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Immersive Cultural Plunge: How Mental Health Trainees Can Exercise Cultural Competence With African American Descendants of Chattel Slaves A Qualitative Study

Clandis V. Payne

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IMMERSIVE CULTURAL PLUNGE: HOW MENTAL HEALTH TRAINEES
CAN EXERCISE CULTURAL COMPETENCE WITH
AFRICAN AMERICAN DESCENDANTS
OF CHATTEL SLAVES A QUALITATIVE STUDY

A dissertation presented to the faculty of



in partial fulfillment of
the requirements for the
degree of

DOCTOR OF PSYCHOLOGY
in
CLINICAL PSYCHOLOGY

By
Clandis V. Payne
April 2017

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This dissertation, by Clandis V. Payne, has been approved by the committee members signed below who recommend that it be accepted by the faculty of Antioch University Santa Barbara in partial fulfillment of requirements for the degree of

DOCTOR OF PSYCHOLOGY

Dissertation Committee:

Ronald Pilato, PsyD
Chairperson

Albert Munoz-Flores, PsyD
Second Faculty

Damien Jenkins, PhD
External Expert

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Abstract

This qualitative study utilized ethnographic techniques to explore the potential for change in mental health trainees resulting from the participation in an *en vivo* Immersive Cultural Plunge (ICP) within the African American Descendant of Chattel Slave community. The ICP combined Multicultural Immersions Experiences (MIE) of Cultural Immersion (CI) and Cultural Plunge (CP) to contribute to the developing body of research utilizing MIEs that incorporate contextual, experiential, and historical knowledge to teach the skill of cultural sensitivity. During the 12- hour ICP the participants experienced an orientation, a lecture, a tour/community interaction, a multimedia presentation within an African American community. In this study, the data collection included participants utilizing email on their personal computers to forward consent forms, five observational protocol forms, and a demographic questionnaire to the researcher. Data from the focus group session were transcribed and combined with emailed Observational Protocol for the thematic analysis. The findings for the study are from two themed areas. The first theme is the under utilization of psychotherapy services for African Americans. The second theme is the effectiveness of the Immersive Cultural Plunge as an MIE. The responses of the mental health trainees to the ICP demonstrated that the cultural competency of the students was altered. Recommendations include curriculum development for mental health trainees in cultural competency specifically for African Americans and treatment development for the African American Descendant of Chattel Slave client. The electronic version of this dissertation is available free at [Ohiolink ETD Center, www.ohiolink.edu/etd](http://www.ohiolink.edu/etd)".

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CHAPTER 1: INTRODUCTION

A major challenge faced by U.S. mental health professionals expecting to serve as effective therapists in communities of color is that training programs in the U.S. context rely heavily on the work of Eurocentric theorists such as Freud and Jung, Wundt, Ebbinghaus, Titchener, Spencer, Galton, and James (Yanchar & Slife, 1997). Joseph White in 1970 wrote in “Toward a Black Psychology” of the unreasonable belief that mental health trainees can comprehend the ways of African Descendant people through Eurocentric theories that justify Caucasian behavior (Yanchar & Slife, 1997; White, 1991).

Over the past two decades, scholars in the fields of psychology and education, have explored the concept of Multicultural Immersion Experiences (MIE). (Hipolito-Delgado, Cook, Avrus, & Bonham, 2013; James, 2009; Pope-Davis & Coleman, 1997; Ridley, Mendoza, & Kanitz, 1994; Smith-Augustine, Dowden, Wiggins, Hall, 2014). The purpose of Multicultural Immersion Experiences (MIE) is to enhance cultural competence and cultural sensitivity in mental health trainees towards clients of difference. MIE is a concept used to describe the actions, interactions, and experiences of a person who exits their primary culture to *live* or visit a cultural context that is different from their own. Two kinds of MIEs combined for this study are: Cultural Immersion (CI), which is an experience in which a multicultural class is transported to a different cultural group or country for an extended period of time to have the face to face interaction experience with non-American cultures, races, and ethnicities. (Kelly, 2015; Leaderman, 2015; West-Olatunji, Goodman, Mehta, Templeton, 2011; Franzen, 2009; Cordero & Rodriguez, 2009; Ribeiro, 2005) The experience can last from 2 weeks to

several months. Hipolito-Delgado, Cook, J., Avrus, and Bonham, (2013). Strongly suggested that the minimum number of 10 contact hours is recommended for an effective CI.

The second experience used in this study is the Cultural Plunge (CP) which lasts between 30 minutes to 2 hours. This experience must take place on the ‘turf’ or within the cultural contexts of the target population (Nieto, 2006). The Immersive Cultural Plunge is designed to combine the specifications of the C. I. and the C. P. It fulfills the 10-hour recommendation while the participants are within the contexts of the target population. The Immersive Cultural Plunge provides historical, economic, and social context through education and face-to-face interaction, which is believed to be needed to increase empathy and skill of the participants in cross cultural competence and sensitivity (Hipolito-Delgado et al., 2013; Nieto, 2006).

Background

Academic training alone is ineffective for cultivating confidence, competence, or cultural sensitivity in the training of mental health personnel toward clients of difference in general and specifically African American Descendants Of Chattel Slaves (Arredondo & Toporek, 2004; Arthur & Achenback, 2002; Ponterotto, 1997; S’Andrea & Daniels, 2001). In pedagogy, mental health academies of higher learning appear to maintain that the history of the African American Descendants of Chattel Slaves’ (AADOCS) has nothing to do with the psychological makeup of this group in present day communities. Anecdotally, these statements have been met with dismissal, disdain, and denial. An example of the disdain comes from those who do not believe that trauma theories apply to people of color and AADOCS. hooks (2003) describes this in the following quote.

Black people are often ridiculed and mocked when we attempt to apply theories of post-traumatic stress to our lives. When black people discuss this issue, they often refer to slavery, which seems to many people, including black folks, like something that happened so long ago that it should not really impinge much on the present. It impinges on the present because many of the psychological difficulties black people faced during slavery and at its end were simply not addressed and because so much of the brutal trauma experience then as a result of white supremacist assault continues to happen in different forms today (p.148).

The researcher experienced this kind of denial and dismissal when Robert Geffner, a leading Forensic Psychologist spoke during the spring 2011, PSC 714 Family Violence Psychology class via Skype (Geffner, 2011). The question was asked by the researcher, “Has anyone considered the legacy of slavery and its intergenerational effects on the disproportionate and rising African American prison population? Geffner answered by saying, “Slavery was such a long time ago, there’s no knowledge of how slavery may have affected African Americans for today.” The researcher was shocked that the professor was not aware of the research regarding self-harming behaviors in African American population. Our mental health system although understanding trauma for the general population overlooked the trauma behaviors of African Americans (DeGruy, 2005; hooks, 2003).

Due to the success of Oprah Winfrey and the two-term election of President Barack Obama and other successful African Americans, many people believe African Descendant people are not negatively affected by events that occurred from the years of 1619-2017(Rocco, Bernier, & Bowman, 2014). Other instructors have said the following to the researcher, “We don’t really know how harmful slavery was because no one living today is a slave.” Also, “We don’t know what types of resilience or protections that were in place in ‘the slave culture’.” One thought is “Why not?” There is literature available if

one wishes to know (Carter, 2007; Franklin, Boyd-Franklin, Kelly, 2006; Holliday, 2009; hooks, 2003; Leary, 2005).

Orlando Patterson (1998) and other researchers (Carter, 2007; Franklin, Boyd-Franklin, Kelly, 2006; Holliday, 2009; hooks, 2003; Leary, 2005) made efforts to track the consequences of slavery as evidenced by current behavior of some African Americans. He observed the following.

Another feature of slave childhood was the added psychological trauma of witnessing the daily degradation of their parents at the hands of slaveholders... the trauma of observing their parents' trauma, that of being sexually exploited by Euro-Americans from capture to the holding forts imprisoning enslaved African men and women and on and off the estate, as the children grew older (Patterson, 1998, p. 40).

These kinds of ongoing events would constitute severe individual trauma.

Eyerman (2001) included cultural trauma in these events and described it as a depletion of identity and purpose and a tear in the social fabric of a people.

Cultural trauma happens as a result of a memory universally understood as true through the salient group which experienced it and passes on the stories. Eyerman (2001) credits the feminists of the 1970s with developing *memory work*, as one technique of reaching deeply repressed experiences of domination. In their collective *memory work*, Davies, Flemmen, Gannon, Laws and Watson (2002) addressed four issues. They asked what their first memories of power as a force to which to submit, representing themselves as women who appropriately submit, rising to refuse to submit, and finally advocating the change it takes to equalize power. Singh et al. (1994) included the narrative combined stories of personhood in regards to the individual and community in sexual, racial, historical, regional, ethnic, cultural, national, familial, and collective memory. This socially constructed, collective memory created social solidarity in the present.

Fredrickson (2000) stated, “While black Americans may be divided in their opinions regarding the commemoration of slavery, most white Americans see no reason to accept responsibility for slavery or its effects on American blacks” (p. 61). This belief and attitude continues within the culturally encapsulated (Pedersen, 1991, 2002; Wrenn, 1962, 1985) psychological worldview toward people of color which expresses itself in the form of micro aggressions, micro insults, and micro invalidations (Sue et al., 2007).

Statement of the Problem

The Visible Racial Ethnic Minority Group of Asian Americans, Indigenous Peoples, Hispanic/Latino Americans, and African Americans are groups residing within the United States who are micro aggressed against daily in societal interactions. As counseling is a societal interaction, micro aggressions abound in the counseling room between the privileged and the client (Sue et al., 2008). To address this disparity, the education of mental health trainees must be shifted from a monocultural didactic format to one that is inclusive of the rich textures that encompass the intersectionality of the client.

It is evident that mental health trainees must develop the culturally sensitive skills to serve the Visible Racial Ethnic Minority Group of which African American Descendant of Chattel Slave community is a part. (Arredondo & Toporek, 2004; Arthur & Achenback, 2002; DeRicco & Sciarra, 2005; Ponterotto, 1997; S’Andrea & Daniels, 2001). To develop this skill, educational programs in mental health training must include innovative and alternative instructional strategies. One choice is to include experiences grounded in Multicultural Immersion Experiences. These strategies change how and in what ways mental health trainees understand what counts as reality in various worldviews

and helps them set aside inaccurate beliefs ingrained in their understanding toward clients of difference (Barden & Cashwell, 2013; Hipolito-Delgado et al., 2013; DeRicco & Sciarra, 2005; Nieto, 2006; Roysircar, Hubbell, & Gard, 2003). This gap in cultural competency can partially be addressed in the mental health program training institutions.

Additionally, the founding theorists of classical psychology are Caucasian with a Eurocentric worldview of which the dominant culture espouses as normal. Examples of these theorists are Wundt, Ebbinghaus, and Titchener the consciousness thinkers; Freud and Jung who studied the unconscious and focused on intrapsychic forces; and Spencer, Galton, and James who studied adaptation and focused on organic evolution and eugenics (Yanchar & Slife, 1997). Since behaviors are measured as normal or abnormal based on this Eurocentric worldview, a gap of disparity is even more exacerbated because mental health training programs seem to function in this culturally encapsulated worldview (Pedersen, 1991, 2002; Wrenn, 1962, 1985). Although alterity exists in literature such as the culturally based literature of the four visible racial minority groups, the system continues to maintain the homeostasis of the Eurocentric design (Sue & Sue, 2003). As a result, the disparity widens. Without the cultural experiences of African Americans, Asian Americans, Hispanic/Latino Americans and Native/Pacific Island/Alaskan Eskimo infused in psychology training programs, Eurocentric worldview encapsulated programs are not challenged to integrate the cultural self-defining voices of these underrepresented populations (Bishop, 1998; Stanfield, 1994). Therefore, the cultural encapsulation of psychology appears to be passed onto those who come from other countries to study as well as those mental health trainees who may have some cultural sensitivity toward the culturally/racially different client (Pedersen, 1991, 2002; Sue et al., 1992; Wrenn, 1962,

1985). As a result, negatively biased attitudes and beliefs are present in the counseling setting with a lack of cultural sensitivity thereby presenting an unwelcoming environment for the concerns of people of color in general, specifically African Descendant people.

Overview: Purpose of the Study

The purpose of this qualitative study was to explore the potential for change in mental health trainees resulting from the participation in an Immersive Cultural Plunge (ICP). By examining the responses of mental health trainees to an ICP of African American Descendant of Chattel Slaves this study will show that the cultural competency of the mental health trainees is altered. This study contributes to the developing body of research on utilizing Multicultural Immersion Experiences that use contextual, experiential, and historical knowledge to teach the skill of cultural sensitivity. This is accomplished through a live interactive experience that can be included in the curriculum of multicultural classes or workshops regarding therapy with African American Descendants of Chattel Slaves. The live experience provides a safe forum for mental health trainees to examine their biases, attitudes and beliefs, which will deepen their knowledge and counseling skills (Barden & Cashwell, 2013; Hipolito-Delgado et al., 2013; Nieto, 2006; Roysircar et al., 2003).

Theoretical Roots and Routes of the Study

Critical Race Theory (CRT).

CRT is used in the context of this study as a lens for examining issues of power and equality and to encourage transformational change in the power systems (Ford & Airhihenbuwa, 2010). CRT frames methods for this study in ways that transcend disciplines, experienced knowledge, and critical thought to see racism and slow its

advancement (Ford et al., 2010). CRT maintains that race, racism, and oppression among people of color are of focus and when on an individual, institutional, or cultural level whether unacknowledged or acknowledged violates the Belmont Report ethical principles of benevolence, equity, and respect (National Commission for the Protection of Human Subjects in Biomedical and Behavioral Research, 1978). The genesis of the violation is due to inaccurate information which results in erroneous knowledge, beliefs, and attitudes about people of color. (Thomas, 2009). Researchers employing CRT typically uses phenomenological research methods. Phenomenological research is based on the philosophy of Western European thought (Spiegelberg, 1982). The method draws on Edmund Husserl (1859-1938) a German mathematician and others who wrote after him Heidegger, Sartre, and Merleau-Ponty. The method views individually experienced phenomenon (such as insomnia, grief etc.) from a variety of people by finding the common meaning (Moustakas, 1994). This process includes observing various perspectives until a unified version of the experience has been achieved (Creswell, 2013). Although phenomenological method was a consideration, due to the populations observed (African American and mental health trainees) ethnography is a better fit. Ethnography, “is how knowledge is known-through the subjective experiences of people” (Creswell, 2013, p.20).

Ethnography.

Ethnography is an epistemological assumption. It is a tradition of naturalism in which the focus is to understand the meanings and cultural practices from within the community of interest (Creswell, 2013). Ethnography is an art and a science wherein the researcher immerses within the world of participants. Whether overtly or covertly, it is an

observer/participant role that immerses into the lives of the community for a sustained period of time (Fetterman, 1998; Hammersley & Atkinson, 1983). Ethnographic methods entail observing by watching what happens, listening to what is said, and participating by asking questions and collecting any other relevant information (Spradley, 1970). It becomes important, then, to conduct studies in the “field” where participants live and work, which are important contexts for understanding what participants convey.

Participants

Participants were required to be (a) 22 to 65 years of age, (b) currently enrolled in a mental health training program; (c) have a personal computer, and a personal email. Participants participated in an Immersive Cultural Plunge Experience (ICP) in Los Angeles, CA that was approximately 12 - hours; wherein, participants were required to complete an informed consent form, a demographics survey, and reflective journal questions. In addition, participants were required to partake in a 2 - hour lecture on the psychological history of the African American Descendants of Chattel Slave in North America, take a brief tour and engage in interaction (interview willing community members or specialists) within the African American community, watch a multimedia presentation and a live play, participate in an audio taped focus group discussions, and complete five observational protocol forms. The entire project required 12 hours or less of participant’s time. Thematic analysis was used to analyze all data.

Key Terms

African American Descendants of ‘Chattel Slaves’.

Higginbotham, (2016) defines African American as a census and United States immigration term that is used for the whites and blacks who were born on the continent

of Africa and came to the United States legally. African American Descendants of Chattel Slaves are socially defined as those whose family history consisted of enslavement in America.

United States Census of 2015 (US Census, 2015, n.d.) stated that Africans in American represent approximately 13.3 % of the U.S. population. People of African origin hail from a multitude of different countries and regions around the world. Most persons of African origin migrate to the United States from Jamaica, Haiti, Guyana, Trinidad, Tobago and Nigeria (McGoldrick, 2005; Schomburg Center, 1999). Mbiti (1979) stated the ancestral values of Africans are “religion, proverbs and philosophy, oral traditions, ethics, morals of the society, kinship and family” (p. 2). The basic belief foundational to the African Descendant Chattel Slave American worldview illuminates the conviction of humanity-nature unity or oneness. Baldwin and Hopkins (1990) identified African cultural values as collectivist values that focus on the wellbeing of the group rather than solely on the individual. A collectivist worldview is holistic, inclusive, and is expressive of feelings and emotions. The collective values the survival of the group. In language and communication with the collectivist culture there is an interconnectedness between speaker and listener commonly known as “call and response”. In relationship to the universe, the collectivists believe that they are to live in harmony with the world. The concept of consubstantiation means elements of the universe are of one substance connecting all things living and is valued. The collectivist’s self-worth generally is raised when they can contribute to the wellbeing of their community (Parham, White, & Ajamu, 1999; Young, 2003). The African

Descendant worldview espouses groupness, sameness, commonality, cooperation, and collective responsibility (Steele & Davis, 1983).

Although sharing an experience with enslavement and/or colonization, these communities have very different historical, political, and economic experiences that shape their relationship with each other (McGoldrick, 2005). Therefore, this study specifically names African American Descendants of Chattel Slaves as a focus.

Competence.

Multicultural counseling competence has been defined as counselors' ability to provide appropriate psychotherapeutic services to people from diverse groups e.g., age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any other group that may be disenfranchised (Sue et al., 1992; Sue et al., 1998). The foundational areas of Attitudes/Beliefs, Knowledge, and Skills are to be examined for the mental health trainee to approach a different cultural group. Competence is acquired through education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Sue, Arredondo, Mc Davis conclude that "professionals without training or competence in working with clients from diverse cultural backgrounds are unethical and potentially harmful, which borders on a violation of human rights." (Sue et al., 1992, p. 480.)

Working Alliance. The working alliance has been found to be among the best predictors of psychotherapy outcomes (Orlinsky, Grawe, & Parks, 1994). The therapeutic working alliance is defined as the caliber of interactions between mental health personnel and clients. How collaborative is this relationship when referring to the tasks and goals

of treatment, and how is the personal bond or attachment that engages this client in treatment (Kazdin, Marciano, & Whitley, 2005; Martin, Garske, & Davis, 2000)? As such, procuring information about how the therapeutic working alliance may be working for the client in light of perceived racial micro aggressions is crucial.

Culture.

According to Spradley (1979) culture is “referred to as the “acquired knowledge that people use to interpret experience and generate social behavior” (p.5). Sue and Sue (1990) defined “culture as all those things that people have learned to do, believe, value, and enjoy in their history. It is the totality of ideals, beliefs, skills, tools, customs, and institutions into which each member of society is born” (p.35). As identified by Tillman (2002) culture can be conceptualized and defined differently depending on one’s worldview and one’s particular needs as a researcher and scholar. Tillman’s definition of culture is “a group’s individual and collective ways of thinking, believing, and knowing, which includes their shared experiences, consciousness, skills, values, forms of expression, social institutions, and behaviors” (Tillman 2002 p. 4). This study will use these definitions of culture.

