) and Walter Scott who was shot eight times in the back by a police officer (Hezakya Newz & Music 2016a, b). These deaths have evoked outrage in the Black American community due to implicit bias (Correll et al. 2007; Greenwald et al. 1998) which fuels race-based traumas, discrimination and marginalization. An example of such implicit bias include Black Americans being three times more likely to be killed by police than their Caucasian counterparts (Buehler 2017; Howard 2016). The catalyst for this coverage appeared to begin in 2012, with an Black American adolescent male by the name of Trayvon Martin, who was shot and killed by a local neighborhood watch volunteer, George Zimmerman. There has been a significant rise in media coverage across the country on these events. These traumatic events have had a much greater impact on the Black American population than larger society and have been a common experience in the Black American community for much longer than it has been covered by the media (Fyfe 1982; Banks et al. 2006; Howard 2016). Black Americans experience all dimensions of trauma and in some cases, experience some dimensions simultaneously. These shootings are experienced as both acute and chronic, physically and emotionally near and far; they are personally experienced and witnessed, appear to be both random and deliberate and are complete and continuous. How Black Americans experience each dimension will be explained in detail later in this article. Moreover, mass traumatization of Black Americans severely and negatively impacts the development of Black American communities, families and individuals (Chrisman and Dougherty 2014) which may reinforce negative stereotypes of Black Americans.

It is important to understand the pervasiveness and deleterious effect these shootings and killing have on the Black American community. Landau et al. (2008) state that for every one person that was directly impacted by the Oklahoma City bombing, five people showed symptoms of PTSD. This same principle can apply in these instances of Black Americans being shot and killed. Moreover, because Black culture tends to be more collectivist than individualistic, traumatic events maybe more pervasive. Black families and communities show a high degree of value placed upon

extended family members and kinship networks (Boyd-Franklin 2003). Boyd-Franklin (2003) states, “a variety of adults and older children participate in the rearing of any one Black child” and “numbers of uncles, aunties, boyfriends, siblings, deacons and pastors operate in and out of the black home” (p. 53). Therefore, typical immediate family members may not be the only ones who are the most and immediately effected by these shootings.

Black American families and communities become less functional and unstable (Chrisman and Dougherty 2014; King 1993) and can lose their sense of normalcy/equilibrium, balance and/or direction due to mass traumatic events. King (1993) discusses that the impact of incarceration, the loss of Black American men in the home to imprisonment, on Black American families; “the sudden and involuntary separation from the family creates economic, psychological, and interpersonal problems” (p. 145). More specifically, loss of income for families who maybe already significantly disadvantaged financially; emotional and psychological distress such as loneliness, depression and nervousness as well as increase strain in family relationships due to rebalancing of responsibilities and renegotiation of roles (King 1993). When fundamental structures such as the family unit lose their equilibrium and are negatively impacted by trauma, communities trend to demonstrate “increases in depression and anxiety, substance abuse and addiction, risky sexual behavior, child abuse, couple violence...increase in poverty, kidnapping, street and orphaned children, bank robberies, rapes, armed assaults, and car robberies” (Landau et al. 2008). Protective factors, such as vigilance or cultural paranoia, become less effective and even misunderstood causing further traumatization and symptomology (e.g., PTSD, depression, aggression etc). For example, vigilance as a protective factor which has a positive connotation becomes hypervigilance and acquires a negative connotation and places responsibility on the victim rather than the entity or system that has caused the traumatization (Chung and Bemak 2012). Furthermore, Williams et al. (2015) states that, “behavioral symptoms of race-based trauma may be misattributed to stereotypes about the client’s race” such as the stereotypical ‘angry black man’ or ‘angry black woman’ (p. 165). Symptoms may also develop as a consequence of impaired family relationships that following the traumatic event (Gewirtz et al. 2008), which produce a plethora of problems for individuals and families (Gewirtz et al. 2008). This increases social problem such as marital problems, substance abuse (Wieling and Mittal 2008), and mental health issues (Gewirtz et al. 2008).

