

Understanding Racial Trauma: Implications for Professional Counselors



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Racial trauma has become a common topic of discussion in professional counseling. This concept is also known as race-based traumatic stress, and it addresses how racially motivated incidents impede emotional and mental health for Black, Indigenous, and people of color (BIPOC). Research about this topic and strategies to reduce its impact are substantial in the field of psychology. However, little research about racial trauma has been published in the counseling literature. The intent of this paper is to provide an in-depth perspective of racial trauma and its impact on BIPOC to enhance professional counselors' understanding. Strategies for professional counselors to integrate into their clinical practice are provided. In addition, implications for counselor supervisors and educators are also provided.

Keywords: racial trauma, BIPOC, counseling, professional counselors, clinical practice

The impact of racism on the psychological, emotional, and physical well-being of those subjected to it is no secret. In fact, the Centers for Disease Control and Prevention (2021) has declared racism as a public health issue and threat to the health of minoritized individuals. Similarly, the Federal Bureau of Investigation (2019) reported that 5,155 people were targets of racially motivated hate crimes in 2018: 47.1% of the victims identified as Black/African American, 13% as Hispanic/Latino, 4.1% as American Indian/Alaskan Native, and 3.4% as Asian. Daily experiences of racism for Black, Indigenous, and people of color (BIPOC) can lead to an increase in health complications and mental health disparities (French et al., 2020; Williams et al., 2019). Hemmings and Evans (2018) noted that because of racism, BIPOC communities have limited access to resources, which impacts their quality of education and health care. Thus, racially marginalized communities are susceptible to chronic illnesses and mental health concerns such as diabetes, heart disease, depression, and suicide (Hemmings & Evans, 2018). Furthermore, researchers have found that exposure to racism and discrimination increases levels of stress in the body and can lead to chronic illnesses such as high blood pressure, diabetes, and gastrointestinal issues for people of color (Bernier et al., 2021; Chavez-Dueñas et al., 2019; Smith et al., 2011; Wagner et al., 2015), therefore adversely impacting the livelihood and overall well-being of BIPOC communities.

Racism-related stressors can lead to race-based traumatic stress, also known as racial trauma (Carter, 2007; Comas-Díaz et al., 2019). Racial trauma and race-based traumatic stress occur when there is an experience of direct or indirect racism that leads to psychological and emotional injury for BIPOC. Examples include experiencing microaggressions in the workplace (Sue et al., 2019), witnessing an unarmed Black person being killed by law enforcement (Williams et al., 2018), and being physically attacked because others believe a person's racialized group is the cause of a global pandemic (e.g., Asian American and Pacific Islanders [AAPIs]; Litam, 2020). There is a substantial amount of literature in the field of psychology related to racism, race-based traumatic stress, and racial trauma (Adames et al., 2023; Bryant-Davis & Ocampo, 2006; Carter, 2007; Comas-Díaz et al., 2019; French et al., 2020; Helms et al., 2010; Mosley et al., 2021). However, there is little to no research in the counseling profession related to racial trauma. Therefore, this article provides an overview of racial trauma and implications for the counseling profession.

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Race-Based Traumatic Stress and Racial Trauma

Racial trauma is the collective stress experienced by BIPOC directly or indirectly due to continuous racially motivated incidents of microaggressions, exclusion, discrimination, and sociopolitical events that create psychological and emotional harm (Anderson & Stevenson, 2019; Comas-Díaz et al., 2019). *Race-based traumatic stress* is one of the most common interchangeable terms for racial trauma and refers to the stress response and emotional injury that occur after experiencing a racist encounter (Carter, 2007; Williams et al., 2018). Carter (2007), along with other researchers (Chavez-Dueñas et al., 2019; Helms et al., 2010; Smith et al., 2007, 2016), examined the experiences of BIPOC and the accompanying psychological stress when they experience racism-related incidents. Constant exposure to racially motivated incidents can create and lead to an overwhelming emotional stress response for BIPOC. Bryant-Davis and Ocampo (2005), Hemmings and Evans (2018), and Litam (2020) discussed how racist incidents of physical assaults, verbal attacks, and threats to one's safety impact a person's sense of self and can cause a person to present with symptoms of trauma.