Cultural Competence with African American Descendants of ‘Chattel Slaves’ is knowing the Trauma Story.

To be culturally competent with Africa American Descendants of Chattel Slaves the mental health trainee must know the population’s trauma history. The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition does not include race -based trauma in diagnosis or treatment. Norris (1992) argued that a traumatic event could be interpreted as any incident identified or experienced by the individual as upsetting enough to produce

psychological results of intrusion, numbing, and arousal. Eyerman (2001) explained these symptoms constitute severe individual and cultural trauma.

From the first Black Africans surviving the TransAtlantic Slave Trade brought to the U.S. as Chattel Slaves in 1619 to present day 2017, there must be consideration of how the centuries of inhumanity and genocide of the population of African American Chattel Slaves and their descendants has resulted in individual, cultural, and generational trauma. The enslaved Africans served people who inflicted physical, psychological, emotional, communal/social, political, spiritual, and financially excessive harm upon them, their children and descendants. The study will alternatively use the term African American Descendants of Chattel Slaves because it is the strategy of a segment of the African American population, to raise awareness of the historical and present day traumas and contributions of the Descendants of Chattel Slaves in our national conversation. The study focuses on a specific group experience in the named African American Descendants of Chattel Slaves, however we will use this term interchangeably with African Descendant person, African American, African Diaspora, Black, Person of Color (POC), or minority. We recognize that the in-group of people of Africa Descent identify differently from each other. Whether a client identifies as a Descendant of Chattel Slaves or not there are shared shaming and traumatizing experiences particularly related to race with People of Color that are left unattended to date. Therefore, the findings in this study ultimately cover the diversity within the U.S. Slave Descendant population.

People who are the Descendants of Chattel Slaves generally identify specific events as cultural trauma history whether their specific family members were involved in

the actual incidences of racial trauma or not. The original trauma is called the MAAFA the Kis Swahili word interpreted as the Black Holocaust the trauma suffered by the African continent and the more or less 50 million African people who were taken via kidnapping or sold as a prisoner of war from their loved ones, tribes, and homeland, into “chattel slavery” an oppressed condition wherein humans are bought, sold, and moved from location to location as property (Copeland, 2010; Leary, 2005; Montgomery, 2005; Guthrie, 2004; hooks, 2003; Young, 2003). Bromberg, 1998 believes that the enslavement and transport of Africans interrupted their attachments, tore them from their land, people, language, customs, historical and present day continuity. The trauma caused severe anxiety and shame resulting in dissociation in an attempt to preserve selfhood. As a product of the TransAtlantic Slave Trade, the enslaved Africans endured dehumanizing acts by their captors during and after their capture and transport. Zinn (2003) stated that the enslaved Africans were chained together and packed into ships “like fish” (p. 29). While some committed suicide, the survivors were raped, tortured, beaten, branded, and endured their entire lifetime (two and a half centuries) of coercion to subjugate themselves to their masters in every way.

Zinn (2003) stated that during the 1600’s prejudice between African indentured servants and white indentured servants did not exist because the times were bad for both and there were mutual recognition and support from each in their predicament. Racial prejudice was purposefully created for a special kind of biased system to guarantee the prosperity of the Elite Colonial Founding Fathers and their families (Wise, 2008; Zinn, 2003). In separating people into categories of race and categorizing people by different physical characteristics, it differentiates groups for those who wish to diminish the worth,

intelligence, morality, and abilities of the racialized group (Sue 2003). The alliances between African and European indentured servants were quelled as division and hatred was planted and sprouted into the racism we have seen through the centuries (Wise, 2008; Zinn, 2003).

Foundation of Medical bias of African American Chattel Slaves.

Dr. Carl von Linnaeus (1707-1778) was a Botanist, Medical Doctor, and Naturalist. In his 12-page pamphlet of plants and animals *Systema Naturae*, Linnaeus invented the system that is used today to classify all living things (as cited by Ford et al. 2010; Guthrie, 2004; Leary, 2005). His system was founded on observation of the organism's physical looks. It included different phenotypes of humans, which formed the genesis of beliefs and attitudes about various people categorized through race resulting in prejudice and racism (Ford et al. 2010; Guthrie, 2004; Leary, 2005). His system highlighted racial distinctions based on the color of skin, temperament, customs, and habits of humans. The system of *Systema Naturae* (1735) designated the psychological as well as physical characteristics of different phenotypes, assigned specific qualities to different types of humans in various areas of the world and defined them as races. Guthrie (2004) stated that Linnaeus placed Native Americans within the Homo Americanus group describing them as reddish skin, choleric or irritable, erect, tenacious, contented, free, and ruled by custom. Linnaeus (1735) characterized the qualities of the White European as Homo Europaeus, White skinned, ruddy coloring, muscular build, stern, haughty, stingy, and ruled by opinion. Asians were catalogued as Homo Asiaticus with yellow skin, melancholic and sadness, inflexible, light, inventive, and ruled by rites and ceremony. He branded the African as Homo Afer with Black skin, phlegmatic or

being unemotional and unflappable, indulgent, cunning, slow, negligent, and ruled by capriciousness or given to sudden and inexplicable changes in mood or action (Guthrie, 2004; DeGruy, 2005).

According to Guthrie (2004), a signer of the Declaration of Independence, Benjamin Rush named the Father of American Psychiatry, believed African slaves contained illnesses that were specific to those unlike other humanity. Jackson (2003) discussed Dr. Samuel Cartwright's discovery of two mental disorders peculiar to slaves in 1851. Jackson described Dr. Cartwright, as a highly influential Louisiana physician who was considered an expert on Negroes and named the African slave diseases Drapetomania and Dysesthesia Aethiopica, or -'Rascality'. According to Jackson, Cartwright defined "Drapetomania as the disease causing Negroes to run away, and abscond from service. He determined that 'Rascality' or 'hebetude of the mind and obtuse sensibility of the body' explained as carelessness and a condition, of dysesthesia Aethiopica" (pp. 14-15). Dr. Cartwright (1851) described the symptoms and also prescribed common cures for these diseases of Drapetomania and Dysesthesia Aethiopica. The etiology consisted of the following,

“...If the white man attempts to oppose the Deity's will, by trying to make the negro anything else than "the submissive knee-bender," (which the Almighty declared he should be,) by trying to raise him to a level with himself, or by putting himself on an equality with the negro; or if he abuses the power which God has given him over his fellow-man, by being cruel to him, or punishing him in anger, or by neglecting to protect him from the wanton abuses of his fellow-servants and all others, or by denying him the usual comforts and necessaries of life, the negro will run away” (para, 2).

Dr. Cartwright further discloses the symptoms and cure by stating,

“but if he keeps him in the position that we learn from the Scriptures he was intended to occupy... the position of submission; and if his master or overseer be kind and gracious in his hearing towards him ... and at the same time ministers to

his physical wants, and protects him from abuses, the negro is spell-bound, and cannot run away. . . . the "genu flexit" (to bend the knee)--the awe and reverence, must be exacted from them, or they will despise their masters, become rude and ungovernable, and run away" (para. 2-3).

Ultimately Dr. Cartwright mandated the cure for a sense of self or self-esteem in the enslaved Africans required physical torture,

...When sulky and dissatisfied without cause, the experience of those on the line and elsewhere, was decidedly in favor of whipping them out of it, as a preventive measure against absconding, or other bad conduct.... if any one of more of them, at any time, are inclined to raise their heads to a level with their master or overseer, humanity and their own good require that they should be punished until they fall into that submissive state which it was intended for them to occupy... They have only to be kept in that state and treated like children, with care, kindness, attention and humanity, to prevent and cure them from running away" (para. 3-4).

250 years of slavery a complex traumatic way of life included laws called Black Codes. One example was the Virginia Code 1705 or the "Casual Killing Act" which gave slave masters permission to physically, mentally, emotionally, and spiritually brutalize, rape, and even kill their slaves without impunity. (DeGruy, 2005; Guthrie, 2004)

The Three Fifth Compromise of 1787 was for the purpose of further dehumanizing Chattel Slaves as well as power for states votes. After the Civil War, the Emancipation Proclamation was signed in 1863 yet many enslaved were either not told about Emancipation or were forcibly kept from leaving, and even refused to leave the plantation that had both enslaved and housed them. (DeGruy, 2005; Montgomery, 2005)

The 13th Amendment (1865) section 1 stated that slavery or involuntary servitude is no longer legal in the United States except in the instance of punishment for a crime and its conviction. The 14th Amendment named these descendants of "chattel slaves" no longer slaves but official (Negros, colored, blacks, African American) citizens of the

United States with the same rights of privileges and protection (as all citizens are) not to be deprived of life, liberty, or property, without due process and must not be denied equal protection under the laws. Section 2 pushed back against the 3/5th clause stating that the whole number of persons in each state will be responsible for the number of state Representatives in Congress. The 15th Amendment gave African American Descendants of Chattel Slaves the right to vote. African American Descendants of Chattel Slaves are people who had to have Amendments added to the Constitution to redefine and legitimize their existence as well as given the right to vote. The bondage called the Peonage of Sharecropping replaced plantation life. (Copeland, 2010; DeGruy, 2005; McGoldrick et al., 2005; 13th Amendment (1865); 14th Amendment 1868)

The Peonage of Sharecropping essentially lasted for one hundred years 1866-1955. The newly freed Descendants of Chattel Slaves were released with no resources or skills to live freely. Destitute to feed themselves and their families and threatened with prison if not employed, many of them agreed to return to work the land of their former masters in return for a share of the crops they raised. Their remaining shares would be used to pay rent and buy supplies. 'Peonage'-the unlawful pushing of blacks back into slavery through debt servitude was the result. These families would use credit to buy the seed, tools, mules and supplies they needed from local merchants. Merchants would then charge exorbitantly high interest rates, or take advantage of the local sharecroppers' illiteracy and create false billing statements. At the end of the season when the accounts were settled, the African American Descendant of Chattel Slave family would find that they owed more money than they made and would then be forced to remain on the farm to work in order to clear the debt. The following year they needed to borrow money again

so every year their debt would increase thus the family was reenslaved for generations. African American Descendants of Chattel Slaves who attempted to reject or escape unfair treatment would be jailed or fined (pg. 27) (Bennett, L. 1971).

African American Descendants of Chattel Slaves endured 90 years of Jim Crow with the Supreme Court validating Plessey vs. Ferguson in 1896. This law formed a rigid life of racial segregation. Throughout the South, Jim Crow's separate but 'equal laws' banned African American Descendants of Chattel Slaves from public and private institutions, places of amusement, recreation and even places of worship. It contained 'micegenation' laws making interracial marriage a criminal offense. Every aspect of life where blacks and whites might meet and interact was segregated, the systematic disenfranchisement made it impossible for blacks to seek legal redress for any grievance. (DeGruy 2005, Coates, 2014, Litwack, 2009, pp. 23-24) Wells, (1900) stated that although African American Descendants of Chattel Slaves were living as free men and women, with the same rights guaranteed all citizens of the U.S. they were being murdered at genocidal rates with the approval of state and local governments. According to a Tuskegee Institute study, between the years 1882 and 1968, 3,446 blacks were lynched at the hands of whites"(Sutch & Elliott, 2006).

Men, women and children were put to death at the whim of a mob. If terms of contracts were disputed with white employers, Black workers were lynched, if the Black person spoke up for themselves they were considered 'uppity' and were lynched, for some 'looking the wrong way' at white women, or just startling white women would be crime enough to be murdered through lynching. Black women who refused to tell the mobs where relatives were hiding, were lynched. The events of lynching and burning

African American Descendants of Chattel Slaves were advertised to the public which took place at the railroads. (Litwack, 2009; Wells 1900) One heinous event described by Wells, 1900 appeared to have been normalized for the white community.

Before the torch was applied to the pyre, the negro was deprived of his ears, fingers and genital parts of his body. He pleaded pitifully for his life while the mutilation was going on but stood the ordeal of fire with surprising fortitude. Before the body was cool, it was cut to pieces, the bones were crushed into small bits, and even the tree upon which the wretch met his fate was torn up and disposed of as 'souvenirs.' The negro's heart was cut into several pieces, as was also his liver. Those unable to obtain the ghastly relics direct paid their more fortunate possessors extravagant sums for them. Small pieces of bones went for 25 cents, and a bit of the liver crisply cooked went for 10 cents. As soon as the negro was seen to be dead there was a tremendous struggle among the crowd to secure the souvenirs...Knives were quickly produced and soon the body was dismembered.

Litwack stated, "These events were generated by a "belief system that defined a people not only as inferior but as less than human". People "posed for photographs beneath black bodies hanging from a tree or beside the charred remains of a Negro" (Litwack, (2009) pp. 23-24). Litwack, 2009 notes that 200 bills were presented and seven presidents implored Congress between 1882 and 1967 to declare lynching to be illegal. In 2005 the U.S. Senate offered an apology for what it labeled 'domestic terrorism' against black people or African American Descendants of Chattel Slaves.

African American Descendants of Chattel Slave World War I veterans remember the humiliation of seeing German prisoners of war eating at a lunch counter where Black soldiers were turned away. (Litwack, 2009, p. 75). It was a slap in the face for these soldiers to recognize that they were not fighting for a freedom that was their own.

Convict lease system 1846-1928 was the prison system's ability to send prisoners to work on plantations and other businesses to work off their sentences. Accusations

included looking at a white woman or walking on the wrong side of the street. The system was brutal with hostile physical environments the prisoners worked in mines, on railways and in fields sometimes to the death. Convict Leasing gave way to chain gang forced labor in 1946 (Graff, G. 2016; DeGruy 2005).

In the arena of health and wellness, the medical profession has contributed much to the destruction of trust through centuries of negative bias and medical experimentation. Gamble (1997) and DeGruy (2005) concur that from 1932 through 1972, the U. S. Public Health Service used 399 African American men who were suffering from syphilis as human laboratory subjects in the medical experiment known as the Tuskegee Syphilis Study. The majority of the men were illiterate share croppers from Alabama who came to Tuskegee complaining of fatigue. After tests were run, they were told by doctors and nurses, that they were being treated for a blood disorder. They were not being treated but were left to degenerate with syphilitic inflictions of paralysis, tumors, blindness and insanity, inevitably resulting in over 100 of the men dying during the study. A number of the uninformed participants passed the disease onto their spouses and some to their pregnant spouses who in turn passed it on to their unborn babies. The study was halted in 1972 only when a former Public Health Service worker exposed the project. The study was defended to be a way of learning what effects syphilis had on the body. Unfortunately, this could only be determined post-mortem. 15 years after the experiment began, penicillin was discovered to be an effective cure for syphilis. The cure was withheld from the men for the next 25 years. The Tuskegee Syphilis Study is not the only contextual reason for mistrust of the medical system for African American Descendants of Chattel Slaves. Free Blacks, Descendants of Chattel Slaves, and those who were

imprisoned were used for medical experimentation as well as poor white citizens. Descendants of Chattel Slaves were powerless to say ‘no’ to these experiments because they were considered property and had no rights over their own body. Dr. J. Marion Sims, experimented on 3 women African American Descendants of Chattel Slaves to found modern gynecology. The physician was aware of the devastation of the pain these women endured during the 30 or so operations without anesthesia from 1845 to 1849. Simms having stated that Lucy the first patient ...”bore the operation with great heroism and bravery...Lucy’s agony was extreme...I thought she was going to die.” (Gamble, 1998. P 1774) Collective knowledge of these and other experiments on African American Descendants of Chattel Slaves developed into a generalized anxiety throughout the years about the medical profession. Truth mixed with folklore was described as the ‘night doctors’ who had the power and authority to kidnap Blacks at night and/or to dig up Black bodies from graves to use for medical experimentation terrified many African American Descendants of Chattel Slaves.

60 years of separate but equal Jim Crow came with 35 years of state-sanctioned redlining preventing home purchases and herding African American Descendants of Chattel Slaves into specific undesirable sections of cities and blamed them for their living environment.”(Coates, 2014) 1921 African American Descendants of Chattel Slaves managed to build several successful towns such as Greenwood a booming industrious town within Tulsa, Oklahoma that came to be called the ‘Negro Wall Street’ by the local residents. The Black Wall Street just one of the massacres of successful Black cities began according to Carrillo, 2004 with a rumor that 19 year old African American Chattel Slave Descendent Dick Rowland was accused of trying to rape Sarah Page a

Caucasian female elevator operator. Rowland was arrested and while in custody the white community posted an editorial in the Tribune and headlined it “To Lynch Negro Tonight”. Caucasian men drinking, with guns demanded Rowland be released to them. A group of African American Chattel Slave Descendent veterans with their weapons marched in from Greenwood to protect him. A confrontation between the groups ensued, shots were fired and the riot began. As the African American Chattel Slave Descendant men retreated to their community, white police officials deputized many of the mob and gave them instructions to, “go out and kill you some damn niggers.” (Staples, B.1999. pp. 64-69) Believed to be as many as 10,000 whites stormed Greenwood labeled a riot, the violence lasted from May 31 to June 1, 1921. As thousands of White people raided the courthouse and the 35 square block city of Greenwood the segregated Black city lost over 1,200 homes leaving 10,000 African American Chattel Slave Descendant citizens homeless as a result of looting and arson by white citizens. Over 3,000 African American Decendandants of Chattel Slave citizens lost their lives. Property loss was estimated at approximately \$1.8 million which translates in today’s finances over \$16 million. Among the destruction were 600 businesses including 21 churches, 21 restaurants, 30 grocery stores, two movie theatres, a hospital, a bank, post office, libraries, schools, law offices a bus system and 6 private planes. Law enforcement in most cases did nothing and in other cases joined in the violence against the segregated Black Slave Descendant town. Sarah Page refused to press charges and Dick Roland was acquitted. (Staples, B.1999. pp. 64-69, Carrillo, J, 2004) As the values of African American Descendants of Chattel Slaves are inclusive and collective the cultural trauma ripples through the community.

Emmitt Till in 1955 was a 14 year old male African American Descendant of

Chattel Slave visiting Mississippi from Chicago. He and his cousins would help his great uncle Mose Wright pick cotton. The young African American Descendant of Chattel Slaves and his cousins visited a local store owned by Roy and Carolyn Bryant to purchase candy. Till placed money in the hand of Carolyn Bryant inadvertently disobeying an unspoken law for African American Descendants of Chattel Slaves to place money on the counter, specifically not to touch white skin. Till and his cousins went on their way. Carolyn Bryant followed them outside at which time it was believed that young Emmett Till had wolf-whistled at her. Bryant stated that the teen had “grabbed her around her waist and made lewd acts toward her”. (Beauchamp, K. A. 2005 p.88.) Roy Bryant and his brother in law heard the rumor that named Emmett Till allegedly saying “Hey baby,” to their white woman. Bryant and his brother in law took Young Emmett from his uncle’s home at 2 am to teach him a lesson. Three days later Emmet Till’s body was found in the “Tallahatchie River, with a 75-pound cotton gin fan fastened to his neck with barbed wire. Needing a writ of court order to get the sheriff in Mississippi to release her son’s body for burial in Chicago the Mississippi sheriff after seeing young Till’s body ordered the casket to be pad-locked and sealed forbidding anyone from opening it. Mrs. Till-Mobley took a hammer and knocked the padlock off the casket and described seeing her child.