These shootings are characteristic to the Black American community and do not fit neatly within any defining categorical parameter of trauma (Funke and Susman 2016). These shootings are experienced as both acute and chronic, physically and emotionally near and far; they are personally

experienced and witnessed, appear to be both random and deliberate and are complete and continuous. Michael Brown died in his hometown but his death effected Black Americans across the country. His death, and many other related ones, was both personally experienced and witnessed by neighbors, friends, immediate and extended family members while he laid dead in the street. It was acute, as the witnessing of any death tends to be, and chronic given that Black Americans shot by police officers are not an uncommon occurrence (Buehler 2017; Howard 2016). This traumatic event is both physically and emotionally near to many Black Americans who fear they can be next due to their ethnicity. Lastly, such a traumatic event is both random, meaning not anticipating, and appear deliberate given the consistency of Black Americans being shot and killed by police officers. For example, another shooting include Tamir Rice, a 12-year-old Black American boy playing with a toy gun at the park, who on November 23, 2014 was shot and killed in seconds upon the police's arrival. Therefore, due to the statistic that Black Americans are three times more likely to be killed by police than their Caucasian counterparts (Buehler 2017; Howard 2016), these shootings appear to be deliberate than not. Again, the killings of Black Americans have been a part of the Black American community much longer than it has been covered in more recently in the media. For example, research on implicit bias by Psychologist Joshua Correll began, due to the shooting of an unarmed Black American, in 1999 named Amadou Diallo (NPR 2017). According to the Bryan Stevenson (2017), these shootings are equivalent to lynching in America after the Emancipation Proclamation because they both result in the loss of Black American life without any convictions. These shootings are both complete, because death is final, and continuous because of their constant occurrence (Funke and Susman 2016). Ideally, traumas such as these that are experienced within the Black American community need to be addressed systemically in our society (e.g., systemic racism), which is not within the preview of this article, but clinicians can be empowered in understanding these specific traumas and their effects as it relates to the Black American community as well as be inspired to take action that will encourage needed social change.

Resilience

In the face of such trauma, Black Americans can be resilient. Resilience is exposure to traumatic events yet an individual can adapt successfully, function, survive and develop (Masten 2015; Southwick et al. 2014; Walsh 2006). Resilience is the ability to maintain emotional and physical well-being in the face of trauma and helps to not only anticipate and prepare for negative life events but persist in the face of

adversity (Padesky and Mooney 2012). The development of resilience can be described in two ways. The first perspective is that resilience is determined by personal traits an individual possess. These traits include intelligence, hardiness, sociability, and optimism, personal perseverance, and commitment to learning from hardships (Duckworth et al. 2007; Masten and Narayan 2012; Shaw et al. 2016; Teti et al. 2012). These and many other personal traits are demonstrated within many Black Americans, specifically those who are successful in their career, academics, social life and/or relationship with a significant other (Patton et al. 2016), despite being traumatized by race-based traumatic events such as these shootings and killings of Black Americans which has been more of reality for Black Americans from low socioeconomic backgrounds and inner cities. Niggaz Wit Attitude or N.W.A., a Black American rap group that started in the late 1980s from Compton California writes in their song titled Fuck Tha Police, "fuck the police coming straight from the underground. A young nigga got it bad cause I'm brown. And not the other color so police think they have the authority to kill a minority" (Jackson et al. 1988). According to Akuno (2013), a Black American is killed every 28 h. Individuals from disadvantaged and impoverished areas such as Compton California, where successful musician Kendrick Lamar is also from, display personal traits (e.g., hardiness, intelligence). Kendrick Lamar's music reflect many Black American's positive coping strategies (e.g., community engagement and involvement, volunteer work, committed student and athlete) in his music and career as a successful artist rather than maladaptive coping strategies (e.g., violence or substance abuse) in the face of such tragedy and oppression. Furthermore, Diamond Reynolds's, girlfriend of Philando Castile, exhibits resilience in the moment which her boyfriend was shot. She remained exceptionally calm in an impossible situation, which she explained as fearing for her and her daughter's life if she did not remain calm. In the aftermath of the shooting, Ms. Reynolds states "I am gonna stay strong, absolutely" (BBC News 2016).