It is imperative to note that experiencing racism and presentation of trauma symptoms are not all life threatening. Therefore, racial trauma differs from the traditional diagnosable PTSD criteria as stated in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5;* American Psychiatric Association [APA], 2013). Although it is not explicitly stated in the *DSM-5*, racial trauma encompasses racism-related stressors associated with one's membership in a racialized social group, historical trauma, and continuous exposure to racism-related violence. Consequently, conceptualizing and diagnosing a client that presents to counseling with trauma symptomology that does not fit the criteria for the PTSD diagnosis can be confusing for mental health professionals. Therefore, it is important for professional mental health counselors to be prepared to assess and treat clients who present to counseling with trauma symptomology related to racist incidents.

Impact of Racism and Racial Trauma

Racial trauma could impact a person's sense of self, pride in culture, and identity (Brown-Rice, 2013; Skewes & Blume, 2019). Skewes and Blume (2019) found that assimilation, exploitation, and forced relocation led to the loss of spiritual and cultural practices for American Indian and Alaska Native (AI/AN) communities. Additionally, Brown-Rice (2013) stated that loss of cultural traditions and native practices creates a sense of confusion and hopelessness for Native American adults. Thus, racialized trauma can lead to a separation of cultural identity and practices. Similarly, Chavez-Dueñas and colleagues (2019) found that racial trauma has increased psychological distress for Latinx immigrant communities because of anti-immigration policies, opposition to assimilation into the American culture, and fear of deportation. Furthermore, racial trauma can lead to psychological concerns such as anxiety, depression, emotional dysregulation, and suicidal ideation (American Foundation for Suicide Prevention, 2020; Bryant-Davis & Ocampo, 2005; Comas-Díaz et al., 2019; French et al., 2020; Hemmings & Evans, 2018). Additionally, the American Foundation for Suicide Prevention (2020) found suicide rates for minoritized communities have increased. Moreover, racial discrimination has been positively correlated with suicidal ideation among African American young adults (American Foundation for Suicide Prevention, 2020).

Racism is consistently prevalent within American schools and continues to be an issue of concern experienced by BIPOC students (Kohli et al., 2017; Merlin, 2017). The experience of trauma coupled with racism and discriminatory practices in education has shown to impart racial disparities among BIPOC students in the areas of academic achievement, employment, and participation in the criminal justice

system (Lebron et al., 2015). Black students are underrepresented in advanced courses, are less likely to be college ready, and spend less time in the classroom because of disciplinary practices (United Negro College Fund, 2020). According to a report on school discipline by the U.S. Department of Education Office for Civil Rights (2018), Black students only account for 18% of preschool enrollment, yet they make up 42% of total suspensions and 3 times more expulsions than their White peers. In addition, Black students are more than twice as likely to be referred to law enforcement and subject to arrest for school-based incidents when compared to their peers (United Negro College Fund, 2020). Furthermore, not only are Black students underrepresented in advanced courses, but they are overrepresented in special education programs and more likely to be identified with a disability (Harper, 2017). Therefore, it is imperative for professional mental health counselors to understand how racial trauma could impact the mental health and well-being of individuals at distinct phases of life span development (e.g., children, college students, etc.).

Currently, racial trauma has been exacerbated by the recent COVID-19 pandemic plaguing the United States and other parts of the world. Liu and Modir (2020) and Fortuna et al. (2020) highlighted the lived experiences within BIPOC communities regarding living in low-income neighborhoods, denial of access to care, and being disproportionately affected by the COVID-19 virus. Black Americans accounted for 34% of confirmed cases in the United States, followed by Latinos at 20%–25% of cases (Fortuna et al., 2020). This demonstrates that health disparities coupled with racism could impact the physical well-being of BIPOC. Racism-related stress impacts the emotional and physical health of BIPOC communities. This includes sense of self (Chavez-Dueñas et al., 2019), culture identity (Skewes & Blume, 2019), and overall wellness (Litam, 2020). Healing racial trauma requires professional mental health counselors working with BIPOC individuals to consider sociocultural factors such as systemic racism, oppression of marginalized communities, and cultural trauma.