I decided that I would start with his feet, gathering strength as I went up. I paused at his mid-section, because I knew that he would not want me looking at him. But I saw enough to know the he was intact. I kept on up until I got to his chin. Then I was forced to deal with his face. I saw that his tongue was choked out. The right eye was lying midway of his chest. This nose had been broken like someone took a meat chopper and broke his nose in several places. I kept looking and I saw a hole which I presumed was a bullet hole, and I could look through that hole and see daylight on the other side. I wondered, ”Was it necessary to shoot him”?

His mother decided that the world should see the heinous results of this event and had an open casket funeral. A multitude of people from across the nation attended the funeral. The men were acquitted of murder in an hour. The prosecution stated that they could not prove that the body pulled from the river was Emmitt Till's. In spite of the fact that Bryant and his brother in law J. W. Milam admitted kidnapping young Emmitt along with many witnesses of the abduction the men were acquitted. Beauchamp, K. A. 2005 p. 89 reported that J. W. Milam stated in an interview with Look Magazine he said to the young African American Chattel Slave Descendant Till before he shot him, "God damn you, I'm going to make an example of you-just so everybody can know how me and my folks stand." Laston 2015 quoting an article in Time magazine in which Milam said,

I'm no bully; I never hurt a [n--] in my life. I like [n----s]-in their place-I know how to work'em. But I just decided it was time a few people got put on notice. As long as I live and I can do anything about it, [n—s] are gonna stay in their place.(Latson, J. 2015)

African American Descendants of Chattel Slaves across the nation were horrified by the understanding that no African American Descendant of Chattel Slave was safe.

Beauchamp, K. A. 2005 equates the murder of Emmett Louis Till in the African American Diaspora community with the traumatic Attack on 9/11 to Americans today.

This racial and cultural trauma known nationwide sparked Rosa Parks 100 days later to refuse to give up her seat to a white person on the bus. The Montgomery bus boycott of 1955 broke the barriers to allow African American Descendants of Chattel Slaves right to occupy any seat in any transportation. The Civil Rights Movement lead by Dr. Martin Luther King Jr. had begun. To date Carroll, R. 2017 reports that Carolyn Bryant recently admitted 62 years later that her testimony about Emmitt Till's words and

actions were untrue.

Brown v. Board of Education, Topeka, KS. (1954) was the Supreme Court decision that Black schools violated the Fourteenth Amendment because they could not maintain the separate but equal standard declared by the Court in *Plessy v. Ferguson* therefore it became lawful for schools to integrate. The African American Descendants of Chattel Slaves found it necessary to risk their lives, and livelihoods by pressing against the resistant racism that prohibited progress for the African Diaspora people.

Young African American Descendants of Chattel Slaves took a stand regarding equal treatment in school integration after the passing *Brown v Board of Education*, integration of public transportation, and public restaurants. As Africa American Descendants of Chattel Slaves attempted to gain inclusion into U.S. institutions of public transportation, education, armed forces, sports, and professions, hotels, and restaurants they were subjected to physical attacks (Coats, 2014; Guthrie, 2004; Leary, 2005; Montgomery, 2005; Plummer, 2013). The African American Descendents of Chattel Slaves were publically assaulted beaten, spit upon, rocked, had dogs attack them, and water hoses turned on them then they were jailed (Guthrie, 2004; hooks, 2003; Leary, 2005; Robinson, 2000). The physical attacks consisted of both overt and covert forms of churches bombings, cross burnings in front of homes, lynching, and attacking and killing World War I veterans with no due process or prosecution for individuals performing the murderous acts. White parents took their children out of school in many instances of school integration and violently protested the African American Chattel Slave Descendant students who were as young as 6 years old (Coats, 2014; Guthrie, 2004; Herman, 1992; Leary, 2005; Montgomery, 2005; Plummer, 2013, Boyd, 2013).

Addressing racism and Xenophobia in the present day.

Adopted after the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, held in Durban in 2001, the Working Group of Experts on People of African Descent is mandated to make visits to countries to study the problems of racial discrimination faced by people of African Descent and propose solutions for the elimination of racial discrimination against people of African heritage. From 19th to 29th of January 2016 the Working Group of Experts on People of African Descent a body that reports to the United Nations High Commissioner on Human Rights visited the US. The group of experts, which includes leading human rights lawyers from around the world presented its findings to the United Nations Human Rights Council on Monday, August 18, 2016.

The Working Group observed that in spite of the end of Jim Crow and the gains for civil rights, a systemic system of racism ensuring the domination of one group over another persists and negatively impacts the civil, political, economic, social and cultural rights of African Americans presently. The Working Group concluded that the laws meant to bring equal and civil rights to Black Americans are unable to control or make a thorough and dramatic change in the institutional and structural racial discrimination against people of African descent. Examples include discrimination and disparity in mass incarceration, unexamined police violence against the population, segregated housing, variations in the quality of education, labour market segmentation, political disenfranchisement and environmental degradation.

The Working Group discovered excessive amounts of police brutality and unrestrained lethal force by various state and city law enforcement officials perpetrated without consequences against people of African descent. The most recent and well-known cases of killings of unarmed Black Americans — Eric Garner, Michael Brown, Tamir Rice, Walter Scott, Freddie Gray and Laquan McDonald Tyrone West, Tyron Lewis, Jonathan Sanders, Oscar Grant, Tony Robinson, Marlon Brown, India Kager, Ronald Johnson, Mohamed Bah, Rekia Boyd, Sandra Bland and Alonso Smith.

The Working Group recognized the Guardian newspaper's "The Counted" database which discovered that 1,136 people were killed nationwide by the police in 2015. 302 African Americans were killed at double the rate of white, Hispanic and Native Americans. About 25 per cent of the African American citizens who were killed by police were unarmed, versus 17 per cent of the white citizens. The Working Group heard testimonies that African Americans face constant police practices which deny them their human and civil rights. An example is that African Americans are disproportionately targeted for surveillance from police, experience harassment, witness public humiliation, bear up against excessive force due to racial discrimination, and report racial profiling is an unrestrained standard of procedure by law enforcement. Black citizens fear asking the police for help and concurrently the States do not provide protection. African American citizens based on their experience disclosed that in childhood they are treated by the State as a dangerous criminal group and face a legal expectation of guilt rather than presumption of innocence.

Regarding intersectionality The Working Group discovered experiences of racial discrimination based on ethnicity, religion, socioeconomic status, sex and gender identity.

Besides Black on Black aggression particularly concerning are the murders of transgender women of African descent and the increasing level of violence affecting them. Racial discrimination impedes the ability of African American women to maintain overall good health, control their sexuality and reproduction, survive pregnancy and childbirth, and parent their children.

Of concern are reports that across the country police officers in schools, without appropriate training are dealing with behavior that previously would be handled as part of a school disciplinary process. The police have the authority to detain, frisk and arrest children in school for minor offences resulting in criminalization. A black female student was violently arrested by a school resource officer at Spring Valley High School in South Carolina in 2015. Zero tolerance in schools have led to the excessive penalization of African American children who are more likely to face harsh discipline compared with their white peers. These African American children are being forced out of school into the criminal justice system — a practice that has been described as the “school to prison pipeline”. P. 41

Since September 2001 the introduction of the Patriot Act affects not only United States citizens but now also has had a unfortunate impact on the detention, treatment and deportation of undocumented migrants, including Black and Brown people of African descent, who enter the United States.

As an example current police aggression from North Miami in Florida, Entin, Morris, and DiPrato (2016) reports that Charles Kinsey an African American behavioral therapist was attending to an African American autistic client who was playing with a toy truck outside their facility. Kinsey was attempting to coax the autistic client back to their

program. Police drew their guns as the behavioral therapist complied with their orders and lay on the ground on his back with his arms in the air over his head explaining the situation. The police shot the therapist who was in a completely submissive position. Congresswoman Wilson was asked whether better training for police in mental health issues would have made a difference, she said,

...we can only pray. That's the only solution I have," said Wilson. "As I stand here, when you shoot a man lying on the ground with his hands up explaining to you the situation – and you shoot him anyway – something is not right with that picture, so we, as a district, are in shock." (Entin, et. al. 2016)

As a result of centuries of this unequal and terrorizing treatment, many African Americans have anxiety regarding dealing with law enforcement. Furthermore, these generational and current traumas manifests in the lost lives of the ancestors, of family, of friends, of leaders, of healers, of the past who have been slaughtered and in the potential greatness of young people who are still being slaughtered due to erroneous and immovable attitudes and beliefs that devalue black and brown lives (Guthrie, 2004; Robinson, 2000; hooks, 2003; DeGruy, 2005) This deep anxiety is a result of centuries of trauma that in many cases should be addressed therapeutically. (Carter, 2007; Guthrie, 2004; hooks, 2003; Robinson, 2000; Herman, 1992).

Cultural encapsulation.

Wrenn (1962) defined cultural encapsulation as working with clients from an ethnocentric perspective, where client worldviews are not adequately understood or integrated into the counseling process and the counselor's refusal to accept change. (Hickling, 2009). Wrenn (1962, 1985) described counselors as culturally encapsulated when reality is defined by one set of cultural assumptions: there is insensitivity to cultural variations, ignore the evidence that disproves their assumptions, utilize non-culturally

sensitive technique-oriented or quick-fix solutions to problems, and use their own self-reference ideology to judge others.

It is especially important to recognize given that counselors are vulnerable to cultural encapsulation when counseling clients of color. As stated by Pedersen (2002) the most visible states of encapsulation in multicultural counseling are (a) the belief that there is a normal standard, (b) attitudes that preferences individualism, (c) rigid boundaries, (d) ignoring cultural context, (e) belief that dependency is pathological, (f) ignoring social support systems, (g) belief that linear thinking is the norm, (h) vigilance for homeostasis in the system, (i) neglect of historical context of client, and (j) lack of knowledge and introspection about one's own cultural bias (Cartwright & D'Andrea, 2005).

Culturally sensitive treatment.

Culturally Sensitive Treatment (CST) is a method used to address disparity issues of limited utilization of mental health services by people of color generally and should be used with African American Descendants of Chattel Slaves in particular (Roysircar, 2009). CST may include intervention designed for a particular culture or an adaptation of a Western method to a specific culture. CST showed greater improvements in outcome measures than general “multicultural” interventions (Roysircar, 2009). Roysircar (2009) enumerated that CST is inclusive by the deliberate (a) integration of cultural values particular to the client’s cultural values in the therapy sessions; (b) matching ethnicity, race and linguistic to the therapist with the client and therapist; (c) client is able to partake of therapy provided in their language; (d) intentionally infusing the multicultural paradigm throughout the mental health organization; (e) professional interaction and

consultation with those knowledgeable about the client's culture; (f) include efforts to reach out to recruit clientele who are underserved; (g) extend services to provide child care removing barriers to client retention; (h) taking time to verbally inform clients who are illiterate of forms needing to be filled out or information; (i) all staff are trained in cultural sensitivity; and (j) collaboration with and referrals to outside resources for additional services.

Cultural trauma.

Eyerman's (2001) cultural trauma is described as a depletion of identity and purpose and a tear in the social fabric of a people. Cultural trauma is as a result of a memory universally understood as true through the salient group which experienced it and passes on the stories. The memory triggers negative affect, is considered hostile to the life of the culture continuance, and is permanent (Alexander et al., 2001). Collective memory identifies where we came from and where we are going, and also why we are where we are now (Eyerman, 2001). One form of collective memory identifies Africa as the land where African American Descendants of Chattel Slaves originated, however due to the constant moving from owner to owner, poor recording, and deliberate suppression of culture very few will be able to concretely trace their origin. Therefore for many who identify as African American Descendant of Chattel Slaves cannot identify where they came from and where they are going, and also why they are where they are now, the result of Cultural Trauma (Eyerman, 2001).

Ethnocentrism.

Hammond and Axelrod (2006) defined ethnocentrism as a global syndrome demonstrated by attitudes and beliefs that are biased and discriminatory. Biased beliefs

are that one's group is virtuous and superior, that the standard for one's own in-group is the only standard that is legitimate. Common attitudes are that all other groups (out-groups) are seen as contemptible and inferior (Hammond & Axelrod, 2006; Le Vine & Campbell, 1972; Sumner, 1906). Behaviors associated with ethnocentrism include cooperative relations within the group and the absence of cooperative relations with out-groups (Hammond & Axelrod, 2006; Le Vine & Campbell, 1972). Ethnocentric attitudes, beliefs, and behaviors are based on a boundary held by a group based on observable characteristics such as physical features, religion, accent, or language. Some anthropologists argue that nationalism and racism are examples of long standing ethnocentrism (Brown, 2004; Hammond & Axelrod, 2006). Ponds (2013) concluded that "despite conscious intent or lack thereof, everybody in U.S. society is conditioned, affected by, and infected by racism" (p.23).

Immersive cultural plunge (ICP).

The Immersive Cultural Plunge is a form of Multicultural Immersion Experience (MIE). MIE's purpose is to enhance cultural competence and cultural sensitivity in mental health trainees towards clients of difference. Multicultural Cultural Immersion is an experience in which a multicultural class is the vehicle by which a student visits another local culture through class assignments or transported to a different country to have the face to face experience with non-American cultures, races, and ethnicities. Believed to be needed to increase empathy, and skill the experience can last from 2 weeks to several months (Cordero & Rodriguez, 2009; Franzen, 2009; Kelly, 2015; Leaderman, 2015; Ribeiro, 2005; West-Olatunji et al., 2011;). Hipolito-Delgado et al. (2013) strongly suggested that the minimum number of 10 contact hours is recommended

for an effective MIE. The Cultural Plunge experience lasts between 30 minutes to 2 hours. The experience must take place on the “turf” of the target population (Nieto, 2006).

The purpose of the 12-hour Immersive Cultural Plunge experience is to combine the Cultural Immersion (CI) experience with the Cultural Plunge (CP) experience to provide a one-day local *en vivo* interactive experience with ‘difference’ (Hipolito-Delgado et al., 2013; Tomlinson-Clarke & Clarke, 2010).

Multicultural counseling sensitivity.

Multicultural counseling sensitivity is often called “cultural sensitivity” or “multiculturalism”. “Cultural sensitivity understands that all people, including people of color, possess values, beliefs, and assumptions that they bring into the helping relationship” (Abrams & Moio, 2009, p. 247)

Mental Health Trainee.

A mental health trainee is defined as students enrolled in a mental health training program such as PhD, PsyD, LPCC, Marriage and Family Therapists, Social Work, and chemical dependence academic program.

Live Experience.

Live experience refers to the personal experience a mental health trainee may obtain with a culture different from themselves (Pope-Davis, Breaux, & Liu, 1997). Several researchers (e.g., Arrendondo & Toporek, 2004; Canfield et al., 2009; Coleman, 2006; Collins & Pieterse, 2007, Kim & Lyons, 2003) have supported the importance of extending multicultural training beyond the traditional classroom setting. In their development of multicultural competencies and standards, Sue et al. (1992) highlighted

the need for culturally skilled counselors [to] engage with those who are of minority status when not counseling thus balancing perceptions of power are known from settings other than academia. Pope-Davis et al. (1997) added that it is also important to experience how these cultural groups define and experience themselves on a daily basis. DeRicco (2005) informed people that it is actual contact with culturally different people and experiencing this contact frequently which develops a greater cultural sensitivity. Sodowsky, Taffe, Gutkin, and Wise (as cited in Holcomb-McCoy & Meyers, 1999) stated that it is the interpersonal exchange and the experiencing of face- to-face interaction which has demonstrated to be primary for learning successful cultural therapeutic interactions.

Racism/Prejudice.

Racism is defined by Priest (1991) as the use of oppressive actions to methodically preserve the supremacy of one group over another and the notion that the majority group is the selection of choice over the oppressed group. Glasswing (2012) defined racism as power plus prejudice. Although race is not biological or a genetic reality, it is a social construct based on a falsehood but created by scientists of the 1700's to categorize their world (Ponds, 2013).

Originally, the Latin definition of prejudice meant a judgment as a result of a past experience or decision. The word transformed into English is defined as a premature judgment based upon lack of consideration of the facts (Allport, 1954, 1979; Gaines, 1995). There must be an attitude of favor or disfavor and it must be related to an overgeneralized (and therefore erroneous) belief (Allport, 1954, 1979; Gaines, 1995). Thus, prejudice is treating a person with less regard because of skin color (Sue, 2005).

There are some who espouse this form of prejudice is an individual pathology resulting from exposure to the authoritarian personality theory (Adorno, Frenkel-Brunswik, Levinson, & Sanford, 1950). These overt violent individuals self-labeled as skinheads, neo-Nazi, Klu Klux Klan, and other White supremacists groups only typify a small percentage of the racists (Sue 2005).

Ponds (2013) stated that many people in the U.S. believe racism is healing because of the mistaken faith in a post racial color-blind society. Example of this consists of the election of the first African American President (President Barack Obama), a woman of Latin Descent as Supreme Court Justice, and other accomplishments by people of color (Crenshaw 2011; Ponds, 2013).

Racism is exhibited in the physical, mental, economic, and spiritual violence discharged upon people of color and other minorities of difference. In the United States, Native Americans, the indigenous people, were the first to experience this violence, followed by black Africans. Later to various degrees, Asian and Hispanic/Latino and other people of color as they immigrated to the United States also experienced this violence (McGoldrick et al., 2005).

Sue (2005) identified three forms of racism: individual racism or prejudice, institutional or systemic racism, and cultural racism. Individual racism or prejudice ranges from oppressive and overt acts of hatred towards a different race usually through a single or group of individuals. They use intimidation through violent hate crimes or influence through more indirect behaviors such as deterring a child from marrying a different race or discrimination against persons of color who wishes to rent an apartment (Sue, 2003). This prejudice is the racism that is most recognized and disapproved of by

civil society with the belief that these behaviors by individuals are immoral and/or illegal. Individual racism or prejudice may be demonstrated by innocent thinking in people who are unaware that their beliefs, attitudes, and behaviors oppress people of color and others of difference (Ridley, 1995).

Institutional or systemic racism is embedded within organizations in U.S. society such as organizational policy, practice; and structure in government, business, unions, schools, churches, courts, and law enforcement agencies wherein determinations are made that are oppressive to people of color (Sue, 1995; Sue, Bingham, Porche-Burke, & Vasquez, 1999). Institutional racism impedes justice through discriminatory housing patterns, segregated and unequal schools, preferential employment and promotion rules, racial profiling; disparities in health care, segregated and polarized religious organizations, and educational curricula that sanitize the history of minorities (Sue 2005).

Sue (2001a) stated that cultural racism is the individual and institutional expression of a belief of superiority of one group's cultural heritage over another. The belief that one group's history, way of life, religion, arts and crafts, language, values, and traditions are superior to others makes up this particular category. Phenotype or physical characteristics such as blond hair, blue eyes, and light completion are part of the constellation of traits perceived as more desirable (Sue 2005).

Race based trauma.

Decades of research have noted the impact of discrimination and racism on the psychological health of communities of color (e.g., Bryant-Davis & Ocampo, 2006; Carter & Forsyth, 2009; Comas-Díaz, 2016). Carter (2007) saw trauma normally focusing on solitary experiences, such as combat and natural disaster survivors who have the

criteria of life-threatening physical danger in its definition. The definition included corresponding short-term symptoms that were diagnosed after 1 to 3 months.