The other argument is that resilience is not looked as something that is based on traits, but rather is rooted in the interaction of biological, psychological, social and cultural factors (Southwick et al. 2014). Examples of this include the collectivist nature of the Black American community and values surrounding communalism (Gooden and McMahon 2016). This is demonstrated through Black Americans conversing and telling personal stories about issues related to discrimination and oppression which helps to strengthen the collective group/community ethnic identity (Bonanno et al. 2015). Such dialogue acts as a bonding agent which helps to provide meaning and structure for individuals and relationships, more specifically to family roles for both parents and their children which established functionality in the Black

American home. Stabilizing agents such as parental concerns and parental involvement in the child's life brings both cohesion and warmth in the home (Bonanno et al. 2015). Furthermore, these multigenerational dialogues encourage resilience that increases family solidarity and provide external protective factors (Johnston et al. 2014). Howard (1996) identifies four domains (strengths), that Black American family systems captivate with their strong sense of family identity which is linked to their familial resilience. Those four domains are the elasticity or adaptability of households, the central role of spirituality and religion within the household, racial bi-culturalism (socialized into a dominant culture yet internalize Afrocentric values), and installing positive self-esteem and development of ethnic awareness in Black American children (Howard 1996). Garnezy and Neuchterlein (1972) state that parents who socialize their children to internalize strong family values are also able to enhance their family resilience (Hill 1998). These values include respect for parents, high status of the elderly, the centrality of children, and a strong emphasis on emotional support and reciprocity (Hill 1998). Therefore, resilience is a learnable skill that can be developed within anyone. We propose that it is the interconnectedness of the self (such as personal characteristics) and environmental factors (such as family and community), that promote the development of health within the Black American community. This is evident in the Black Lives Matter (BLM) movement, which created a community predominantly of Black Americans that validated and strengthened positive personal qualities such as black pride on the Black community. Similarly, local Black American community groups or agencies such as The Circle of Brotherhood in Miami who says that they are, "Black men that stand up for and protect their community" that protested against the shooting of Charles Kinsey (Circle of Brotherhood 2014) are extremely helpful in building resilience through community and cohesion.

The Practice of Family Therapy Using a Multicultural Lens

Current Trauma Interventions

Within the field of marriage and family therapy, there are limited approaches that explicitly detail multicultural competence or multiculturalism as a necessary component. There are, however, multiple modalities clinicians use to treat clients who have experienced trauma. Some modalities include evidenced based practices like eye movement desensitization and reprocessing (EMDR) (Kaslow et al. 2002), developed by Francine Shapiro and trauma focused cognitive behavioral therapy (TF-CBT) (Cohen and Mannarino 2008; Deblinger et al. 2011), developed by MD Judith A. Cohen,

Dr. Esther Deblinger and Dr. Anthony Mannariona. Other options may include equine facilitated therapy (Kemp et al. 2014), using attachment and systems theory (Karakurt and Silver 2014) or feminist family therapy (Blumer et al. 2013) or group work (Connors et al. 2011; Doran and Punter 2009). There is a myriad of approaches to treat trauma but most approaches lack the inclusion of culture and cultural competency. Without a cultural lens, unique challenges within the Black American culture could never be understood.

This brief overview of modalities that MFTs provides a context for understanding the treatment of trauma, but not necessarily from a multicultural perspective which is crucial in understanding how mass trauma impacts communities of color as well as salient culturally relevant factors that contribute to the development of resilience. Throughout the development of the MFT field, there has been an increasing demand for marriage and family therapists to become more diverse through multicultural awareness (Sue and Sue 2008). Currently, Sue and Sue (2008) multicultural competencies, has been a primary text in helping therapists to become more culturally competent. The steps to multicultural competence include therapist awareness of their own biases, understanding the worldview of culturally diverse clients and developing appropriate interventions (Sue and Sue 2008). Furthermore, a prominent feature of multicultural competence is the power and privilege of dominant groups: Caucasians, heterosexuals, males, Christians, able-bodied individuals and those whose first language is English. Those with privilege have advantages and benefits over members who are oppressed, discriminated against and marginalized which stems from positions of power and privilege in society (Crenshaw 1991; Sue and Sue 2008). Furthermore, specific to Black Americans who have been treated as inferior in America by those with privilege and power, Black American communities may have cultural constructs of fear, mistrust and unease when interacting with institutions such as the mental health professionals (Davey and Watson 2008), because of institutional racism.