Implications for Professional Counselors

The counseling profession highlights the importance of assessment competency as stated in the American Counseling Association (ACA) *Code of Ethics* (ACA, 2014; e.g., Standard E.5.c: Historical and Social Prejudices in the Diagnosis of Pathology) and the 2016 Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015) Standards (e.g., Assessment and Testing). In addition, the 2016 CACREP standards emphasized the importance of social and cultural diversity, highlighting strategies and techniques to identify and eliminate barriers of oppression and discrimination (CACREP, 2015). Because racial trauma is invasive and harmful for BIPOC individuals and communities, understanding its impact on psychological and emotional well-being is imperative for all mental health professionals in their respective roles. Thus, counselors must be prepared to provide culturally responsive care to BIPOC individuals who have experienced racism-related trauma.

Licensed Professional Mental Health Counselors

Assessing for racial trauma is of utmost importance when conceptualizing and creating a treatment plan for BIPOC clients. It is imperative for counselors to become familiar with assessments and clinical interventions to inform their approach to treating racial trauma. Williams and colleagues (2018) proposed the UConn Racial/Ethnic Stress and Trauma Survey (UnRESTS) to assist mental health professionals in their case conceptualizations and treatment planning when racial trauma is present in BIPOC individuals. The UnRESTS is a clinician-administered semi-structured interview that is beneficial in case conceptualization to determine the multiple experiences of racism for the client. The interview comprises 6 sections: introduction of the interview, racial and ethnic identity development, experiences of direct overt racism, experiences of racism by loved ones, experiences of vicarious

racism, and experiences of covert racism (Williams et al., 2018). Even though this survey is like the *DSM-5 Cultural Formulations Interview* (APA, 2013) and helps the counselor determine if the client's symptomology fits criteria for PTSD, it should not be the only assessment tool used to determine a diagnosis of PTSD. Additionally, this interview tends to be lengthy in time; therefore, counselors should consider completing this interview within the first and second sessions. This assessment along with other clinical approaches could be beneficial to understanding the traumatic responses of clients impacted by racism.

Several BIPOC scholars have offered models, theories, and frameworks to heal racial trauma (Adames et al., 2023; Bryant-Davis & Ocampo, 2006; French et al., 2020; Mosley et al., 2021). Counselors must position themselves to consider approaches that go beyond Eurocentric theories and models when addressing and treating racial trauma. These include being critical of sociopolitical structures, awareness of one's own racial identity, and comfort level when broaching the topic of racism and racial trauma (Adames et al., 2023; Thrower et al., 2020). For instance, Bryant-Davis and Ocampo (2006) provided a foundation for treating racial trauma in a safe environment. Their therapeutic approach included acknowledgment, grieving/mourning loss, analyzing internalized shame and racism, and centering coping and resistance strategies. Supporting clients to name oppressive systems, process their experiences of racist incidents, and deconstruct self-blame narratives because of racism fosters liberation and healing for BIPOC clients who have experienced racism-related stress and trauma (Adames et al., 2023). Thus, counselors must be empathetic and take initiative in helping BIPOC clients shift the focus on harm from self-blame to external oppressive factors. This promotes a strong sense of self and healthy living for BIPOC clients.

Similarly, models offered by Chavez-Dueñas et al. (2019), French et al. (2020), Mosley et al. (2021), and Adames et al. (2023) center the well-being and collective power of BIPOC communities. For example, critical consciousness, Black Psychology, Liberation Psychology, and trauma-informed care influenced these approaches to address racism-related stress and trauma. Subsequently, French and colleagues' (2020) Radical Healing Framework centers justice and overall wellness for BIPOC communities. This is the intentional practice of going beyond just coping with racism to focus on healing wherein a client can thrive by connecting to community and engaging in resistance against racism-related stressors (French et al., 2020). Thus, helping clients to engage in activism and utilize microinterventions to disarm and address microaggressions can empower clients (Mosley et al., 2021; Sue et al., 2019). Microinterventions help equip clients with tools they can implement to assert boundaries and communicate disagreement with microaggressions (Litam, 2020; Sue et al., 2019). However, counselors must remember that safety is a priority when supporting clients in confronting perpetrators of racism-related trauma (Litam, 2020). Therefore, role-plays in counseling sessions could provide the space and time to strategize when it is and is not appropriate to confront perpetrators of microaggressions.