Assessment models that employ PTSD diagnosis focused on the short-and long-term symptoms separately. Herman (1992) believed that trauma as defined by DSM-IV-TR excludes acts of violence which are realities experienced in life and recognized as trauma inducers for example trauma as a result of racism. Trauma unresolved causes chronic stress thereby suppressing the immune system. The brain then shifts to a limbic system dominance which can increase the risk of depression and anxiety. For children trauma disrupts development and can negatively affect the quality of emotional attachment with family, extended family, and community. Bryant-Davis and Ocampo (2005) reasoned that there are similarities between reactions of physical violence and racist incidents. Incidents associated with racism are implicit, indistinct, and systemic. Smith (2010) listed and described the racial trauma symptoms as:

- 1) Hypervigilance suspicious and overtly cautious regarding organizations and government; limited trust, On threat alert, avoidance of unknown places, highly aware of disrespect, shame with defensive reactions.
- 2) Increased alcohol and drug usage – Drugs and alcohol are initially useful (real and perceived) in managing the pain and danger of unresolved traumas but become their own disease processes when dependency occurs.
- 3) Increased aggression – Street gangs, domestic violence, defiant behavior, and appearing tough and impenetrable are ways of coping with danger by attempting to control our physical and social environment.
- 4) Narrowing sense of time – Persons living in a chronic state of danger do not develop a sense of future; do not have long-term goals, and frequently view dying as an expected outcome.

Resilience.

In spite of this generational trauma the population of African American Descendants of Chattel Slaves and People of Color have in many cases overcome great odds. Resilience as defined by Masten, Best, and Garmezy (1990) is the capacity for successful adaptation despite challenging or threatening risks. The “culturally constructed modes of adaption, first learned in the family and at school, became the foundation for resilience across the years of childhood and adulthood” (Cohler, Scott, & Musick, 1995, p.785) Boyd-Franklin (2003) reminds us that with the constant bombardment of stress, and psychological trauma inflicted by racism, invisibility, and discrimination, African Americans are resilient. White (2016) listed seven strengths, Improvisation, Resilience, Connectedness to others, Spirituality, Emotional vitality, Gallows humor, Healthy suspicion of you know who. The brief descriptions of each strength follows.

1. Improvisation. Resourceful, imaginative, creative and innovative to meet the challenges of life. Black children develop a way of being that creates, seeks out, finds and seizes opportunities knowing that opportunity does not come directly to Black folks.
2. Resilience. The ability to bounce back from a setback becoming stronger in the broken places. Understanding that living comes with storms and misfortunes disappointments, setbacks, loss and disillusionment.
3. Connectedness to others. In contrast to Freud in that human closeness is a deeper need than sex. From family and extended family, strong peer relationships, romantic relationships and periodically mentors entering our life we learn to build successful mutual relationships.
4. Spirituality. The spiritual theme that runs through the Black experience is a soul force, a life affirming force which is responsible for strength in the face of adversity, inspiration, vitality and hope.

5. Emotional vitality. A zest for life, high energy, exuberance and fully expressing life as seen secular and Church music.
6. Gallows humor. The strength to be able to move through the storms of life laughing and the ability to cry. Referring to Langston Hughes and a character he created called “Jesse B.Simple”
7. Healthy suspicion of you know who. Healthy suspicion is being careful in whom Black people put their trust as many promises have been broken since 1619.

Qualities of internal strength, personal and collective resolution, spirituality, flexible roles, robust education, and work orientation are the same qualities that generations of people of color applied in creating survival mechanisms to cope with their lives.

Race based trauma treatment.

Post Traumatic Slave Syndrome is a theory that explains the state of mind that is produced from multigenerational oppression of African Slave Descendant peoples and their descendants as a consequence of centuries of trauma never having an opportunity to heal. The components of P.T.S.S. are M) Multigenerational trauma with continued oppression; A) Absence of access to the resources available with no opportunity to heal, and P) Post Traumatic Slave Syndrome. (M.A.P.) DeGruy (2005) lists primary behavioral patterns that demonstrate symptoms of P.T.S.S. they are:

1. Vacant Esteem
2. Insufficient development of primary esteem, feelings of hopelessness, depression and a self-destructive outlook.
3. Extreme inclination to become angry and a tendency towards violence
4. Overt suspicion with a belief that others have negative motivations toward them.
5. Violence perpetrated towards self, outwards against others even those within their personal circle.
6. Racist Socialization as learned by societal and social mores then internalized and

accepted as true.

7. Learned Helplessness, extremely limited sense of self, limited education, aversion to members of one's own identified cultural/ethnic group, antipathy to the customs and mores identified with their cultural/ethnic heritage and the physical characteristics of their within group.

Without some knowledge of P.T.S.S. there is no framework to comprehend some of the behaviors and beliefs that African Diaspora people hold close.

Hardy, K. V. (2013) states that the trauma model offers very different kinds of remedies to “problems” than the disease model. Many Black Americans may have primary, secondary, and tertiary traumas and do not recover. Some will recover and bounce back stronger as a result of the experience. However, for those who may be languishing in these levels of complex trauma there are some interventions that may be effective. He prescribes a particular kind of help.

- A) Is not diagnosis driven, does not label, and will not categorize recipients as having a “problem.”
- B) Makes space for adults, teens, and children to tell their trauma stories to re-process and re-interpret the events, see what occurred and place responsibility and causation accurately.
- C) Teaches emotional self-regulation such as yoga, marital arts, meditation, diaphragmic breathing, giving consistent practice and applied when dysregulation is threatened.
- D) Gives an empowering voice to the participants by their agency in owning their control in the kind, type, direction, and amount of help they receive.
- E) Allows peer survivors of trauma to mentor new survivors of trauma.
- F) Plans for future trauma exposure and rehearses safe and survival responses and behaviors.
- G) Provides knowledge about trauma and its impacts.
- H) Using recovery group experiences that are psychoeducational for participants to learn specific techniques for management of self-regulation to manage their

responses to trauma.

- I) Participants must take time preparing to relinquish past ways of adapting to trauma preparing them to experience the increase in anxiety, fear and stress while still recovering.
- J) Provides isolated children, teens and adults to experiences in the greater society.
- K) Understanding that neither emotional support nor talking about the traumatic event by itself is not enough to resolve trauma. Participants must re-experience the trauma and change their understanding of what has occurred.
- L) Participants who reinforce each other's old adaptations are not to be in groups together.
- M) The participant must not be encourage to avoid re-experiencing the trauma – avoidance is a common symptom of post-traumatic stress.

Ultimately, when an individual or group is harmed by racial trauma which is endemic to U. S. society there is a need to heal. To be relevant and helpful mental health trainees and other mental health professionals must be trained in recognizing their own bias, understanding the sub-surfaced wounds of racial trauma and how to be a healing agent (Pearson, 2015).

Trauma.

Eyerman (2001) explained physical or psychological trauma is caused by an event that produces a wound encompassing severe mental pain or suffering in a person.

White privilege.

White privilege is the existing belief that White Americans experience unearned privileges and benefits in society simply for being members of the White racial group (Bell, 1980; Crenshaw, 1988; Delgado, 1989; Harris, 1995; Rocco et al., 2014; Wise, 2008).

Zinn (2003) stated that before the 1600's prejudice between African slaves and white indentured servants did not exist because both were treated with little regard. The times were bad for both and there were mutual recognition and support from each in their predicament. Enslaved Africans and White servants bonded through helping each other run away together, through mutual attraction to each other, stealing livestock together, and drinking and celebrating together.

Racial prejudice was purposefully created for a special kind of biased system to guarantee the prosperity of the Elite Colonial Founding Fathers and their families (Wise, 2008; Zinn, 2003). The colonialist's feared that dissatisfied whites would rise to join black slaves and successfully overthrow the existing system.

A law was passed in 1705 that gave white indentured servants who were freed ten bushels of corn, thirty shillings, and a gun while women received fifteen bushels of corn and forty shillings. The newly freed indentured servants would also receive fifty acres of land, gain the ability to enter into contracts, testify in court, and be hired as a slave patrol. The alliances between African and European indentured servants were quelled as division and hatred was planted and sprouted into the racism we have seen through the centuries (Wise, 2008; Zinn, 2003).

Significance of the Study

This study is significant because of the rapid rate of changes in U.S. society and response of cultural encapsulation (Pedersen, 1991, 2002; Wrenn 1962, 1985). The study can contribute to the profession's pedagogy by utilizing contextual and historical knowledge to teach the skill of cultural sensitivity through a local live experience that can be included in the curriculum of multicultural classes or workshops regarding African

Americans. The live experience when used as an additional teaching tool for academic didactics can provide a safe forum for mental health trainees to process their attitudes and beliefs, deepen their knowledge and skills, and widen their capacity to provide a safe environment when working with culturally different clients in general, and specifically African Americans Descendants of Chattel Slaves (Sue, 1990).

Research Questions

The central question underlying this study is how does the 12 hour *en vivo* (live) experience of the Immersive Cultural Plunge affect the attitudes, beliefs, and sensitivity of mental health trainees toward African American Descendants of ‘Chattel Slaves’?

Within the context of the central question are five related questions:

1. How is multicultural counseling sensitivity toward African American Descendants of Chattel Slaves expressed in counseling?
2. How are attitudes and beliefs toward/about African American Descendants of Chattel Slaves expressed in counseling?
3. How has the lived experience of the Immersive Cultural Plunge affected attitudes and beliefs toward African American Descendants of Chattel Slaves in counseling?
4. How has the lived experience of the Immersive Cultural Plunge Experience affected multicultural counseling sensitivity toward African Americans Descendants of Chattel Slaves?
5. What implications does the live experience of the Immersive Cultural Plunge have on future career choices regarding cultural sensitivity toward African Americans Descendants of Chattel Slaves?

CHAPTER 2: LITERATURE REVIEW

Introduction

This chapter begins with an account of Critical Race Theory (CRT) as it is as the theoretical framework for the study. The second part of the literature review focuses on multicultural counseling, racism, micro aggressions, cultural encapsulation, and multicultural education. The chapter concludes with an exploration of social justice, cultural immersion, and cultural plunge.

Theoretical Framework

CRT scrutinizes race, oppression, and racism where the lives of people of color are concerned. As a function of CRT, scholars of several disciplines have robust critiques of how their discipline establishes and sanctions racial power within the academy.

Critical Race Theory.

Crenshaw (2011) provides a summary of scholars who have critiqued particular fields of study. W. E. B. Dubois in his groundbreaking *Black Reconstruction in America: 1860-1880* critiqued the disciplinary practices of history. Dubois brought forward and criticized a prevailing belief and oneness of ideology. He argued that, “the vast majority of historians (believed that)... Blacks were ignorant, unfit to govern, and that Reconstruction inflicted a grievous harm upon whites in the South” (Crenshaw, 2011, p.1257). Sociologist Oliver Cox with *Caste, Class, & Race: A Study in Social Dynamics* (1948) exposed the whiteness of sociology by the mid-twentieth century and Joyce Ladner in the 1970s joined with her writings of *The Death of White Sociology* (1973). Cox (1948) criticized sociologists Robert Park for establishing beliefs of primary racial

differences rather than focusing on the social design of racial difference while Ladner examined and challenged the ways in which sociology distorted black history and identities. Guthrie (1998) produced a virulent critique of psychology in his publication *Even the Rat Was White*. In this seminal work, Guthrie documented the historical connections between psychology and race, including how “scientific” measures were used to prove racial inferiority, racial difference in standards such as aptitude tests and the suppression and exclusion of black psychologists within the discipline. Toni Morrison’s *Playing in the Dark* (1992) became an elegant classic in literary criticism. The highly acclaimed author criticized the heavily racialized roles African-Americans have been burdened within literature by white authors. She exposed that the building of classic literary virtues of the American hero depends on a subservient “other”. A key example of this is Till in *Sapphira and the Slave Girl* who defers her long awaited joy until the white child is comfortable.

Critical Race Theory (CRT) emerged out of a unique convergence of temporal, bureaucratic, and political factors (Crenshaw, 2011). Struggle among law students and faculty with the perceived institutionalized racism in practices of curriculum and hiring at Harvard, scholars understood that their experience of racial power dynamics separated them from any other legal model. As critical consciousness holds the definition of digging beneath the surface of information to develop deeper understandings of concepts, understandings of relationships, and personal biases the term Critical Race Theory was coined (Ford, Collins, & Airhihenbwa, 2010).

Solorazno (as cited by Thomas, 2009) identified CRT as a “framework or set of basic perspectives, methods, and pedagogy that seeks to identify, analyze, and transform

those structural and cultural aspects of society that maintain the subordination and marginalization of people of color” (p.57). Critical Race Theory is an iterative method that can assist researchers to attend to issues of power and equality while exercising research, scholarship, and practice with an encouragement to become a transformational change agent in the hierarchies. CRT integrates methodologies that transcend disciplines drawing on theory, experiential knowledge, and critical consciousness to bring to light and impede the flow of racism (Ford et al., 2010).

CRT began as a movement in the 1970s to answer Critical Legal Studies’ (CLS) insufficient attendance to the consequence of race and racism in American jurisprudence. The liberal movement included a group of predominantly white male legal academics that were willing to critique postmodern individualism and hierarchy in modern Western society. The concepts were taken from European postmodernist thought, which questioned postmodernist notions such as the deconstruction of concepts of neutrality and justice or “the reasonable man”. The non-majority (people of color, white women, and other diverse populations) were hopeful that CLS could challenge orthodox thinking about inviolability and biased laws that were oppressive to minority populations for centuries. However minority scholars realized that CLS shut out the voices of people of color and women demonstrating an unwillingness to acknowledge racial and power necessary beyond their interests as liberal white male elites (Bell, 1992; Delgado, 1988; Wing, 1997a, 1997b, 2000). CLS did not attend to racism but to class (Crenshaw, 2011; Thomas, 2009). In numerous literature (Crenshaw, 1989, 2002; Crenshaw, Gotanda, Peller, & Thomas, 1995; Delgado, 1984, 1988; Delgado & Stefancic, 2001), assertions were considered that CLS was not capable of providing the strategic planning that could

be socially transforming due to its refusal to hear the voices of scholars who insisted that race and racism be included into the analysis, thus shutting out these voices. CLS did not acknowledge the histories of those oppressed by institutionalized racism or attend to the experience of disenfranchised peoples.

Two legal scholars Derrick Bell and Allen Freeman boldly took issue with the function of U.S. law that maintained and upheld the dominant system of white male supremacy, which in their observation in the 1970s began to reverse the process of the racial gains made by the civil rights laws of the 1960s (Crenshaw, 2011; Thomas, 2009). In contrast, CRT asserts and maintains that race, racism, and oppression are important when the lives of people of color are of focus.

CRT also asserts that when on an individual, institutional, or cultural level, whether unacknowledged or acknowledged, racism violates the Belmont Report ethical principles of benevolence, equity, and respect (National Commission for the Protection of Human Subjects in Biomedical and Behavioral Research, 1978). This violation is accomplished through the erroneous information base that results in a false knowledge of the lives of those of focus (Thomas, 2009).

According to Rocco, Bernier, and Bowman (2014), there are six tenets of CRT that speak to unequal power differentials, the promotion of social justice, and challenge the dominance and majority supremacy paradigm, while recognizing decolonized knowledge as legitimate knowledge. The six tenets consists are as follows: 1) racism is endemic; 2) race is a social construct; 3) there exists differential racialization; 4) interest convergence and materialist determinism mediate how the law is interpreted; 5)

advancing the voice of the marginalized; 6) there exists an intersectionality of identities (Constance-Huggins, 2012).

Tenet 1: Racism is endemic.

CRT maintains that race and racism are timeless, endemic, and permanently entwined within the social fabric of America society, which is an ordinary phenomenon that people of color experience on a daily basis (Bell, 1992, 1995; Lawrence, 1995; Solorzano, 1997). Because racism is ordinary and lodged in the fabric of the U.S. society, its organizing functions and consequence on ways of thinking are often unnoticed, especially by those who hold racial privilege. As this thinking continues to be unnoticed, its invisibility maintains racism (Abrams & Moio, 2009).

Tenet 2: Social construct.

CRT asserts that race is an artificial construct and yet socially infused (Abrams & Moio, 2009; Rocco et al., 2014). CRT emphasizes that race and racism are built into society and it recognizes its embedded placement and the consequences of categorizing people according to physical characteristics (Abrams & Moio, 2009; Rocco et al., 2014).

In the 1970's, Thomas Szasz (1970) observed the rationale for supporting drapetomania and dysesthesia Aethiopsis which influenced systemic racism in mental health because (a) it extended the use of medical science to use authority and vocabulary to dehumanize Black people, (b) it created language and justification to use force to control individual behavior, and (c) without the entrance of this information in teaching efforts it hinders the acknowledgement and action against the systemic racism in psychology and psychiatry. As a result, CRT maintains that biased attitudes and beliefs that bolster these classifications and thoughts are infused into American and international

societies (Ford, et al., 2010; Rocco, et al., 2014). Although there were contributions of minorities who provided truth and balance to the racist biases and assumptions, minorities' voices were excluded from national and international conversations (Black, Spence, & Omari, 2004; Holliday, 2009). Minority scholars and others who observed such skewed progression began to question the import and validity of racial findings and the consequences for non-majority communities (Ford et al., 2010).

Tenet 3: Differential racialization.

Differential racialization asserts that people in power can racialize groups of people in different ways, depending on historic, social, or economic need (Abrams & Moio, 2009). Differential racialization allows for minority groups (Mexicans, women, African Americans, sexual minorities, Muslims) to become racialized to a position where they become denigrated and dehumanized groups. In addition to labeling the groups with negatively biased stereotypical characteristics (laziness, criminality, and soullessness), racializing as a stigmatizing act draws out the attitude in the general society that these members of society are not worthy of rights (property ownership, marriage, full equality, voting) as the holders of the power or White men because they lack genealogy (Fredricson, 2002). The Americas racialized the 4 visible racial minority groups: African Americans for free labor, Asian Americans (Japanese and Chinese) for mining and building railroads; Native Americans for land procurement (Delgado & Stefancic, 2000; Rocco et al., 2014); and Mexican Americans for cheap labor; Italian Americans and, Irish Americans were among immigrants who early in the development of the country were also racialized, for cheap labor but were accepted as majority as time passed. Routinely, the racialization process includes putting minority groups in competition with each other

for resources. As immigrants and their descendants use themselves as examples of having overcome discrimination, they attempt to chide that the failure of Blacks to succeed in this country is their own fault (Rocco et al. 2014). Gotanda (1995) pointed out that “Whiteness as racial dominance substantially overlaps, and sometimes supersedes the ethnic experience” (p. 271). These racialized minority groups who were able to pass as or become White such as the aforementioned Irish immigrants were not subjected to *continual* legal initiatives that were created to criminalize and disenfranchise with the purpose of blocking access to employment opportunities for many generations (Bell, 1992; Rocco et al. 2014).

Tenet 4: Interest convergence and materialist determinism.

Interest convergence is apparent when the majority group joins the work to advocate for social justice for minority groups or people of color. However this will only take place if both the mainstream society’s and the minority group’s needs converge. This is particularly so when economic material gain is an expected outcome for the dominant group (Rocco, et al., 2014).

The social construction of race makes certain races more valuable than ‘others’ and acknowledge that race is a device that is maintained and manipulated by the dominant culture (Crenshaw, 1988). Race is not biologically or genetic based. Although there are common physical similarities between in-groups genetic inheritance is more common across races. CRT challenges the systems in US culture that maintains races and refuses to acknowledge these scientific facts. This further bestows their created races with incorrect labels and negative character (Delgado & Stefancic, 2012).

Harris (as cited by Rocco, et al., 2014, p. 452) stated that “Whiteness” becomes property (with monetary value) in its own right because it serves important material and psychic purposes. Material determinism is the belief that just the White skin has material value which can be used as a commodity and giving preference to Whites of middle and upper classes to access goods and services in a favored viewpoint. As Rocco et al. (2014) stated the psychic value of Whiteness refers to the place at the top of the racial hierarchy a hierarchy fabricated by White men and woven together to justify the seizing of world superiority and dominance.