It can be argued that the common factors approach, using affect regulation with MFT theories by Witting et al. (2016) and the use of feminist family therapy proposed by Blumer et al. (2013), could allow a practicing clinician to be more mindful of roles that race and culture may play in the treatment of trauma or mass trauma. Unfortunately, cultural competency is not an explicit piece detailed in these approaches. Both approaches talk about flattening the hierarchy, which is relatable to cultural competency but is not culturally responsive or culturally sensitive approaches. We propose that multiculturalism is essential in treating this population, particularly to build and strengthen resilience in the Black American community. MFT's should specifically be more competent in the daily challenges Black Americans face such as being seen or treated as less than, as a threat

or a troublemaker across a variety of settings due to stereotypes related to their race (e.g., racial profiling). MFT's should be aware of what microaggressions or what Hughey et al. (2017) refer to as minidisasters; "unintentional discrimination against Black Americans, akin to subtle insults and diminutives" (p. 304). MFT's should also be aware of institutional racism, the "confluence of institutions, culture, history, ideology, and codified practices that generate and perpetuate inequality among racial and ethnic groups," what it looks like and how it works (Hardeman et al. 2016). For example, the disproportionate use of lethal force by law enforcement for Black Americans (Hardeman et al. 2016). They should also be aware of white privilege and Caucasian therapist being aware of their white privilege.

Multi-Phase Model

The Multi-Phase Model of Psychotherapy, Counseling, Human Rights and Social Justice (MPM), developed by Chung and Bemak (2012) out of their work with refugees, is a model rooted in multiculturalism and social justice. The MPM model directly addresses systemic racism and social justice issues that plague the Black American community, ultimately causing the shootings and death of Black Americans, by using a non-traditional, proactive, strengthened based and systemic approach. The model requires therapists to be proactive in understanding their own biases and how they operate not only within larger society but within the structure of the therapeutic process. Therapists must understand the innate bias that exists in Western ideals that are harmful to minority groups such as Black Americans. Furthermore, therapists are encouraged to take action against social injustices outside of the therapeutic process. The model looks to empower those that have been disempowered by acknowledging their strengths and encouraging action to be taken against systemic oppressive forces using their strengths. The model helps to identify and redefine oppressive concepts such as hypervigilance, which has a negative connotation, but vigilance is a basic strength of Black Americans against discrimination and prejudice. Furthermore, the MPM model has the therapeutic quality to reduce symptoms of mass trauma through basic therapy concepts such as validation, connectivity and community. The MPM has five stages or what we will refer to as phases: (a) mental health education, (b) group, family and individual psychotherapy, (c) cultural empowerment, (d) indigenous healing and (e) social justice and human rights. Although described here as a linear process, any phase of the model can be implemented at any time. Phases may also overlap or work in tandem.

Phase A is education and informing the client about the therapeutic process, confidentiality, therapeutic approach, roles and responsibility of client and therapist, medication

management and being explicit as possible about building the therapeutic relationship (Chung and Bemak 2012). Explaining basic skills such as empathic listening and being present are very useful at this stage. It is also important to explore the client's beliefs and practices surrounding health and healing. Questions such as "what does health or being healthy mean to you", "who do you rely on when you are sick or unwell physically, emotionally and spiritually" and "what are some common practices or beliefs in your culture about healing and health?" Also, asking questions such as "how has your ancestors adapted to hardship and trauma in their life" and "what have you learned from them about dealing with trauma and hardship in your life?" Landau et al. (2008) stated that recalling stories about one's ancestors and culture of origin was significant in reducing symptomology from mass trauma and increasing resilient factors.

Phase B seeks to understand the interplay of traditional therapeutic services (individual, group and family) and social justice which challenges therapists to employ cultural relevant interventions and techniques that traditional therapy may not entail. In this stage, therapists work to understand limitations of traditional therapy based in Western ideals and complement them with culturally relevant techniques and interventions. In the stage, it becomes inevitable for therapists to consider the psychological wellbeing of the client in relation to the "isms," such as sexism and racism, that are oppressive and discriminatory (Chung and Bemak 2012). Questions such as "do you feel discriminated against? When and where do you feel most marginalized? How do you deal with feeling oppressed?" Educating the client on the various "isms" maybe warranted: ageism, ableism, colorism and classism. Vital to understanding the influences of these harmful forces on the client is to not pathologize adaptations to them, but rather understand that vigilance in response to trauma is a helpful and almost necessary adaptive mechanism. It could have very well been Diamond Reynolds's vigilance that quickly informed her to record what was occurring and present as calm for fear that she or her daughter could have been shot next (ABC News 2016). It is understanding the utility of vigilance and redirecting change toward the larger social systems rather than putting the burden to change on the client.