Utilizing these approaches with clients fosters validation and affirmation of their experiences. Failure to acknowledge and attend to the symptoms and experiences of racism-related stress and trauma can maintain psychological distress for BIPOC clients (Chavez-Dueñas et al., 2019). Furthermore, helping clients process the positive messages they received about their racial identity throughout their life can reinforce these approaches (Anderson & Stevenson, 2019). Thus, counselors should use a strength-based approach when supporting BIPOC clients in healing from racism-related stress and trauma. In addition, consultation with colleagues, supervisors, and counselor educators can provide support and a space to implement best practices to provide the most effective care for BIPOC individuals who have experienced racial trauma, rendering positive mental health outcomes.

Professional School Counselors

Professional school counselors should demonstrate cultural competence and serve as essential stakeholders in identifying and supporting clients impacted by trauma (ACA, 2014; American School Counselor Association [ASCA], 2016; Parikh-Foxx et al., 2020). ASCA specifies these responsibilities and obligations in their ASCA Ethical Standards for School Counselors (ASCA, 2022). These principles serve as a framework in which professional values, norms, and behaviors are referenced. Further, school counselors can help to identify, respond to, and prevent incidents of racism and bias, as well as become resources to help promote systemic change and advocate for social justice within the educational setting (ASCA, 2020). However, ASCA (2021) recognizes the lack of racial literacy and the inherent gaps between racial equity and equality within education, petitioning for school counselors to continually pursue cultural competency and work toward mitigating the negative effects of racism and bias. Subsequently, ASCA guidelines encourage school counselors to examine their own biases and consult with community professionals to engage in immersive experiences and provide support to students and families who have experienced racial trauma or have been negatively impacted by racism (ASCA, 2021; Atkins & Oglesby, 2019; Levy & Adjapong, 2020).

As facilitators of change, school counselors can help to create environments that are safe and inclusive for both students and educators. One approach is to discuss issues of racial trauma using trauma-informed and restorative practices (National Child Traumatic Stress Network [NCTSN], 2018). Trauma-informed practices take on a phenomenological approach, seeking to identify, understand, and address the meaning behind student behaviors and experiences (Steane, 2019). Additionally, restorative practices not only provide an alternative to harsh disciplinary practices, but also create spaces for individuals to share their own perspectives without fear of judgement or ridicule, while being open to listening and validating the values, experiences, and perspectives of others (NCTSN, 2018; United Negro College Fund, 2020). Moreover, Anderson and Stevenson (2019) posited the concept of *racial socialization*, which is the intentional communication about the system of racism, racial identity, and experiences between parents and their children and others within the family system with similar racial and ethnic identities. Racial socialization aids in the development of a positive sense of self and cultural identity as mitigating forces to racial trauma. Further, the Racial Encounter Coping Appraisal and Socialization Theory (RECAST) helps families and youth prepare for, discuss, and respond to racially stressful experiences appropriately (Anderson & Stevenson, 2019). Thus, this can also prepare students to strategize how to respond to incidents of racism in the school environment.

It is evident that incidents of school-based racism are perpetuated by several factors and continue to negatively impact student performance and affect the health and well-being of BIPOC students (Kohli et al., 2017). The implementation of culturally responsive pedagogy can be used to mitigate this impact, increase academic success, and help students maintain cultural integrity (Ladson-Billings, 1995; Lebron et al., 2015). Counseling professionals can support this effort by engaging in training and professional development to understand racism and its impact on culturally diverse students and by facilitating necessary discussions that help to equip stakeholders with tools to adequately address discrimination, racism, and race-based trauma (NCTSN, 2018; Pietrantoni, 2017).

Counselor Supervisors

The *ACA Code of Ethics* (2014; e.g., Section F: Supervision, Teaching, and Training) highlights the importance of counselor supervision for the development of counselors seeking licensure as independent mental health practitioners. Additionally, counselor supervision enhances a supervisee's knowledge, skills, and ability to work with diverse clients (ACA, 2014). Therefore, counselor

supervisors and their supervisees should be aware of racial trauma and the effects it could have on BIPOC clients. Pieterse (2018) posited guidelines and considerations for supervisors to follow when attending to racial trauma concerns in clinical supervision. Specifically, supervisors must be reflective of their own racial identity, understand how to assess for racial trauma, and implement effective clinical interventions for their supervisees' clients impacted by racial trauma (Pieterse, 2018).