With this attitude and belief trickling from the hierarchy to lower socioeconomic and working-classes, Whites feel superior to ‘others’ because they are in fact in a better position (Crenshaw, 1988; Rocco et al., 2014; Wise, 2008) This is demonstrated in wage disparities (Heywood & Parent, 2012), in lack of access to quality education (Pane & Rocco, 2014), and disparities in health care (Collins & Rocco, 2014). Whiteness accounts for its property value with the right of having its core features as “the status quo” of a neutral baseline . . . masking the maintenance of White privilege and domination” (Harris, 1993, p. 1715). CRT legal scholars note that “the law has accorded holders of Whiteness the same privileges and benefits accorded holders of other types of property” (Harris, 1993. p.1731). The power to exclude others is a disturbing and powerful benefit given to the privileged holders of Whiteness.

When this position of social superiority is threatened, White backlash occurs (Rocco et al., 2014). White backlash is a social phenomenon that has also surfaced with mandates of diversity. These mandates are rejected when the majority maintains that poor performance come from diversity programs. White backlash also manifests in the

blocking of affirmative action framed as a way to take jobs away from deserving White men to give them to undeserving minorities (Bell, 1980; Kormanik, 2000; Lobel, 1999; Rocco et al., 2014)

Tenet 5: Advancing the voice of the marginalized.

Counter storytelling and Unique Voice of Color influences knowledge production (Matsude, 1995), and calls for a method of telling a story that intentionally brings doubt on the well known misconceptions and assumptions held by the majority (Delgado & Stefancic, 2001). According to CRT, those in power continually exclude racial and other minority perspectives, which minimize and blur the relationship between power and oppression (Abrams & Moio, 2009; Rocco et al., 2014). The stories of racialized minorities have a lived experience of oppression, with a common history, and with a voice to convey and consult on matters of race and racism as legal acceptable ways of stating when necessary injustice and discrimination. (Delgado & Stefancic, 2001; Rocco et al., 2014). CRT promotes a correctional writing of history that includes the lived reality of oppressed groups from their own perspectives and words. According to Delgado (1981) bringing these narratives into account challenges liberalist claims of neutrality, color blindness, and universal truths. CRT disputes the generally accepted, but erroneous belief that ‘race consciousness’ equals ‘racism’ and that to be ‘racially colorblind’ equals the absence of ‘racism’. Colorblindness, as an attitude and a school of thought, asserts that it is the nonracial issue such as class, or income that primarily describes racial phenomena (Crenshaw, 2011; Ford, et al., 2010). CRT maintains that there have been abuses of research that focused on race consciousness such as early

eugenics research and as such colorblindness can also easily contributed to racism (Rocco et al., 2014).

Tenet 6: Intersectionality of identities.

CRT's initial interest was race and racism; however, CRT recognizes that oppressions are not compartmentalized but are intertwined. (Crenshaw, 1989; Harris, 1997; King, 1988; Matsuda, 1992; Thomas, 2009). Understanding that various oppressions intersect in a person's life, CRT acknowledges the intersectionality with diversity of oppressions within populations and understands that a singular focus on race can obscure other forms of exclusion (Thomas, 2009). Intersectionality and anti-essentialism is the belief that individuals have a rich diversity of identities that cannot be reduced to one identity; instead a person's identities include race, sex, class, national origin, sexual orientation, and/or religion.

In fact, CRT theorists contend that investigation excluding a multi-layered structure is possibly recreating the exclusion pattern it seeks to expose as it can develop essentializing of oppression (Abrams & Moio, 2009; Hutchinson, 2000). Although it may be clear that all marginalized people share the experience of oppression, it is not clear which reform efforts are most effective for targeting oppression from a specific (anti-essential) or collective (essentialized) perspective (Abrams & Moio, 2009).

CRT has expanded to immigration, national origin, language, globalization, and colonization as it relates to race (Parker, 2004). Lastly, CRT has become useful in various fields such as education (Dixon & Rousseau, 2006; Ladson-Billings, 2005; Ladson-Billings & Tate, 1995), ethnic studies, political science (Thomas, 2009); and sub divisions of the academy including feminism, (Carbado, 2000; Hernandez-Truyol, 1997;

Queer Crit Arriola, 2000; Valdes, 2000), Asian American critical studies (Gotanda, 1995; Matsuda, 1995), Latino critical studies (Lat-Crit Perea, 2000; Soloranzo & Yosso, 2001), Tribal Critical studies, critical race feminist, and critical white studies in its determination to address racism beyond the black/white trap.

In review, CRT advocates the inclusion of the writings from those who have the lived reality of oppression in their own words. The general lack of diversity in mainstream psychology journal articles is an example of the exclusion of the voices of people of color and those who endure oppression. (Black et al., 2004; Guthrie, 1998; Holliday, 2009).

Although it may appear to be a safe belief, the non-racial societal position of colorblindness that class or income is the cause of racial disharmony denies societal racism (Crenshaw, 2011; Ford, et al., 2010). This attitude and belief is prevalent in the general society at large and in the profession of psychology specifically. Szasz (1970) argued that drapetomania and dysesthesia Aethiopsis was believed as unbiased and scientific however, planted racism in the mental health system. Medical science biased against Enslaved Africans was used by its vocabulary to dehumanize the Enslaved African people. Creation of the language also justified the use of force to control the enslaved African's individual behavior. This lack of transparency of history is as yet untaught in the mental health field and as a result blocks the acceptance that the mental health system is infected with racism (Ponds, 2013; Szasz 1970; Lack, C., Abramson, C. 2014). Without this assurance mental health trainees are not convinced that they in turn have biases that need to be scrutinized.

CRT recognizes that oppressions are complex and intertwined (Crenshaw, 1989; Harris, 1997; King, 1988; Matsuda, 1992; Thomas, 2009). Intersectionality is the acknowledgement that individuals cannot be reduced to one identity; instead a person's identities include race, sex, class, national origin, sexual orientation, and/or religion. Without this acknowledgement, CRT recognizes that it could be culpable in the further essentializing of oppression (Abrams & Moio, 2009). Practitioners from a diversity of fields use CRT which include education (Dixon & Rousseau, 2006; Ladson-Billings, 2005; Ladson-Billings & Tate, 1995), feminism (Carbado, 2000; Hernandez-Truyol, 1997), to Tribal Critical studies and critical white studies, and immigration (Parker, 2004). Thus, CRT when paired with training mental health trainees could provide a depth to multicultural studies.

Multicultural Counseling Cultural Competence History and Overview

The Multicultural Counseling approach is one wherein counselors acknowledge their personal identity within the profession, which includes awareness of counselor's values, assumptions, and biases with an aim to comprehend culturally different worldviews for the purpose of creating culturally appropriate connections, interventions, and procedures (Sue et al., 1992). From the multicultural lens, one can discern damaging results that clients of color (or difference) experience when a counselor fails to examine his or her own racial identity and/or question race-based privileges built into the counselor patient relationship (Constantine, 2007; Sue et al., 2008). White counselors (or other race or culture that is educated in the American Psychological system who fail to examine their racial identity or believe themselves to be colorblind observers can reproduce forms of racial domination during counseling sessions (Chao et al., 2011; Sue

et al., 2008; Wyatt, 2008; Parham 2002; Sue & Sue, 1999; Sue & Sue, 1990). Racial domination is enacted by treating the counselor's experiences as a White person or privileged person as normative for all people while denying the relevance or likelihood that race or racism had a hand in the oppressive and salient events of 'others' (Adams & Salter, 2011).

Multicultural counseling psychology challenges White and other practitioners to be aware that, although their experience of an event may feel mundane, unprejudiced or transcendent of identity position, their perspective of the same experience is an example of a benefit and an advantage of systemic racial privilege and power. (Parham 2002; Wyatt, 2008; Sue & Sue, 1999, Sue et al., 2008) Multiculturalism through its clarification of how experiences of the racialized person is denied in counseling resonates with the Critical Race Theory's goals of exposing racialized opinions that appear to be infused into mental health disciplinary practice (Adams & Salter, 2011).

Pope-Davis, Liu, Toporek, and Brittan-Powell (2001) highlighted the fact that multiculturalism is unlike other therapeutic systems. Multiculturalism intentionally brings into counseling the sociopolitical and historical contexts of clients and the community of which they are members. (Sue, Ivey, & Pedersen, 1996). Multiculturalism includes racism, homophobia, sexism, ageism, and ableism (Pope - Davis et al., 2001) as additional client variables that produce, confine, determine, and reproduce issues in the counseling room as well as in clients' lives.

To specifically connect political with therapeutic ideology is directly opposed to some traditionally longstanding psychological theories. In these theories, the therapist is operating from a belief that the "context" of the client's life is insignificant in the role of

therapy and that the therapist is to be a “blank slate” for the client (Pope - Davis et al. 2001; Sue, 1999). There were students and professionals however who were of racial/ethnic minority membership and self-empowered who disagreed with these theories. (Bell, 1992; Delgado, 1988; Wing, 1997a, 1997b; 2000). Expectations of inclusion, sensitivity, shared power, and a parallel social change unrealized fed discontent so that within the sociopolitical and historical contexts in counseling, one of the most studied arenas is in minority/ethnic identity development. In the early 1970s there was immense resolve to contrast the detrimental research findings that implied persons of African heritage were intellectually inferior to other races, specifically White peers (Guthrie, 2004). The medical and psychological systems in place focused on the Medical models or fixing the client according to the professions diagnoses, the inferiority model which stated that Blacks are genetically and biologically determined to be intellectually, physically, and mentally inferior to their White counterparts, and The Cultural Deficit/Deprivation models that looked to the environment as an explanation for intelligence, coping style, and family functioning, which is judged as less than their White counterparts. (Atkinson, Morten, & Sue, 1979; Cross, 1971; Jackson, 1976; Sue & Sue, 2003; Thomas, 1971; Williams, 1975). These researchers provided a foundation for the minority identity development structure known as the Racial/Cultural Identity Development Model. The structure was foundational for research that scrutinized how racial/cultural identity exerts influence on psychological development and counseling dynamics (Helms, 1990, 1995; Parham & Helms, 1981, 1985). The assertion underlying these identity development structures consisted of people of color and White person’s experiences with oppression, domination, discrimination, and privilege (Barnes 1972;

Bay Area Association of Black Psychologists, 1972; Samuda, 1975; Williams, 1972).

The development structure challenged the culturally biased intelligence and psychological testing and the discriminatory practices on racial/ethnic minority groups that resulted in Black and Latino males assigned to special education classes and misdiagnosed (Arredondo et al., 2008; Dana, 1998; Paniagua, 1994).

As the multicultural counseling arena has been inclusive of immigrant individuals and groups, a substantial topic of research is acculturation. Cuellar, Harris, and Jasso (1980), Phinney (1996), and Phinney, Chavira, and Williamson (1992) expressed concern regarding the interrelationship of acculturative stress, identity development, and psychological health. The discontent with the status quo prompted the formation of many culturally specific mental health associations, which opposed the majority culture's existing counselor preparation, research processes; and the monocultural/monolingual assessment, evaluation, and clinical practices (Arredondo, et al., 2008).

Multicultural counseling development.

Standardized multicultural knowledge began with 10 cross-cultural counseling competencies developed by Sue et al. (1982). It was thickened into 31 competencies and divided into three areas: (a) counselor awareness of biases and assumptions, (b) counselor awareness of client's worldview, and (c) culturally appropriate intervention strategies (Sue et al., 1992b). In the next development, Arredondo et al. (1996) wrote a seminal article that described 119 behavioral statements to operationalize the 31 competencies. In the article, the Operationalization of the Multicultural Counseling Competencies (1996) a section of the document described the Dimensions of Personal Identity (DPI) model by Arredondo and Glauner (1992). The DPI model was created to illuminate how essential

it was to include the client's multidimensional identities. The DPI structure also reference the potency of historical events that mold the client's life experiences, worldviews; and the roles that gender, sexual orientation, education, and other elements contribute to human development and mental well-being across the life span.

The Multicultural paradigm was used as a model for the growing multicultural concerns in the field of psychology during the 1990s which led to the endorsement of American Psychological Association's (2003) seminal publication titled *Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists* by the APA Council of Representatives (see Appendix A). This document acknowledged that the traditional practices of the Western, Eurocentric, and biologically based principles of psychological practice in education, research, practice, and organizational change have not included the ravages of systemic racism and its relation to the mental health professionals' individual bias that is detrimental to clients. The publication consists of six guidelines which serves as an encouragement toward culturally responsible interactions. Guideline 1, encourages psychologists to acknowledge that as cultural people attitudes and beliefs unexamined can be a detriment to their interaction with ethnically and racially different clients, students, research subjects, and organizations. Guideline 2, encourages psychologists to acknowledge the need to develop cultural sensitivity which is to gain information and empathy toward ethnically and racially different clients, students, research subjects, and organizations. Guideline 3, encourages educators in psychology to incorporate multicultural and diversity knowledge in psychology education. Guideline 4, addresses cultural sensitivity in psychologist's engagement in research encouraging culture-centered and ethical research when it is

conducted with people from linguistic, racial, and ethnic difference. Guideline 5, encourages psychologists to utilize culturally relevant intervention skills in clinical practice. Guideline 6, encourages psychologists to facilitate organizational change to assist in developing cultural and accurately informed development of policy and practices. In the revised edition of American Counseling Association (ACA) Code of Ethics (ACA, 2005), new cultural attentions are represented in the section on “Boundaries of Competence” (see Standard C.2.a; Appendix B). Counselors are admonished to “Practice only within the boundaries of their competence Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population” (ACA, 2005, p.9). According to Arredondo et al. (2008) the revised ethical standards instruct counselors to be culturally sensitive and aware that cultural diversity should be taken into account when diagnosing mental disorders (see Standard E.5.b; Appendix B).

Multicultural counseling described the between-groups differences that are normally seen among persons in diverse racial/ethnic/cultural groups. The distinctions include the manner in which different groups interpret meaning of such ideas as human development, mental health, psychological maturity, and what are culture specific psychological helping interventions (Ivey, Ivey, & Simek-Morgan, 2007; Sue & Sue, 2003). When extracted from the culturally viable cosmological paradigms, multicultural counseling theorists have allowed counselors to deepen their understanding of various cultures in ways that extend far beyond the culturally encapsulated constructions of such concepts that have dominated the counseling profession in the past (Wrenn, 1962, 1985).

Multicultural education.

The majority of psychological higher education courses focus on cognitive, intellectual learning, versus the personal and highly affective responses that comes when mental health trainees examine core values, beliefs, and identities in MCC (Yoon et al., 2014). McRae and Johnson (1991) emphasized that counselor training rarely attend to the racial, ethnic, and cultural self-awareness of the mental health trainee. One major goal of MCC is to expand racial awareness and multicultural proficiency, of which processing these complicated and conflicting emotions is critical (Tatum, 1992). A multicultural counseling course usually uncover subjects that are highly personal and affective to both instructors and students. It is unavoidable that the core values, beliefs, and identities of trainees will be exposed. In general, a multicultural counseling course (MCC) can be approached from both sociopolitical and cultural perspectives (Yoon et al., 2001). A sociopolitical perspective generally attends to vertical group relations by focusing on power differences, oppression, and privilege, whereas a cultural perspective will take a horizontal approach to understand group differences (e. g., diversity in worldviews). Although the two approaches should knit together in reality (e.g., a minority culture typically is seen to be inferior to a dominant culture), Yoon et al. (2014) in their MCC observed that students were more relaxed and receptive when discussing cultural diversity as opposed to sociopolitical dynamics. On the other hand, discussing power dynamics in society and counseling appear to evoke tension and defensiveness in students by highlighting the oppressor and the oppressed.

Balance requires the instructor's attunement to student's emotional reactions during the discussion and balancing supportive comments with challenging comments. Reiteration and reassurance normalizing emotional responses assists the mental health

trainee in learning how to process their biases. Heppner and O'Brian (1994) found in their study that mental health trainees expressed a fear of looking oblivious to or subjected to disapproval for unintentional racism. In the midst of the common myth that we live in a post racism, post-sexism era, Yoon et al. (2014) reported that when expected to examine issues of ethnocentrism, racism, and heterosexism, the instructors experienced counselor trainees with a wide range of reactions from anxiety, guilt, anger and who express their distress in various ways such as silence, avoidance, passive aggressiveness, and invalidation. Behavioral observations of overly stimulated affect in trainees include shutting down, walking out of class, detachment, and being overly cautious in their communications. While learning about privilege and identities that express oppressive power, White, male, and or heterosexual counselors in training may become fully aware of how their groups have oppressed others (Ridley, 2005). They often display highly charged and strong emotional reactions to course materials and towards the instructors and peers (Heppner & O'Brien, 1994; Yoon, Jérémie-Brink & Kordesh, 2014). According to Yoon et al. (2014) in their MCC class experience, reactions from participants have ranged from invalidating the challenging material by counselor trainees attempting to diminish the authority of the educator, textbooks, and research findings (Greene et al., 2011). Some counseling trainees expressed that they had been traumatized in a MCC, while some believed they had developed more prejudices after taking the course.

Buckley and Foldy (2010) found that if one's identity and integrity are put at risk the lesson will not be absorbed. Buckley and Foldy (2010) advocated that the core belief of a successful MCC is 'psychological safety' wherein the class is protected in favor of

taking risks and identifying safety where diverse social identities are supported. As in psychotherapy and positive therapeutic change, a holding environment is critical for learning (Buckley & Foldy, 2010). Conversely, if the educator only provides support without challenge, students can resort to disengagement from self-examination.

In this kind of growth, one can expect a certain amount of discomfort and pain. To prepare the mental health trainee to face difficult material and protect them from being blindsided by emotional harm, educators will find it necessary to remind the mental health trainee several times during the semester about their difficulties (Reynolds, 1995). In addition, mental health trainees who are minority students (in any dimension of race/ethnicity gender, sexual orientation, or social class) may have had opportunities to consider the effects of culture/ethnicity and injustice due to personal knowledge and higher levels of intercultural maturity (King & Magolda, 2005). These students can become neglected in the classroom through being given the responsibility of enlightening the less culturally developed mental health trainee (Curtis-Boles & Bourg, 2010; Hoskins, 2003).

Arredondo et al. (2008) listed other forms of opposition and defense mechanisms displayed by mental health trainees during multicultural competence courses, which consisted of privilege, xenophobia, and pseudo-intellectual resistance. Counselors hold privilege by obtaining either a master's or doctoral degree, which entitles the counselor/mental health trainee particular professional benefits (Arredondo et al., 2008). Unexamined privilege is a contributor to the unintentional, racist, classist, and sexist, micro aggressions in counseling sessions (Solóranzo & Yosso, 2001; Sue et al., 2008). "Counselors unexamined privilege" occurs when mental health trainees and counselors

do not reflect upon the combined benefits they have accumulated based on cultural/ethnic heritage, professional status, gender, and other personal identity attributes that signify power and privilege in the United States.

Xenophobia or the fear of foreigners can also be exemplified among mental health professionals. Xenophobia in counselors can manifest as mental health personnel stating “How can I possibly learn about 20 new immigrant groups in our schools?” or “I don’t speak their language, I think I have to refer them out” (Chung, Bemak, Ortiz, & Sandoval-Perez, 2008). Arredondo et al. (2008) asked the question, “Is this sort of resistance in dealing with culturally different clients rooted in legitimate fears about one’s own lack of competence to provide effective counseling services with clients from diverse groups and backgrounds or unexamined privilege?” (p.265).