In this stage, clinicians also work to understand the limitations and inappropriateness of traditional Western values and constructs within the therapeutic process as well as how they may not fit or even become harmful to Black Americans. For example, a well-constructed and mutually established treatment plan may be less important to Black Americans than is emphasized in traditional therapeutic services. This coincides with the Black American culture being a high-context culture, relying more on the context and the feel of the relationship with less reliance on verbiage and language, compared to Caucasian low-context

culture (e.g., America's legal system), which relies more on literal words and the structure of language (Sullivan 2009; Hall 1959). In high context cultures, communication is more implicit than explicit therefore there is more reliance on non-verbal communication. In low-context cultures, there is more of a reliance on verbal communication. For example, Olutosin Oduwole, a Black American undergraduate student at Southern Illinois University, in 2011 was convicted of an attempt to make a terrorist threat because of what Mr. Oduwole explained was discarded rap lyrics. The lyrics stated "send two dollars to a pay pal account. If the money doesn't reach \$50,000 in the next seven days, then a murderous rampage similar to the V.T. (Virginia Tech) shooting will occur at another highly population university. This is not a joke" (Vedantam 2017a, b). Mr. Oduwole explained that rap is more about feeling strong and braggadocios (the nonverbal communication within rap) rather than what his rap lyrics literally said. He stated he never intended for his lyrics to be read by anyone. A year and a half into Mr. Oduwole 6-year sentence, the conviction was overturned by the appellate court.

Phase C is encouraging clients to be advocates for themselves and to directly influence the environment that has or is currently impacting their mental health and well-being (Chung and Bemak 2012). Therapists assist clients in their efforts by helping them to strategize, plan and increase their understanding of the systems at play. Helping to educate clients about law enforcements and civil rights when being pulled over by police officers are good examples. Therapists also consider collaborating with other entities and agencies that the client is involved with in less traditional ways that goes beyond the safety and predictability of a therapy room. For example, a therapist may assist a client with organizing a protest as well as participating themselves.

Phase D looks at culturally based healing practices, their legitimacy, and how they may complement Western practices (Chung and Bemak 2012). The therapist engages with the client's community by attending relevant social events, restaurants and local community events. Therapists may attend a church service with the client and meet the clients Pastor or, as mentioned earlier, joining a local peaceful protest. Therapists may also establish a partnership with culturally relevant healers such as Pastors in the Black American community which are very significant figures when it comes to healing. Finally, phase E calls for therapists to understand the importance or risk taking outside of the therapist-client relationship (Chung and Bemak 2012). Taking an active role in social awareness and advocacy, reframing from sitting safely and comfortably in a therapy room. Actively joining protests and movements such as BLM, contacting state officials, writing letters and speaking on critical racial injustices even when it's uncomfortable.

A characteristic Black Americans may present with in therapy is resistance (Boyd-Franklin 2003). There are multiple reasons for such resistance. In general, Black Americans may be less likely to attend therapy because, more often, they seek help from their church (e.g., pastor, an elder or fellow brother of sister in Christ) instead of seeking therapy services (Boyd-Franklin 2003). Other causes of resistance during the therapeutic process according to Boyd-Franklin (2003) include not wanting to be perceived as 'crazy' by peers, friends and extended family members. Also, some therapy norms such as the extensive background history asked within the intake process or self-disclosure about personal aspects about one's life can encourage resistance because of vigilance or cultural paranoia. Norms within the therapeutic process can be oppressive to Black Americans. For example, the resistance that Black Americans may present with maybe more quickly and inaccurately labeled, compared to their Caucasian counterparts, as a type of pathology or dysfunction instead of understanding the cultural meaning or relevance of their behavior (Boyd-Franklin 2003). Furthermore, Black Americans may also be labeled negatively when they do not conform to majority cultural norms and values that exist in therapy beliefs surrounding corporal punishment. The MPM increases cultural competence that assists with joining with Black Americans.

Marriage and Family Therapist and their Unique Position

Marriage and family therapists (MFT), are in a unique position because of their systemic orientation to incorporate and understand the interplay of systems into the therapeutic process, as well as how other systems influence therapy. MFT's are trained to be systemic thinkers and to see individuals and families in the context of the larger systems in which they exist. Stanton and Welsh (2012) describe systemic thinking as a crucial part in conceptualizing family therapy and is central to the specialty. The MPM Model, developed by Chung and Bemak, does not explicitly use the verbiage systems thinking, but implies that the systemic orientation is pivotal when it comes to multiculturalism's or cultural competence (Sue and Sue 2008). MPM does not only address cultural competency, similarly to other cultural competency models, but takes it a step forward and addresses social justice issues such as the social inequalities and disparities Black Americans face. The fatal shootings and killings of Black Americans are one of the many examples of the social inequalities and disparities that severely traumatize the Black American community. There is plethora of negative consequences for the Black American community that marriage and family therapists can work with clients to heal from. Particularly, MFTs can use their unique systems lens

and the MPM model to emphasize connections to others in the Black American community, in hopes to improve their healing from residual pain associated from trauma (Witting et al. 2016). Using the MPM Model can thus assist marriage and family therapists in working with this population and strengthening their resilience.