Additionally, understanding the concept of racial trauma in the larger context of historical trauma for BIPOC communities creates a learning environment for supervisees to deepen their knowledge of racial trauma (Comas-Díaz, 2000; French et al., 2020; Pieterse, 2018). For example, educating supervisees on historical depictions of racism-related stress and trauma for BIPOC communities, such as internment camps, chattel slavery, and colonization, provides the historical context of psychological wounds impacting BIPOC communities in present day by way of intergenerational trauma (Comas-Díaz et al., 2019; Nagata et al., 2019). Furthermore, clinical supervisors can role-play in supervision meetings with their supervisees to model helping clients process racist-related incidents, assessing for psychological distress, and empowering clients to practice effective coping and resistant strategies (Pieterse, 2018), thus ensuring supervisors' awareness of multiculturalism and diversity in the supervisory relationship (ACA, 2014; e.g., Section F.2.b.: Multicultural Issues/Diversity in Supervision). It is critical for counselor supervisors to obtain the knowledge, skills, and abilities to best prepare counselor supervisees in addressing and treating racial trauma concerns.

Counselor Educators

Moh and Sperandio (2022) urged the counseling profession to integrate trauma-informed curricula to best prepare counselors-in-training (CITs) to respond effectively to trauma concerns caused by systemic racism in the United States. However, there is hesitancy for counselor educators to teach CITs about racial trauma (VanAusdale & Swank, 2020). Specifically, counselor educators have reported a lack of knowledge and limited ability to teach CITs about racial trauma (VanAusdale & Swank, 2020), further highlighting the need for trauma-informed curricula to be adopted in the counselor profession to best prepare counselors and educators to address the needs of those impacted by racial trauma. In addition, counselor educators' lack of knowledge in trauma-informed care and racial trauma does not help prepare future CITs to address this concern once they have graduated from their respective counselor education programs, consequently leading to racial trauma concerns going unaddressed and deepening the wounds of racial trauma for BIPOC (Bryant-Davis & Ocampo, 2005; Comas-Díaz, 2000; Helms, et al., 2010).

However, counselor educators can find creative ways to implement racial trauma education into the classroom. For example, counselor educators can include required readings from BIPOC scholars in their classes that contribute to the racial trauma literature (e.g., Anderson & Stevenson, 2019; French et al., 2020; Mosley et al., 2021). Additionally, counselor educators can demonstrate how to implement the UnRESTS (Williams et al., 2018) for CITs in practicum and internship courses who are practicing conducting clinical interviews. Furthermore, counselor educators can introduce CITs to theories that go beyond the Eurocentric tradition. For example, the first author of this article, Warren Wright, was introduced to queer theory, critical theory, and critical race theory in his master's-level multicultural counseling (formerly cross-cultural counseling) course. As a student, Wright was assigned to write a social justice and advocacy paper, in which he utilized critical race theory to discuss how adolescents' responses to experiencing racism in K–12 education could present as behavioral and emotional dysregulation. To mitigate this concern, Wright created an after-school program that utilized dance movement therapy (i.e., stepping) to help Black adolescent males with emotional regulation, personal development, and academic excellence. This approach is an example of a trauma-informed and responsive practice that could reduce harsh disciplinary referrals and increase Black

students' socioemotional development (Stover et al., 2022). If counselor educators feel inadequate to teach trauma counseling or trauma-informed practices, they should seek additional training and consultation to increase their awareness, knowledge, and skills about trauma-informed curricula and approaches (Moh & Sperandio, 2022).

Conclusion

The aim of this article is to provide an understanding of racial trauma and its impact on the psychological and emotional well-being of BIPOC communities and provide recommendations for the counseling profession. Intentional practices, strategies, and approaches are needed to help reduce the impact of racial trauma experienced by BIPOC individuals and communities. Therefore, it is imperative for CITs, licensed professional mental health counselors, school counselors, counselor educators, and supervisors to be well-equipped to address racial trauma concerns. Failure of the counseling profession to address racial trauma concerns deepens the psychological and emotional injuries of racial trauma. Therefore, curricula for CITs should be adapted to best prepare the next generation of counselors to aid with and mitigate the lasting impacts of racially motivated trauma inflicted on BIPOC individuals and communities.

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