Multicultural training.

Arredondo et al. (2008) discussed the research that evolved in the field of psychology as the multicultural movement grew. Specifically, the focus became the counselor’s preparation training that would equip new mental health trainees by including a diversity of cultural worldviews in curricula. The APA Ethics code of 2002 describes the necessity of using population tested assessments and methods that are fitting to an individual’s language. With American Counseling Association (ACA) advocacy through mainstream counseling publications, books, and ACA activities, training foundation for multicultural competency became a visible entity in the field of psychology. The multicultural theoretical viewpoint and training modalities create and include curriculum capable of helping postgraduate mental health trainee accrue the skills and competencies to successfully intervene in diverse communities. Sue and Sue (1977a, 1977b)

highlighted comprehensive factors that hinder successful cross-cultural counseling. The cultural mistakes in the counseling alliance are a product of language barriers, values that are class-bound, and culture-bound values (Arredondo et al., 2008). Sue (1978) introduced the concept that the internal (IC) and external (ER) locus of control mindset could cause 'other' clients disenfranchisement empowering clients with privilege. This model launched the understanding of potent influence that cultural, historical, and societal factors maintain in forming the client's individual worldviews. In learning this IC-EC/IR-ER paradigm two multicultural competency domains are developed: (a) counselor awareness of biases and assumptions and (b) counselor awareness of client's worldview (Sue, 1978).

Arredondo-Dowd and Gonsalves (1980) recommended a model of a competency-based, community-centered perspective to mental health trainees that emphasize four primary skill areas: counseling, cultural, linguistic, and pedagogical. The model stressed counselor cultural and linguistic competency development to serve their clientele who were immigrant students that spoke English as a second language and students of color living in urban settings. Arredondo-Dowd and Gonsalves asserted that traditional counseling theories were inadequate for their population because of the cultural encapsulated basis of these theories as they focus on only individuals not the family or collective system to which the students of color and immigrants are connected. Arredondo-Dowd and Gonsalves encouraged practitioners to utilize bilingualism to become culturally competent.

The Triad Model of cross-cultural counselor training, is a model that is used to desensitize counselors to clients that are of a different cultural backgrounds (Pedersen,

1977). The triad model describes counseling as a three-way interaction between the counselor, the client and the problem, from the client's perspective it becomes clear that there are always cultural perspectives during the session whether the counselor's or the client's. The Triad Model was initially applied to cultural, ethnic, and racial differences however this model works with other identity such as gender, sexual orientation, age and disability issues.

During the mid-1980's, White (1984) focused on the need for therapists to be cognizant of the impact of oppression on people's lives. He educated regarding different cultural worldviews, that values were a wellspring of strength, for counselors to be aware of various language styles and cultural adaptations, and the impact of identity status on the relationship between counselors and clients. In addition, White and Parham (1990) contended that mental health trainees would find it beneficial to learn a culture-specific therapeutic understanding and skill before working with African Americans and other clients of color. Sue, Ivey, and Pedersen (1996) and Parham, White, and Ajamu (2000) emphasized the need for counselors to learn particular sets of culturally specific competences in order to produce more positive counseling outcomes when working with diverse populations due to constant misdiagnosis and mistreatment of these clients.

(Arredondo et al., 2008).

According to Sue (1997) research indicated that ethnic minorities and international students have different expectancies towards counseling, different goals, and respond more positively to certain counseling styles than western individuals. In addition, some international students are receiving training in clinical or counseling

psychology with a desire to return to their own countries to provide psychological services. Sue asked, “Can this training be helpful in those countries?”

The American Psychological Association published guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations (APA, 1993). The guidelines concluded that in working with ethnic/cultural minorities, psychologists must comprehend: (a) the salience of culture and ethnicity in socio psychological and economic development, (b) the impact of political and socioeconomic factors, and (c) how their personal cultural background effect and hinder counseling and psychotherapy. Without appropriate training, work with ethnically diverse populations could be considered “unethical” and a “violation of human rights” (Burn, 1992; Sue, 1992; Sue et al., 1992).

Empirically supported treatment.

Diversity or Multiculturalism refers to race, gender, age, and, disability (Pope - Davis et al., 2001). Within Multicultural competence are attitudes, beliefs, and values of social justice. These values are inclusion, equity, pluralism, integration; and preservation. Mental health professionals are challenged to implement counseling and therapy services where efficacy was validated through empirically based research. Section C of the ACA Code of Ethics (2005) clearly states that “counselors have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies” (p. 9).

Multicultural counseling advocates includes the knowledge of empirical outcome research studies regarding persons from diverse racial/ethnic/cultural groups and continues to define positive outcomes of multicultural counseling services (Atkinson &

Lowe, 1995). EST standards of positive outcomes are correlated with effective counseling and therapy. Efficacy includes generating empirical evidence that validate the value of multicultural counseling services and encourage the generation of fresh cognitive, emotional, and behavioral skills to provide clients interventions when faced with stressful life challenges (O'Donohue, Buchanan, & Fisher, 2000).

Counselor awareness of biases, assumptions, and of culturally appropriate intervention strategies are the standardized multicultural knowledge and competencies that are expected of culturally competent counselors (Sue et al., 1992b). Dimensions of Personal Identity (DPI) model introduced by Arredondo and Glauner (1992) insisted that it is essential to include the client's intersecting and complex identities in counseling. Highlighting that historical context is a part of the voice that the client either reveals or suppresses in counseling. Majority therapists are uncomfortable with sociopolitical and historical contexts in counseling and relegate the sociopolitical and historical to the belief that "counseling is counseling" (Pedersen, 1991, p. 7).

In 2003, The American Psychological Association's (2003) Council of Representatives' publication acknowledged that the one size fits all counseling was not working for all potential clients. Psychologists were encouraged to develop cultural sensitivity and a respect for those who have been marginalized within the psychological domain. This document addressed principles of psychological education, in research, practice, and in organizational change. It acknowledged that the traditional practices of the Western, Eurocentric, and biologically based principles of psychological practice in education, research, practice, and organizational change have not included the systemic

racism and its relation to the psychologists' individual bias that is detrimental to clients and public policies.

The publication consists of six guidelines which serves as an encouragement toward culturally responsible interactions. In addition, counseling professionals are now expected to substantiate the effectiveness and necessity of multicultural techniques and inclusion of historically sociopolitical through Empirically Supported Treatment (Akinson, Bui, & Mori, 2001; Duran, Firehammer, & Gonzalez, 2008).

Micro aggressions

People of color experience several types of racism–related stressors that occur daily. According to Sue et al. (2007) “racial micro aggressions are brief and commonplace daily verbal, behavioral, and environmental indignities whether intentional or unintentional that communicate hostile, derogatory, or negative racial slights and insults to the target person or group, and are expressed in three forms: micro assaults, micro insults, and micro invalidations” (p 72). Sue et al. (2008) stated that micro assaults are the clearest form of racism because they are a negatively biased demonstration that is intentional, deliberate, targeted, and assaultive, such as an individual calls someone a “nigger”, displays the hood of the Ku Klux Klan, or present a noose. These expressions of racism are a demonstration of prejudice and deliberate on the part of the aggressor whose intent is to hurt, oppress, or discriminate against a person of color (Dovidio & Gaertner, 2000).

Micro assaults on African Americans.

The reason micro assaults are salient and harmful for African American Descendants of Chattel Slaves is because the attitudes, beliefs and actions of historical

and overt racism are demonstrated to be energized and animated currently. A racially charged incident as recently reported in 2007 began with intentional micro assault and commenced with racially charged events between white and black students that took place over the course of a few months exploding in a severe beating of a white student by six black students, and followed by a massive civil rights protest in Jena, Louisiana, USA (Payton & Kvasny, 2012). Robinson (2007) reported that the Jena 6 case began when Black high school students sat under a tree unofficially claimed to be a place where White students gathered. White students reacted and countered by suspending three nooses in the tree. In the U.S. historically, the noose is equated with lynching-the killing, by hanging of a person by a mob for a supposed violation of a law without the advantage of a trial by a jury of peers. According to Robinson (2007) lynching was used frequently in the South from 1890 to the 1920s by White supremacist mobs to terrorize Black Americans attempting to exercise their rights as citizens to attend desegregated schools, to vote without harassment, and to be members of political parties.

Today, the noose continues to be used as a symbol for psychological intimidation specifically for African American Chattel Slave Descendant people (Robinson, 2007). In this instance of Jena 6, a Black student heard a White student bragging about the racial assault his friend had made. The six Black students responded by physically assaulting the White student who was treated in the emergency room and released that day (Robinson, 2007). The authorities who were White local officials judged the nooses as simple mischievous acts carrying with it a consequence of a school suspension. The six Black students were punished with expulsion from school, arrested, and charged as adults with felony offenses of attempted murder and aggravated assault. There was

overwhelming support in the African American community for these Black students because of the excessive charges placed upon them (Young, 2003). Later the charges were reduced to battery for all but one of the offenders (Robinson, 2007). Micro assaults are cruelty and malice driven threatening the safety and wellbeing of its recipient. (Sue, Nadal, Capudilupo, Lin, Torino, & Rivera, 2008).

Micro assaults demonstrate the absolute worldview of White Supremacy that immediately celebrates the racial trauma history of African American Descendants of Chattel Slaves. These overt and subtle types of aggression have as repercussions the furtherance of discrimination which brings excessive stress upon the mental wellness and of the African American Descendant of Chattel Slave client and People of Color and furthers systemic racial injustice (Sue et al., 2008).

Micro insults.

Micro insults and micro invalidations are remarkably different from micro assaults in that they are not usually expressed intentionally or with malice by perpetrators. In these instances the racial biases and prejudices that motivate these actions are oblivious to the perpetrator's awareness (Banaji, 2001; DeVos & Banaji, 2005). Micro insults can be defined as actions that occur verbally, nonverbal or an environment that demonstrates insensitivity or intentionally demeans a person's racial self or heritage (Sue, et al., 2008). According to Sue et al. (2008), researchers identified four micro insult themes. These themes were as follows: (a) the micro aggressor attributes the degree of intelligence of a person based on race, (b) the micro aggressor believes that a specific group is more prone to criminal standing, (c) the micro aggressor deeming diversity values and communication styles as pathological, and (d) the regard of second-class citizenship by

treating others as less than human.

A micro insult happened in 2013 to a public figure. Oprah Winfrey, an African American and internationally known billionaire was in Zurich when she asked a shop attendant to see a £24,000 bag (\$36,466) that was locked in a cabinet. Miss Winfrey (as cited by Hall, 2013) stated, “I go into a store and I say to the woman “Excuse me, could I see the bag right above your head?” and she says to me “No. It’s too expensive.” “The sales clerk allegedly responded: No, no, you don’t want to see that one, you want to see this one because that one will cost too much. You will not be able to afford that” Hall 2013 (para. 8-9). Therefore the assumptions, biases, and attitudes residing in micro insults are worldwide (Streets, 2011).

Micro invalidations.

Micro invalidations are actions that omit or invalidate the psychological experiences and feelings of people of color (Sue et al., 2008). According to Sue et al. (2008) researchers identified four micro invalidation themes. These themes are (a) the micro invalidated being made to feel that they are alien in their own land, (b) the micro aggressor espouses color blindness, (c) the micro aggressor denies personal prejudice, and (d) the micro aggressor promotes the myth of meritocracy (knowledge/ skill).

Dr. Sue, an Asian American Psychologist and author revealed a micro invalidation that he and an African American colleague experienced while traveling (Sue et al., 2007). The two of them were on a small plane and were given freedom to sit where they like. As they selected seats and began a conversation, several White passengers came aboard. The flight attendant needed to distribute the weight on the plane asked Dr. Sue and his colleague if they would change seats moving to the back of the plane. The

two colleagues complied, but felt uneasy about the request. Dr. Sue and his colleague discussed how this act made them feel like second class citizens because they sensed they were singled out because of their race. Dr. Sue stated that there were physiological reactions of blood pressure rising, rapid heartbeat, and anger. When Dr. Sue (2007) asked the flight attendant, “Did you know that you asked two passengers of color to step to the rear of the bus?” The flight attendant reacted with indignance, stating, “I don’t see color!” She gave many excuses then refused to talk about the incident any further (p.275). Dr. Sue stated he would have left with additional stress of wondering whether his perceptions were legitimate were not for his colleague’s validation of feeling the same reaction (Sue, 2007).

Ponds (2013) stated that racial trauma can result from micro aggressions which have a negative impact upon the psychological well-being of the target group or person. (Carter, 2007, Bryant-Davis & Ocampo, 2005). Ponds (2013) conveyed that there are three responses to stress: fight, flight, or freeze. With fight reaction the person braces to defend from attack. When flight is the reaction, the person runs away from the attacker. Freeze is involuntary and a biological reaction a state of disconnection in which the person enters into a state of dissociation and shuts down while the threat passes and is used as a last resort for survival. The person of color expends vast amounts of energy to manage the emotions accompanying micro aggressions of anger, fear, and mistrust as experienced daily.

Empirical research

Constantine (2007) stated there are few empirically based studies on the African American clients who seek psychotherapy and their experiences. Researchers discovered

that underutilization of mental health services by Black Americans include financial limitations and blocks to service such as reliable transportation, unaccommodating work schedules, lack of understanding about the available mental health resources (Snoden 2001; Snowden, 1998; Thompson, Bazile, & Akbar, 2004), and cultural mistrust attitudes toward White psychologists (Terrell & Terrell, 1984). Researchers found that People of Color who seek out a mental health professional and treatment believe their concerns to be critical. (Mays, Caldwell, & Jackson, 1996; Wallace & Constantine, 2005). With the understanding that the preponderance of mental health professionals in the United States are White, the African Descendant Person of Color's mistrust of the counseling process with White mental health professionals specifically can hinder the healing process (Whaley, 2001).

Constantine (2007) conducted a focus group study to examine the various relationships among Black American psychotherapy clients' and their reception of racial micro aggression in counseling by mental health personnel, the therapeutic working alliance, their counselor's general and multicultural counseling competence, and their counseling satisfaction. Self-identified African American college students who had experienced being clients of a university counseling center were recruited as participants in the 24 student study. Focus group questions were generated on the basis of a review of the theoretical and empirical literature pertaining to racial micro aggression and counseling African American students. Some of the focus group questions were as follows: (a) "Discuss the extent to which you were satisfied with the ways that you and your counselor addressed your presenting concerns or issues," (b) "Discuss the degree to which racial or cultural issues might have affected or interacted with your presenting

concerns or issues.” (c) Discuss the degree to which you felt satisfied or dissatisfied specifically discussing racial or cultural issues in counseling,” (d) “Were there any experiences in counseling in which you felt that your therapist did not understand the impact of your racial or cultural background on your presenting concerns? (e) “Discuss the extent to which you believed your counselor was culturally sensitive or not; please provide examples of how this was displayed in counseling” (Constantine, 2007, p. 4).

Twelve racial micro aggression categories were identified from the focus group discussions. These micro aggressions garnered the following themes:

1. Colorblindness, which is the denial of racial differences by their mental health professional (e.g., “I don’t see you as Black; I just see you as a regular person.”).
2. Over identification, which is when the mental health personnel denies or minimizes their own individual racial bias because of an assumption of sameness or similarity (e.g., “As a gay person, I know just what it’s like to be racially discriminated against.”).
3. Denial of personal or individual racism, which is when the mental health personnel assumes and states an immunization to racism (e.g., “Some of my best friends are black.”).
4. Minimization of racial-cultural issues, dismissing the importance of racial cultural issues to a person of color (e.g., “I’m not sure we need to focus on race or culture to understand your depression”).
5. Assignment of unique or special status on the basis of race or ethnicity, which is the assumption that a positive behavior or characteristic exists on the basis of a person’s race or ethnicity (e.g., “You are not like other Blacks.”).

6. Stereotypic assumptions about members of a racial or ethnic group assuming that a behavior, norm, or characteristic exists on the basis of a person's race or ethnicity (e.g., "I know that Black people are very religious.").
7. Accused hypersensitivity regarding racial or cultural issues, which is the assumption that a person of color is hypersensitive during discussions of racial or cultural issues (e.g., "Don't be too sensitive about the racial stuff.").
8. The myth of meritocracy, which is ignoring the responsibility of individual and sociopolitical systems for perpetuating racism (e.g., "If Black people just worked harder, they could be successful like other people.").
9. Culturally insensitive treatment considerations or recommendations, which are the display of cultural insensitivity in the context of understanding or treating client's concerns (e.g., "You should disengage or separate from your family of origin if they are causing you problems.").
10. Acceptance of less than optimal behaviors on the basis of racial-cultural group membership, which is normalizing a potentially dysfunctional behavior on the basis of a person's racial or cultural group (e.g., "It might be okay for some people to cope by drinking alcohol because their cultural norms sanction this behavior.");
11. Idealization, which is the overestimating the desirable qualities and underestimating the limitations of person on the basis of racial or ethnic group membership (e.g., "I'm sure you can cope with this problem as a strong Black woman.").

12. Dysfunctional helping or patronization, which is when help that is unsolicited or inappropriate is offered on the basis of racial or ethnic group membership (e.g., “I don’t usually do this, but I can waive your fees if you can’t afford to pay for counseling”; Constantine, 2007, p. 5).

Sue et al. (2008) studies showed 7 micro insult and micro invalidation themes. The study employed a qualitative method to explore how micro aggressions effects some members of the Black American community. Of focus were the meaning that were conveyed and the emotional reactions as a result of these micro aggressions. The study utilized 2 focus groups for data collection. The 13 participants were required to self-identify as African American and have had an experience of or observation of a racist event. The study included 4 African Americans, 3 Asian Americans, 1 Latino, and 2 Caucasian researchers who acknowledged their assumptions that racial/ethnic micro aggressions take place against African Americans. These researchers also acknowledged that racial/ethnic micro aggressions are harmful psychologically and emotionally. The measures used were a questionnaire to determine demographic information on the participants and a protocol of eight inquiries designed to elicit the responses of various micro aggressions. Through data analysis, Sue et al. (2008) were able to reveal how participants identified the micro aggression, examine the themes that emerged, and categorize the results and provide a voice to the frequent responses to the micro aggressions.

Theme 1.

The first theme was the assumption of intellectual inferiority, which is an assignment of level of intelligence on the basis of race. The micro aggressor may believe the statement, “You speak so well” or “You are so articulate” are compliments; however,

this statement of belief can allow the micro aggressor to retain their belief in African American Chattel Descendant population inferiority by elevating the speaker to be an exception to his or her racial group (Sue et al., 2008, p. 333).

Theme 2.

Second-class citizenship and being perceived and treated as a lesser being was the second micro aggressive theme. The receiver of the micro aggression states, “I put money in someone’s hand and they won’t put the money back in my hand.” “They’ll make sure that they put the money on the counter as if I’m toxic.” The Black American participant observed that the micro aggressor did not want to have any physical contact with her because she believed she was a lesser being. This belief is verified by observations that the salesperson would place change directly into the hand of a White customer (Sue et al., 2008, p. 333).

Theme 3.