Case Example: Philando Castile and Working with Black American Families

The Shooting

Philando Castile's girlfriend, Diamond Reynolds, and her daughter, Dae'Anna, witnessed firsthand the fatal shooting of her boyfriend, Mr. Castile, during a routine traffic stop for an apparent broken taillight (Hezakya Newz & Music 2016a, b). The video shows Diamond Reynolds live streaming on Facebook, which started shortly after Mr. Castile had been shot several times. She captured his last moments of life as he laid slouched into the backseat moaning from the pain of his bullet wounds. The video starts with Ms. Reynolds narrating the situation. She explains that they had just been pulled over for a non-functioning taillight and that Mr. Castile was licensed to carry and was in the process of getting out his license and registration. The police officer saying "Fuck (breathing heavily). I told him not to reach for it. I told him to get his hands up." Ms. Reynolds responds by saying "You told him to get his ID sir and his driver's license." which the officer then had no reply. Reynolds states, "oh my God. Please don't tell me he is dead. Please do not tell me my boyfriend just went like that." The police officer says to Ms. Reynolds "keep your hands where I can see them." Ms. Reynolds says, "yes I will sir. I will keep my hands where they are... (begins to cry) you just shot four bullets into him sir. He was just getting his license and registration sir." Thereafter, the police instruct Ms. Reynolds to get out of the car with her hands up. She was handcuffed and placed, along with her daughter, in the back of the police car.

Black American families experience racism and discrimination, or at least the threat of it, daily (Thompson-Miller and Feagin 2007). These shootings, for many Black American families, are a manifestation of racism and discrimination. Furthermore, these shootings are said to be the modern-day transformation of lynching (Stevenson 2017; Verna 2014), considering that lynching and these shootings both create intense feelings of injustice and results in the loss of Black Americans. Specifically, Black American raced-based trauma (Bryant-Davis and Ocampo 2005) can cause "cardiovascular and psychological reactivity, psychological distress, depression, increased alcohol consumption, lower self-esteem, lack of socioeconomic development, chronic health problems, psychophysiological disease such as hypertension

and diabetes and can exacerbate post trauma symptoms of survivors of trauma" within Black American families and communities (p. 484). In considering the mass incarceration of Black Americans as a race-based trauma, Black American families suffer financially, psychologically and relationally or interpersonally (King 1993). Therefore, it is not unusual for Black American families to be inundated with challenges that are a result of various forms of racism and discrimination: systemic, intentional or unintentional, or overt or ambiguous by individuals, institutions or cultures (cultural hegemony) (Bryant-Davis and Ocampo 2005, p. 480) and ways in which these forces have dismantled Black American families. It is important for clinicians to understand these implications of racism for Black American families and inquire the uniqueness racism has played out in the client's life as well as their ancestors.

Applying the MPM Model

Diamond decided that her and her daughter should attend therapy after this traumatic event. Using the available media, particularly YouTube, Diamond's interviews will be used to analyze how she presents in therapy. Inserts for the MPM model in relation to Black American families, will be included as well. Assume Diamond explains her reason for entering therapy was because she felt it would be a good idea for her and her daughter.

First, marriage and family therapists should work to be culturally competent, which is being mindful of his/her own biases, working to understand the worldview of client and developing appropriate interventions (Sue and Sue 2008). This framework is present with the therapist throughout the therapeutic process which has been developed prior to the therapeutic encounter. Therapists should understand that their biases are not fully understood and may be realized or present themselves at any point through the therapeutic process. Therapists should anticipate uncovering unacknowledged biases and be prepared to address them in supervision or skillfully be transparent about the session with their client. Issues of power and privilege in society informs the therapist of the systemic oppression and marginalization that Diamond and her family manages daily. The therapist understands that this is an essential talking point for Diamond and that this part of her narrative will be intertwined throughout the therapeutic process. The therapist should not only rely on the client to inform them of the Black American worldview but take it upon themselves to increase their own exposure to Black American culture by attending events in their community (church service, community program, social event, NAACP meeting etc.) particularly when limitations of their understanding are realized. The therapist understands that this is an essential component in learning about their biases and understanding the Black American worldview.

Therapists consider the historical nature of racism for Black American families in America and the effects slavery and racist acts such as lynching, has disenfranchised and torn Black American families apart (Boyd-Franklin 2003; Stevenson 2017). Boyd-Franklin (2003) states “slavery robbed Blacks of their human rights, homeland, family ties, language, customs, food, their gods and spiritual rituals” (p. 8). Stevenson (2017) highlights that men often had to leave their families in the south for fear of being lynched, which has created significant disconnection between men and their families that has affected generations.

Essential to Phase A, mental health education, of the MPM model is building of the therapeutic relationship and educating the client about the therapeutic process. Because of the vigilance Black American’s have developed to defend themselves against racism, there is a constant conscious and unconscious evaluation of if and how much the therapist can be trusted. Boyd-Franklin (2003) describes this phenomenon well in terms of “vibes” and “gut feelings” (p. 178), which is intuitively how comfortable the client feels with the therapist. Vibes and gut feelings are based largely in non-verbal language (e.g., high-context culture). Therapists should work to be attuned to their own gut feelings and vibes they feel from the client and take the risk to talk about them openly. Black American families’ resistance, skepticism, or reluctance in therapy should be viewed in context of historical events (e.g., slavery and civil rights movement) as opposed to individual psychopathology. Validating the client’s resistance by identifying relevant societal conditions (e.g., institutional racism such as the killings of unarmed Black Americans, mass incarceration) and identifying therapy as a microcosm of these conditions is important. Racial differences between client and the therapist’s own power and privilege in society should be discussed openly as well as the effects such issues can have on the therapeutic relationship and process. For example, a Caucasian therapist may identify that they may never be able to fully understand what it is like to be a Black American in Western society but engages the client in a conversation about how to manage such differences.

Furthermore, the therapist should be detailed in their explanation of the therapeutic process such as explaining that there is a stages to the therapeutic process (a beginning, middle and end) detailing their therapeutic approach, how they work and how it compares to other relevant approaches. Techniques of their approach should be explained also. Disclosing level of experience with working with Black Americans can communicate the therapist’s level of competence and expertise. Discussing the limitations of confidentiality and detailed examples of when confidentiality can be broken and what can occur is important. An explanation of prior examples and how often confidentiality is broken is ideal because it communicates nuances and non-verbal

information which is important in building the therapeutic relationship. Being clear about the structure of therapy such as weekly meetings, what the clinical hour means, fees and what supports, if any, are in place between sessions. Your community or agency may have a crisis hotline that maybe useful to the client or referring clients to cultural relevant community resources, events of organizations that have such information such as your local NAACP. The inappropriateness and risk of sharing medication between family members should also be discussed. Lastly, an explanation of the role of the therapist and client is helpful.

Phase B, group, family and individual psychotherapy, looks at the interaction of culturally sensitive and traditional Western interventions. Therefore, inquiring about Diamond’s background and history of feeling oppressed and/or discriminated against is essential. Questions such as “where are you from” (which may indicate some level of racism experienced), “how long have you been there,” “how racist is the area you are in” or “how racist is the surrounding area?” Such direct questions communicate gut feeling attunement that supports development of the therapeutic relationship as well as incorporates humor to soften the relationship. The therapist may ask Diamond about specific incidents or racism and oppression that she has experienced in her life in addition the fatal shooting of her boyfriend Mr. Castile? In general, Black American families have rich stories about how they have experienced racism and discrimination and what these experiences mean for their life. It is not uncommon for Black American’s to feel they need to work three times as hard as their Caucasian counterparts to attain a comparable level of success. Acknowledging such hardship can serve as an intervention. Therapist should absorb the uniqueness of Diamond’s experience and what meanings she has created about herself and the world. The therapist should also be intentional about looking for and asking about specific adaptive behaviors to avoid racism such as avoiding certain neighborhoods for fear of being racial profiled. It is important to not pathologize these adaptations if they do not align with dominant cultural values or beliefs. Diamond Reynolds reported that she does not cry in front of her daughter during several interviews. This could be considered being emotionally withdrawn, unavailable or simply Diamond not being an emotional coach for her daughter. Using a culturally lens, exemplifying strength in this way maybe necessary for survival purposes as well as in socializing her daughter to manage hardships such as racism as she ages. Traditional Western practices would educate Diamond on healthy grieving, which may be necessary. Doing so without much consideration to cultural meanings of behavior can damage the therapeutic relationship and decrease the effectiveness of therapy.