The third theme was the assumption of criminality, which is a belief that African Diapora Americans are potential criminals and prone to antisocial or violent behaviors. “I’ve walked down the block from where I live and had a White woman cross the street and go to the other side and continue up.” Assumption of criminal status is also an underlying message that Black individuals are suspected of stealing or robbery. One 30-year-old African American male participant stated, “Sometimes they follow you [in a store] Somebody’s walking behind me trying to monitor me or whatever.” The meaning indicated that White individuals automatically assume that Black people are likely to steal, cannot be trusted, are immoral, and are likely to engage in criminal

misconduct. “A 40-year-old female participant shared, “It makes you feel like you are guilty of something . . . like you’re a criminal” (Sue et al., 2008, p. 333).

Theme 4.

The fourth theme was the assumption of inferior status, which is believing that African American individuals are inferior in status and credentials. Some participants stated that it was assumed that they held lower paying jobs and occupy lower status career positions whereas in general it is assumed that they are poor or uncultured. One African American male participant described numerous incidents in which he as a manager would attempt to assist dissatisfied White customers. They would complain, “I need to see the manager!” The African American participant responded “I am the manager!” This reaction was met with the micro aggressor customer’s incredulous and suspicious looks. This reaction of the micro aggressor customer seemed to assume that the African American Descendant individual could not occupy such a position of authority or responsibility (Sue et al., 2008, p. 334).

Theme 5.

The fifth theme was assumed universality of the Black American experience is when African Americans are expected to speak for and have knowledge that represent all members of their race. A 27-year-old male African American participant stated, “I had a manager who would get resumes of people and whenever the name he thought looked Black”, he would come to me and ask, “How do I pronounce this name?” This manager falsely believed that his employee knew how to pronounce all African American-seeming names because of his being African American (Sue et al., 2008, p. 334).

Theme 6.

The sixth theme was assured superiority of White cultural values/communication styles which was a theme that practically every research participant revealed instances wherein African American worldview and communication styles were devalued and deemed inferior while the superiority of White values and ways of communicating were endorsed. A 25-year-old female African American participant declared the following when discussing the duress to adhere to, White standards in her workplace,” In a professional setting, you really have to sort of masquerade your responses. You can’t say what’s really on your mind, or you have to filter through so many different lenses till it comes out sounding acceptable to whoever’s listening.” This African American participant discussed feeling that she must be inauthentic or not present her true voice, because it was not “tolerable” to White supervisors or her coworkers. These relay messages that are overt and subtle to “act White” in order to be “acceptable” and ‘professional at her workplace.” These African American research participants decided the rejection of White workplace norms could result in negative consequences.

A subtheme that emerged from the aforementioned major theme was titled White Standards of Beauty are Superior which was affirmed by the female African American participants in both groups. The subtheme focal point was the physical appearance of hair texture and style. African Diaspora women in both groups disclosed a multitude of situations where they perceived the micro aggression that White women and men communicated to them. Their white counterparts expressed that wearing their hair natural is unnatural, peculiar, and should not be done. A female African American participant corroborated this subtheme by pointing out, “I used to work in a high school, a very

White high school, and over the summer I got my hair braided. I went up there to do some business and oh, the reactions! “Oh my God! “I mean, “What’s happening to you?” Like this was militant and “What are you doing this summer?” “They treated me like the angry Black woman, afraid of how I was going to come back. “The comments were just all like cautionary” “Are you OK?” The kneejerk reaction by coworkers to the participant’s braided hair style bring the interpretation that the African American participant is now “militant” and is to be feared. This case communicates the belief that the more “Black” or natural an African American woman wears her hair, the greater the bias that she is an “angry Black woman.” Women in both focus groups also acknowledged feeling an invasion of privacy in regard to their hair as they were treated as though their hair was “on display” for White people to comment on (Sue et al., 2008, p. 335).

Theme 7.

The seventh theme was under-developed incidents. One African American female participant disclosed a time in which she felt dehumanized: “This White woman approached a Black family and looked at a baby in the stroller and said, ‘Oh, ain’t that a cute little monkey!’” In this situation, the participant was appalled that the woman made an obviously racist remark referring to an African American baby as a “monkey,” specifically because the racial slur is outdated and historically offensive. The participant brought it to the micro aggressor’s attention who became frustrated as the micro aggressor unequivocally refused to accept that her comment was racist. In this refuting, the racial truth of the individual who is the recipient of the micro aggression is discounted. In addition, this African American individual is now seen as angry and

oversensitive, therefore perpetuating the stereotype that African Americans are “angry minorities” (Sue et al., 2008, p. 335).

Sue et al.’s (2008) ongoing investigations in this area indicated that racial micro aggressions lead to psychological distress in African Americans. Micro aggressions have harmful and lasting psychological impact that may endure for days, weeks, months, and even years (Bryant-Davis & Ocampo, 2005; Carter, 2007; Ponds 2011). African American participants shared feelings of anger, frustration, doubt, guilt, or sadness when they encountered micro aggressions and that the emotional distress lingered as they wrestled to understand each situation. The research team members observed that many African American participants appeared anguished with tears, had fluctuations in voice through volume, stumbled over words from retelling their stories contributing to evidence of lingering effects of stress that was experienced from the trauma experienced from various micro aggressions (Carter, 2007; Sue et al., 2008).

In requiring the African Diaspora client to stifle their authentic African Diaspora self to conform to White, Eurocentric standards is perceived as a threat to the mental wellness of African Diaspora client (Franklin, 1999). Other researchers (Franklin, 2004; Solorzano et al., 2000; Sue et al., 2007) observed that racial micro aggressions have an aggregate and damaging repercussions on people of color by assaulting their sense of honor, invalidating them as racial/cultural human beings, draining their spiritual and psychic energies, and imposing a dishonest reality upon them. The hidden and unconscious patterns of micro aggression allow the micro aggressor to live below their awareness level. (Franklin, 2004; Hinton, 2004; Sue, 2003). Micro aggressions create disparities in education, employment, and health care for African American Descendants

of Chattel Slaves and other people of color. Eliminating racial micro aggressions and minimizing their influence on equal access and opportunity become issues of vital importance for counselors who hold a multicultural/social justice therapeutic perspective (Sue & Sue, 2008).

The findings in this section include several studies that African American experiences were given a voice to bring to the forefront the types of statements that causes micro aggressions, micro insults, and micro invalidations. As the mental health trainee gains awareness in the beliefs and attitudes, knowledge and skills, they will seek to understand the worldview of the culturally different client and make themselves aware of the negative stereotypes and preconceived notions that they may have toward other ethnic minority groups then learn to maintain a non-judgmental lens (Sue, et al., 1992; Roysircar, 2003).

Knowledge of the historical context, political context, and personal life experiences of their culturally different client is foundational to being a culturally skilled mental health trainee. Moreover, culturally skilled mental health trainees will know how ethnicity, race, and culture may affect the personality formation, employment, psychological disorders, counseling approaches, and help seek behavior of their culturally different clients. The culturally competent mental health trainee use a range of helping tools including self - enrichment through education, supervision, consultation, referring out to the resources that are relevant or a combination of all (Sue et al., 1992; Arredondo et al., 2008).

Social Justice in Mental Health.

According to Vera and Speight (2003) beyond awareness, knowledge, and skills, social justice is included as a training goal in MCC. Goodman, Liang, Helms, Latta, Sparks, & Weintraub, (2004). stated social justice desires to “change societal values, structures, policies, and practices such that disadvantaged or marginalized groups gain increased access to tools of empowerment, development, and social change” (p.793). Critical consciousness resulting in social justice is considered a higher order cognition that comprehends oppression across a diversity of identities such as racism, sexism and classism (Yoon et al., 2013b). Critical consciousness is vital to assessing oppression and discrimination and developing views of oneself, clients, and community that promote social justice in the midst of ongoing oppression (Yoon et al., 2013b). Therefore, social justice efforts as a result of consciousness-raising is integral to MCC (Sfier-Younis 1995; Romano & Hage, 2000).

Goodman et al. insisted that in addition to therapy, psychologists can promote social changes through advocacy, prevention, and outreach. The highest point of awareness and critical consciousness are defined as “learning to perceive social, political, and economic contradictions, and to take action against the oppressive elements of reality” (Freire, 1970, p. 19).

As Arrendondo and Perez (2003) described, awareness of power and privilege and social justice advocacy are major components of the ACA Code of Ethics and Multicultural Counseling Competency (ACA, 2005). Roysicar (2009) observed taboos when attempting to discuss the words power and privilege in predominantly White universities. She stated, “There are unspoken taboos against talking seriously about the

very forces that undermine social justice” (p. 289). Sue et al. (1992) stated that ethical practitioners are to adhere to the Multicultural Counseling Competencies “[w]hen appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or growth and development of clients” (see A.6.a; Appendix A). Sue et al. (1992) and Kiselica (2004) noted, social justice is an ethical imperative and requirement for all counselors.

Roysicar (2009) understands that it is not the majority view in mental health service settings or in academic settings to advocate for the clients against community, government, or private organizations. She confronts the duality of belief in the helping professions observing that although psychologists believe they help their clients rise above internalized hatred, alienation and learned helplessness on an individual level many counselor do not recognize the national influence of these concepts. Lerner (1998) said, “Most therapists don’t understand the social conditions which lead to so much pain in personal life so they are unlikely to be able to uncover meaningful ways for individuals to deal with those social conditions” (p. 325).

Roysicar (2009) asked in social justice terms, “What prevents people from living the lives they most want?” (p. 289). To answer this question regarding political and economic forces hindering the African American dream are the words of Dr. Martin Luther King from the 1967 address to the 10th annual session of the Southern Christian Leadership Conference in Atlanta Georgia are appropriate.

“. . . . When the Constitution was written, a strange formula to determine taxes and representation declared that the Negro was sixty percent of a person. Today another curious formula seems to declare he is fifty percent of a person. The tendency to ignore the Negro’s contribution to American life and strip him of his personhood is as old as the earliest history books and as contemporary as the morning’s newspaper. (Yes) . . . Psychological freedom, a firm sense of self-

esteem, is the most powerful weapon against the long night of physical slavery. . . .the Negro must boldly throw off the manacles of self-abnegation and say to himself and to the world," I am somebody. (Oh yeah) I am a person, I am a man with dignity and honor. (Go ahead) I have a rich and noble history, however painful and exploited that history has been. Yes, I was a slave through my foreparents (That's right), and now I'm not ashamed of that. I'm ashamed of the people who were so sinful to make me a slave." (Yes sir) Yes [applause], yes, we must stand up and say, "I'm black (Yes sir), but I'm black and beautiful." (Yes) This [applause], this self-affirmation is the black man's need, made compelling (Allright) by the white mean's crimes against him. (Yes).....Let us be dissatisfied (All right) until integration is not seen as a problem but as an opportunity to participate in the beauty of diversity" (King, 1967, para. 21, 23, 25, 30 - 31).

Multicultural Supervision.

Glosoff and Durham (2009) stated that supervision is an integral part of counselor education training with most counselors receiving supervision during their academic training from both faculty and field-site supervisors, as required by both the Council for accreditation of Counseling and Related Educational programs (2009) and the Council on Rehabilitation Counselor Education (2008). One core strategy to increase advocacy in mental health trainees includes working with supervisees in counseling supervision using focused discussions to enhance critical consciousness and increase cognitive complexity (Vera & Speight, 2003).

Borders and Brown (2005) stated that it is important for supervisors to address diversity and attend to advocacy competence development. Addressing diversity requires intentionally setting aside time and space within the supervisory process to examine culture, diversity, power, and advocacy. Early in the supervisory relationship supervisors will allow supervisees to know that these topics are safe to discuss, and that supervisors require them to engage in critical examinations about these topics. Chang et al. (2009) suggested supervisors can blend in experiences with supervisees such as list their membership in groups allowing privileges and in addition list their membership in

communities that are oppressed or marginalized. Having supervisees become accustomed to doing this with supervisors assists those in becoming more aware of these issues and feeling better prepared to address such topics with clients. Vera and Speight (2003) asserted that the use of focused discussions around issues of culture and power is essential to the development of supervisees' critical conscience. Vera and Speight (2003) believed that an individual must have the critical thinking skill, cognitive complexity, and critical consciousness for the mental health trainee to evaluate the strategies and social complexities that maintain the injustices and inequities in the lives of oppressed people. Toporek, Gerstein, Fouad, Roysircar, and Israel (2006) found that counselors need a seasoned or mature critical consciousness of the big picture so that they understand why they are engaged in, and give voice to social justice advocacy.

Ober et al. (2009) stated, "higher levels of cognitive complexity have been linked to many advanced counseling skill, including more flexibility in counseling methods, greater empathy . . . less prejudice . . .and more focus on counseling and counseling effectiveness with less self-focus"(p. 208). He goes on to state the importance of supervisors is to help supervisees use deeper levels of cognitive complexity to enhance their ability to hold a multitude of perspectives and adapt. Without the skill of critical thought, supervisees are unable to hold an understanding of the multiplicity of oppressive realities, mental health trainees will be less likely to create interventions that will embolden their clients to challenge some of the injustices from systemic oppression. Roysircar (2009) stated that sociopolitical education is important to the effectiveness of social justice advocacy and collective action. As she described, some of her activities as a social justice community advocate, she included performing community outreach in

tsunami affected South India, hurricane-affected New Orleans, and HIV/Aids-infected Black shanty towns of South Africa, where her team of 21 members learned the history of apartheid and visited museums and art collections in Johannesburg and Soweto learning about freedom fighters. Roysicar (2009) asked, “How can a politically engaged counseling profession do more to aid communities, and how can mental health service professionals push for needed changes in the social lives of people less privileged than they?” (p. 292).

Mental health treatment and social justice for African Americans.

African American Descendants of Chattel Slaves face not only micro aggressions leading to trauma but sometimes aggression that leads to death. Recently African American citizens in a community experienced the following traumatizing event (Lopez, 2015). In 2014, an African American young adult (18) was shot 6 times in Ferguson Missouri and left in the street uncovered and unattended for hours. The young man was observed to have his hands up in surrender when he was killed by the Ferguson police. The people in the community who were mainly African Descendant people watched and reacted with horror, shock, and rage. Opportunists took advantage of the vulnerability of the town and ravaged local businesses during evening protests. The authoritative Governor reacted with a curfew for all, with military grade weapons in their hands pointed at African Descendant citizens, massive tanks on the local streets, tear gas, smoke bombs, and arrests (Lopez, 2015). hooks (2003) stated there are those who do not believe that trauma theories apply to people of color and African American Descendants of Chattel Slaves historically or contextually. However the psychologists residing in the area in an action of social advocacy walked throughout the neighborhood to address signs

and symptoms of trauma (Carter, 2007; Bryant-Davis & Ocampo, 2005; Franklin et al., 2006). Cornish (2014) stated in an interview that Dr. Marva Robinson, President of the St. Louis Association of Black Psychologists has been offering free counseling services at churches and other places around the city working with people in Ferguson, Mo., to help them recognize signs of psychological trauma and deal with the trauma they've experienced. In the interview, Dr. Robinson (as cited in Cornish, 2014) conveyed that conversations about race are a regular part of the work she's doing in the community. Dr. Robinson also stated that . . ., a black male in particular has become overwhelmed with knowing that nothing he does, whether it's peaceful or yelling, has changed what has happened (Cornish, 2014, para. 2). He (a protester) said,

“...have you ever felt as if your entire body was submerged, and you just can't breathe, and you don't know when you'll make it to the surface? He said, that's how I feel, that my skin color stops others from treating me fairly when it comes to law enforcement, when it comes to the justice system. And I fear what will happen to my children”. She says those conversations, about race and injustice are difficult and “a major part of the treatment.” She observed the difficulties treating the children who are showing signs of trauma. . . One of the children that I had been treating prior to this - ...continued to repeat, the Little Caesars burned down. The Little Caesars burned down. ...seeing that image and knowing that this particular pizza place was her every weekly Friday night treat - and now it's gone - was very hard for her to deal with... She's had a tough time with getting her to bed at night. She's been having some flashbacks about the image that she saw on the news. And so parents have a really big battle ahead of them ...with being age-appropriate in how they explain this to their children, but also acknowledging that children are hurting, as well” (Cornish, 2014, para. 4).

Robinson representing the Association of Black Psychologists recognized that residents in general and those who have historically been overwhelmed by brutal force have been traumatized (Bryant-Davis & Ocampo 2005; Carter, 2007; Franklin et al., 2006).

Speaking at the APA's Annual Convention in Washington, D.C. Dr. Martin Luther King in his address of 1967 to the American Psychological Association said:

“. . . . For social scientists White America needs to understand that it is poisoned to its soul by racism and the understanding needs to be carefully documented and consequently more difficult to reject. . . . Negroes want the social scientist to address the white community and 'tell it like it is.' . . . White America has an appalling lack of knowledge concerning the reality of Negro life. . . . The social scientist played little or no role in disclosing truth. You who are in the field of psychology have given us a great word. . . . maladjusted . . . in dealing with what the word implies you are declaring that destructive maladjustment should be destroyed. . . . all must seek the well-adjusted life in order to avoid neurotic and schizophrenic personalities . . . some things in our world, to which we should never be adjusted. There are some things . . . which we must always be maladjusted if we are to be people of good will. We must never adjust ourselves to racial discrimination and racial segregation . . . to religious bigotry . . . to economic conditions that take necessities from the many to give luxuries to the few . . . to the madness of militarism, and the self-defeating effects of physical violence” (King, 1968, para. 3, 5, 30 - 31).

In 1967 during the Civil Rights Era, Dr. Martin Luther King Jr. specifically asked social psychologists for help to “tell it like it is” with the assumption that those who stood for emotional wellbeing care regardless of race or difference. His point was that social psychologists and the mental health field had not contributed to Black emotional wellbeing. In tracking social issues that affect African Descendant persons to date, there is still a reticence to engage in including the contextual tapestry that is the whole of the client be it any intersecting points of race/ethnicity, age, gender, gender orientation, ability, or religion. Roysicar (2009) spoke of the resistance in higher education to face the political and economic influence that maintains a status quo of self-hatred, depression, and alienation within some clients. Social justice within psychological education, research, practice, and organizational change begins with training mental health trainees to gain the capacity to think about their work with people by using a higher level of cognitive complexity.

Cultural Immersion

Burnett et al. (2004) reminded the United States that mental health personnel predominately represent the majority culture; therefore, multicultural education must emphasize avoidance of cultural encapsulation. Arrencondo and Toporek (2004) suggested that knowledge and skill acquisition solely does not change attitudes or behaviors in mental health trainees. Consequently, teaching methods that emphasize knowledge only may actually reinforce culturally insensitive practices. In spite of counselor education preparation programs' efforts in multicultural counseling, graduates reported feeling ineffective and unprepared to work with clients from culturally diverse backgrounds (Arthur & Achenback, 2002; Ponterotto, 1997; S'Andrea & Daniels, 2001). Researchers (Coleman, 2006; DeRicco & Sciarra, 2005; Arrendondo & Toporek, 2004; Sue et al., 1982) have indicated that teaching methods for multicultural training remain primarily within the cognitive domain, rarely extending into the affective domain, although multicultural competencies indicate that need for individuals to be exposed to both cognitive and affective processes. According to Collings and Pieterse (2007) training must be directly applicable to trainee's daily lives, highlighting the need to bridge knowledge obtained in the classroom to situations experienced in real world settings.

By challenging students to integrate theory into practice in real world settings, the likelihood of creating lasting learning outcomes can be increased (Coleman 2006; Heppner & O'Brien, 1994; Kim & Lyons, 2003; Pompa, 2002). Several researchers (Arrendondo & Toporek, 2004; Canfield et al., 2009; Coleman, 2006; Collins & Pieterse, 2007, Kim & Lyons, 2003) have supported the importance of extending multicultural

training beyond the traditional classroom setting. DeRicco, (2005) informed that it is actual contact with culturally different people and experiencing this contact frequently, which develops a greater cultural sensitivity.