Phase C, cultural empowerment, would encourage Diamond to pursue justice for her boyfriend, her daughter,

her community and herself. The therapist may ask “what would right this awful wrong,” “what needs to change in our society” and “how do we prevent this from happening the future?” These questions would orient Diamond to think of ways to advocate for herself. The therapist would then help coach Diamond in self-advocating. The therapist may suggest things such as a peaceful protest, writing a letter to state representatives or hosting a community meeting to discuss community advocacy efforts. Black American families can join local and/or national organizations such as the National Association for the Advancement of Colored People (NAACP), BLM or community groups designed to address issues such as implicit bias and racism in their community. The therapist can encourage Black American families to start a support group and collaborate with the local Junior High or High School. More importantly, the therapist leads from behind and helping the client identify the course of action they feel would be most beneficial. The therapist also looks for ways to collaborate with stakeholders such as attorney’s and other community leaders.

Phase D, indigenous healing, would inquire about where Diamond gets her strength from. Diamond often refers to God and her daughter as her sources of strength. The therapist may ask Diamond more about her religious practices such as attending church and prayer. The therapist would inquire about meeting Diamond’s pastor by inviting him to a session. The therapist may ask about things that Diamond does with her daughter that is helpful. The therapist would also direct this question to Diamond’s daughter asking questions like “what do you like to do with your mommy”, and “what makes you and mommy feel good when your together”. Gathering information about current practices that’s helpful to the client, so that the therapist can use their intervention to complement what is already working for the client. Black American families commonly refer to prayer and anticipate a better existence with God when they die (Boyd-Franklin 2003). Prayer and faith is a culturally relevant healing practice for Black American families. Therapists should inquire about family’s religious practices and if they feel like they are living up to their spiritual and religious potential. If not, how the therapeutic process can support their spiritual growth, if the client is in fact religious. Phase E, social justice and human rights, calls for the therapist to take it upon themselves to be advocates and agents of social change in these matters. The therapist takes it upon themselves to get involved and promote social change.

Conclusion

The fatal shootings and killings of Black Americans are massively traumatic to the Black American individuals, their families and community. The shootings and killings of Black

Americans reflect egregious injustice that caused by racism, oppression, and discrimination in America. These shootings, and the implicit bias that appear to cause them, have dire consequences for Black Americans, their families and communities in all developmental domains and helps to dismantle Black American families. Black American families may experience significant financial difficulties, increased mental and physical health problems as well as relationship problems within the family because of the renegotiation of roles and rules due to the death of their loved one. Black American communities suffer as well. There is an “increase in depression and anxiety, substance abuse and addiction, risky sexual behavior, child abuse, couple violence... increase in poverty, kidnapping, street and orphaned children, bank robberies, rapes, armed assaults, and car robberies”(Landau et al. 2008). The systemic oppression of Black Americans is well documented and is demonstrated in the disproportionate number of Black American’s in jail as well as in the statistic that Black Americans are three times more likely to be killed by police than their Caucasian counterparts (Buehler 2017; Howard 2016).

Black Americans can strengthen their resilience in the face of such despair and tragedy. The encouragement to develop personal characteristics, such as hardiness, in addition to familial and community connectedness strengthens resilience. More specifically, storytelling (particularly from elders) of discrimination and adaptations to discrimination within Black American families, builds community and connectedness. Such stories communicate values like perseverance and determination which have a positive impact on ethnic identity development and personal character traits that strengthen resilience.

Due to the systemic nature of racism and discrimination, marriage and family therapists poses a unique skill set that fits well with the MPM approach. Marriage and family therapists are trained to think systemically which the MPM model essentially outlines. In addition to therapist basic training in cultural competence (Sue and Sue 2008), The MPM model takes cultural competence a step further by including social justice and human rights. It seeks to respect the culture of the client by addressing cultural hegemony in and outside of the therapeutic process, validating cultural experiences, beliefs and practices and empowering clients to become self-advocates. The MPM model also tasks the therapist to take a more active role to collaborate with stakeholders, as well as increase their cultural competence through personal activism.

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