In order to fill this void in multicultural training, Pope-Davis, Breaux, and Liu (1997) suggested and outlined the use of the Multicultural Immersion Experience (MIE). (Pope-Davis et al. 1997) Pope- Davis and Coleman (1997) stated that Cultural Immersion allow mental health trainees to experience direct living interaction in a prolonged time period as they are immersed in a group different than they. For twenty years some educators have been including this out of classroom experience to enhance the attitude and belief of cultural sensitivity of mental health trainees toward clients of ‘difference’. (Alexander, Kruczet, & Ponterrotto, 2005; Barden & Cashwell, 2013; Hipolito-Delgado et al., 2013; DeRicco & Sciarra, 2005 Ishii, Gilbride, & Stensrud, 2009; Platt, 2012; Pope-Davis et al., 1997). Sadowsky, Taffe, Gutkin, and Wise (as cited in Holcomb-McCoy & Meyers, 1999) stated that it is the interpersonal exchange and the experiencing of face-to-face interaction which has demonstrated to be primary for learning successful cultural therapeutic interactions. The immersion experience is a forum in which there is face-to-face interpersonal experience between cultures over an extended period of time therefore producing an event where social-emotional learning can take place and prejudices can reduce (Holcomb-McCoy & Meyers, 1999).

In their development of multicultural competencies and standards Sue et al. (1992) highlighted the need for “culturally skilled counselors [to] become actively involved with minority individuals outside of the counseling setting . . . so that their perspective of minorities is more than an academic or helping exercise” (p. 482). Pope-

Davis et al. (1997) added that it is also important to experience how these cultural groups define and experience themselves on a daily basis. Sue & Sue (1990) stated that the MIE initially is a part of a multicultural course and would be most effective when exercised for an academic semester which combine the cognitive and affective understanding of the mental health trainee. Similarly, Barden and Cashwell (2013) investigated the most positive and most negative critical incidents of immersion experiences, with results indicating that although participants felt that visiting cultural sites and engaging in ‘tourist’ activities was enjoyable, the most critical experiences involved engaging in counseling-related interactions with community members (e.g., group counseling, working in schools, art therapy at a domestic violence shelter etc.) Such engagements seem to promote a sense of global connection or a connection that transcends language and cultural barriers, and increases a sense of efficacy and personal agency. Pope-Davis et al. (1997) set the standard of a MIE by using three phases to implement the experience.

Phase I.

In phase I, the mental health trainee commits to a group wherein they recognize a personal cultural bias and . . . become involved or immersed in the target group for the duration of the course. The immersion included “being involved with social gatherings, group meetings, presentations, and other events that their group of choice attends” (Pope-Davis et al., 1997, p. 235). Pope-Davis et al. also suggested the use of instruments such as the Multicultural Counseling Inventory (MCI; Sadowski, Taffe, Gutkin, & Wise, 1994), the Multicultural Counseling Awareness Scale (MCAS-B; Ponterotto et al., 1993), or the Multicultural Awareness-Knowledge-Skills Survey (MAKSS; D’Andrea, Daniels, & Heck, 1991) as a pre immersion baseline report on the mental health trainee’s general

cultural efficacy before commencing the MIE. Pope-Davis et al. (1997) also outlined several tasks for the mental health trainee pre and during the MIE. These tasks included recording an autobiography focusing on issues of power privilege, race and gender; write a history of the community acknowledging how the two cultures have traditionally interacted thereby reflecting (Arredondo et al., 1996) on how the cultural difference might affect multicultural counseling sessions. Pope-Davis et al. (1997) suggested that mental health trainees choose a person from the immersion group to be a sponsor or a liaison who is willing to share from their own worldview, personal experiences, and point of view.

Phase II.

In phase II, DeRicco (2005) emphasized the importance of personal journaling while the immersion experience is taking place because the journal is a venue for integrating and reflecting on the mental health trainee's reactions to the immersion events. Personal journaling allows mental health trainees to follow their observations of their growth or resistance through evaluating their thoughts and beliefs during their immersion within the community of focus. Findings from a qualitative study conducted by Barden and Cashwell (2013) strongly implied that the experience of being the 'other' was the primary reaction of participants in an immersion experience, emphasizing that the experience of being in a minority position appeared to be more salient than the location of the experience. Pedersen (1991) defined culture shock or cultural dissonance as a discordant feeling of disparate, disharmony, confusion, or conflict that is experienced by mental health trainees while experiencing the difference in their cultural environment. Pedersen considered culture shock essential for increasing cultural awareness and

sensitivity. Merta et al. (1988) observed if there is insufficient reflection after a culture shock, its effects can lead to lingering negative reactions that can potentially reduce the effectiveness of the MIE. Debriefing after each discussion with the class is encouraged.

Phase III.

Phase III of the MIE is a round table discussion with the liaisons and finally the mental health trainee's reflections from the assessment tools used at the beginning and end of the experience. DeRicco and Sciarra (2005) utilized an immersion experience into a black community to observe how the researcher's examination of their own internalized prejudices helped the researcher to begin to comprehend the magnitude of the surreptitious character of cultural biases that negatively influence the quality of life for so many people. Wendel (1997) commented that the inability to maintain honest discourse regarding cultural differences has been discovered as a significant road block against the struggle for social equity. DeRicco and Sciarra (2005) discovered that mental health trainees who do not identify their own prejudices will be unlikely to consider discussing racism and as a result deter the investigation of racism in the counseling session. Van Soest and Garcia (2003), stated that cultural diversity pedagogy insists on advocating social justice in the following manner:

1. Acknowledging that power and privilege relates to societal definition and how the two differ.
2. To embrace all those who are rewarded from and those who are disenfranchised around issues of diversity issues.

3. Understanding the significance of self-awareness by mental health trainee while acknowledging and attending to the outcome of the negative bias the mental health trainee represents in sessions with the other.
4. Curiosity is valued and high regard for cultural differences are maintained.
5. Encouraging and nurturing the point of view of how procedural structure reinforce or impede social justice.
6. Incorporating contextual history and intergenerational influence that have been reduced in order to diminish the complexity and the endeavors of a community when analyzing circumstances regarding diversity.
7. Promoting the understanding that social definition impacts the increase of knowledge and allowing the groups who are historically marginalized to create knowledge of their own culture.
8. Encouraging reshaping and change. Advocating for change. In this direction there is development of critical self-consciousness, a recognition and high regard for diversity, comprehending the sociopolitical circumstances in which cross-cultural interactions takes place and a commitment to advocacy for social justice.

Cordero and Rodriguez (2009) provided an example of a 12-day international immersion experience for social work graduate students in Puerto Rico. The study was structured by combining didactic diversity education with an immersion experience the purpose of cultivating multicultural study and promotion of social justice. Within the course design, historical as well as sociopolitical oppression on island and mainland Puerto Ricans helped those in training acknowledge the significance of Puerto Rico's historical and culturally oppressive impact that the United States has had on mainland

Puerto Ricans. While immersed activities of education included lectures on the history of social work in Puerto Rico, participants who saw social work agencies became acquainted with social work professionals and Puerto Rican community activists. Participants of this experience reported that they experienced a transformation of increased self-awareness, cross-cultural knowledge, and a personal obligation to social justice (Cordero and Rodriguez, 2009).

Barden and Cashwell (2013) discussed the critical factors that impede or support the success of MIE for mental health trainees. Several authors identified the components that contribute to effective MIE (Allen & Young, 1997; DeRicco & Sciarra, 2005; Tomlinson-Clarke & Clarke, 2010). The factors that Barden and Cashwell (2013) discussed included structural factors such as (a) the duration, (b) the location, (c) language barriers, (d) the cross cultural interactions frequency, (e) group size, and (f) immersion facilitators.

The duration of the MIE.

The duration of the MIE as Tomlinson-Clarke and Clarke (2010) emphasized immersion experiences required a certain length for the mental health trainee to experience culture shock, react to and process the feelings that accompany the displacement of being in a unfamiliar culture. Cultural dissonance is subjective, therefore Tomlinson-Clarke and Clarke did not endorse any length of immersion contact time or quantity of interactions. However, Hipolito-Delgado et al. (2013) recommended a minimum of 10 contact hours. Hipolito-Delgado et al. observed that their researchers needed time to experience self-awareness and understanding of diverse communities through self-reflection. They were able to address and in some cases overcome self-

absorption, fear, and bias which are barriers to interaction. DeRicco & Sciarra (2005), Ishii et al. (2009), and Pope-Davis et al. (1997) believed that the strength of effectiveness in immersion experiences is the time that the researcher spends with their chosen communities having meaningful and interactional experiences therefore they strongly recommend a minimum of 10 hours of immersion.

Location of immersion.

Barden and Cashwell (2013) believed the location of immersion should be chosen with the consideration of how it will affect cultural sensitivity and the various learning goals expected from the MIE. Tomlinson-Clarke and Clarke (2010) endorsed immersion in sociocultural environments that vary from the dominant culture in the United States.

Language barriers.

Regarding language barriers, Barden and Cashwell (2013) discussed participants who described experiencing and overcoming language barriers, feeling connected in spite of language difference; and becoming aware of significant changes in their self-awareness, empathy, and self-efficacy. Cordero and Rodriguez (2009) and Tomlinson-Clarke and Clarke (2010) advised that the participants acquire language training before or during the MIE when immersing in locations where the majority language is unknown by the participants.

The cross-cultural interactions frequency.

The frequency of cross cultural interactions during the MIE according to Tomlinson-Clarke and Clarke (2010), must include learning events that allow participants experience the wealth of the community, including language; subtle distinctions, rituals, and beliefs in traditions; and cultural nuances. Immersion experiences can be diversified

by allowing participants to have both formal and informal interactions. Formal interactions included appointments with representatives of agencies, universities, national and historical sites. Informal experiences included leisure activities, engaging the community in coffee shops/restaurants, going on explorations, and other activities.

Group size.

MIE participants considered more than 10 peers in a group was not advantageous (Barden & Cashwell, 2013). Smaller groups of four to five participants allow an atmosphere of emotional safety where there is vulnerability and sharing of awareness, reflection, and discussion.

Immersion facilitators.

Barden and Cashwell (2013) suggested immersion facilitators must host an organized pre-trip preparation meeting. The meeting must discuss expectations, gain knowledge regarding the MIE setting, practice language skills, establish cultural norms, and group cohesion (Yalom & Leszez, 2005). In addition, facilitators must address process factors such as (a) skill in creating a safe environment, (b) space to process, (c) group dynamics, (d) address the expectations, (e) post-immersion debriefing, and (f) creating a safe environment.

Boyle et al. (1999) stated that facilitator must have the skill to create a safe environment, whereas the participants feel safe to connect with peer group members in an honest and reflective introspection and to be open and interactive with peers as they confront the stress of vigorous interaction with another culture. Collins and Pieterse (2007) indicated that when discussing issues such as race, there may warrant risk and safety issues among the participants in peer reflection times. Equally important is

recognizing the need to challenge the resistance to growth and to the distress that accompanies deep change. Yalom and Leszcz (2005) taught that encouraging risk-taking is one way to cultivate protection and cohesion in peer groups. Allen and Young (1997) stated that facilitators should have ample inter-cultural and international knowledge themselves, as one who can assist in processing participant's experiences through guidance and discussion. Yalom and Leszcz (2005) suggested safety can also be created through well-known group interaction protocols that provide the environment for effective peer group interaction.

Space to process.

DeRicco and Sciarra (2005) contended that participants must have the space to rigorously process their feelings in an environment of safety and support for learning to occur all while making sense of new knowledge and understanding. Tomlinson-Clarke and Clarke (2010) insisted that having consistent debriefing sessions during the MIE is necessary support for the sharing of reflections and growth in the participants. Bloom (1956) emphasized group exploration and reflection because of the direct connection between processing, critical thinking, and creating new knowledge.

Group dynamics.

Barden and Cashwell (2013) stated the most adverse facets of the MIE were the negative group dynamics. Issues arise because of feelings of exclusions, power struggles between facilitator and peer group members, and lack of interconnection with other group members. Aurthur and Achenback (2002) indicated that facilitators must be aware of group dynamics when facilitating MIE. They continued to assert that safety in MIE avert unproductive stress levels that block the process of learning. In this instance, facilitators

can prevent participants from over disclosing while managing group dynamics as they occur through group processing.

Address the expectations.

A study by Barden and Cashwell (2013) discussed addressing the expectations and the personalities of group members. Barden and Cashwell discussed how the group member's willingness or unwillingness to be accessible and adjustable affected the group member's encounter, disclosing that experiencing personal instability influenced their will to remain present and accessible during the MIE. The participants disclosed that their own negative attitudes from being homesick, stated that other group members were divisive within the group and impaired connection. Barden and Cashwell insisted that facilitators are frank in discussing the types of stressors that are typical of MIE reactions. It is critical to expect the unexpected.

Post-immersion debriefing.

Barden and Cashwell (2013) emphasized the need for post-immersion debriefing processes to enhance learning and positive outcomes. Roysicar et al. (2003) found that the inclusion of reflection and experiential multicultural interactions in pedagogy were remarkably interconnected to greater results on multicultural competency instruments. Therefore, Roysicar (as quoted by Barden and Cashwell, 2013) stated, "It seems evident that cultural immersion is an effective pedagogical tool in moving towards enhanced multicultural practice and developing self-and other-awareness through direct contact with persons from diverse backgrounds and through guided reflections on such experiences (para. 35).

Similarly, Barden and Cashwell (2013) investigated the most positive and most negative critical incidents of immersion experiences, with results indicating that although participants felt that visiting cultural sites and engaging in ‘tourist’ activities was enjoyable, the most critical experiences involved engaging in counseling-related interactions with community members (e.g., group counseling, working in schools, art therapy at a domestic violence shelter etc.). Such engagements seem to promote a sense of global connection or a connection that transcends language and cultural barriers, and increases a sense of efficacy and personal agency.

Cultural Plunge

Baker (1989) believed that experiential learning is beneficial because students learn best when thinking, feeling and doing are all combined. Houser (2008) described the Cultural Plunge as involving intense exposure to social and cultural settings in which the students’ norms are in the minority. In the activity, each encounter is followed by personal reflection and group discussion, which is intended to nurture multicultural development through critical reflection among historically privileged society.

1. Nieto (2006) defined a cultural plunge as “individual exposure to persons or groups markedly different in culture (ethnicity, language, socioeconomic status, sexual orientation, and/or physical exceptionality) from that of the “plunger” (p.77). Nieto’s criteria for cultural plunges as described in Nieto’s course syllabus specify that the people at the plunge site are primarily the people from the focal group.
2. The plunger does not meet in a school or restaurant but are on the “turf” of the focal group (not in a school or restaurant).

3. The plunge chosen must be a first time experience.
4. The four plunges are to occur after the multicultural course begins and credit is not given for past experiences.
5. The participant must not record notes; and the plunge must involve at least one hour.

Additionally, Marshall and Wieling (2000) described a number of cultural plunge opportunities such as (a) doing in-home therapy, (b) learning a second or third language, (c) recruit ethnic minority students and faculty in academic programs, (d) invite leaders from ethnic minority communities to share their views and experiences, and (e) work with local healers such as pastors, imams, sahamans or curanderos and other religious authorities.

Nieto (2006) described four major objectives of cultural plunges: (1) to engage in *in vivo* interaction with communities who are culturally dissimilar from oneself in the population's 'turf', (2) to understand the situations and essence of the target community, (3) to gain an understanding of the experience of being the different one than most people around, and (4) to understand the plunger's own, biases, and affective reactions

Nieto (2006) required the students to write a 3 - page reaction paper for each plunge. The first page consisted of the students listing well-known stereotypes regarding the population stating any prior interaction. Students on page 2 chronicled their emotional reactions and why they reacted emotionally in that manner. On page 3, a conversation regarding the effect of the plunge in challenging or reinforcing the original perception of the community was required. An examination of "implications for my career" was the final discussion.

Houser (2008) realized there might also be limitations to the cultural plunge as an educational approach asking the question, "how much is it possible to accomplish in the limited exposure in this method?" Houser also inquired whether there is a risk of further objectifying those who have already been marginalized by society. As such, Houser asked that the plunge take place in a setting where the student's personal beliefs and/or actions are clearly in the minority. The plunge lasts between 30 minutes and two hours with the educational experience utilizing three phases: (1) plunge; (2) a report of a description of the experience including personal insights and connecting the experience to course readings; and (3) a small-group and classroom exchanges of experiences, insights, and implications for operationalizing. Students were encouraged to verbally interact with the community into which they have plunged thereby experiencing meaningful self-development. Houser (2006) understood that extreme dissonance could be counterproductive to learning, therefore scaffolding in the form of choice, explanations for the purpose of the activity, reflection, and discussions are significant components of the experience. One limitation involved detached use or dependence on the cultural encounter as the only avenue of cultural knowledge. Lagemann (as quoted by Houser, 2008) stated that, the problem with incomplete or isolated information is that it can contribute to oversimplification of complex relationships in a misguided quest for certainty.

Barden and Cashwell (2013) stated that ethically mental health trainees are expected to deliver culturally effective therapeutic services to a diverse population. To develop these competencies, mental health academic programs have a task to provide effective teaching approaches that nurture mental health trainees' critical thinking and

use a culturally infused framework. Additional research on the impact of cultural immersion, cultural plunges, and other teaching tools that may facilitate sustained change for mental health trainees is needed.

Summary and Conclusion

This chapter discussed Critical Race Theory as the theoretical framework and focused on race and racism in the mental health field and its ensuing “cultural encapsulation. Within this topic the discussion included an overview and history of multicultural counseling competence, racism and prejudice, micro aggressions, cultural encapsulation, multicultural education, social justice, cultural immersion, and cultural plunge. The Immersive Cultural Plunge (ICP) is designed to combine the specifications of the MIE and the Cultural Plunge. It fulfills the 10 hour recommendation while on the ‘turf’ of the population of African American Descendants of Chattel Slaves. The Immersive Cultural Plunge provides historical, economic, and social context through education and face-to-face interaction (Hipolito-Delgado et al., 2013; Nieto, 2006). The methodological components for the study of Immersive Cultural Plunge will be discussed in chapter 3.

CHAPTER 3: METHODS

Research Design and Methodology

The purpose of this qualitative study was to explore the potential for change in mental health trainees resulting from the participation in a 12 hour Immersive Cultural Plunge (ICP). The objective of the study was twofold 1) to understand the effectiveness of the *in vivo* experience of the Immersive Cultural Plunge (ICP) wherein the training can affect the attitudes and beliefs among them to evolve and grow in their cultural, experiential, and personal sensitivity toward African American Descendants of Chattel Slaves. (Roysircar, Hubbell, & Gard, 2003) and 2) to determine if the ICP proves to be an effective Multicultural Immersion Experience for mental health students. By examining the responses of mental health trainees to an ICP of African American Descendant of ‘Chattel Slaves’ (AADOCS); this study demonstrated that the cultural competence and sensitivity of the mental health students was altered. An in depth discussion of the methodological components of this study will be explained in this chapter.

Methodological assumptions and limitations.

In a qualitative study there are four philosophical assumptions: ontological, axiological, methodological, and epistemological. According to Creswell (2013), in the ontological assumption, reality is seen as having a multiplicity of views. The researcher reports the different perspectives and the themes emerge from the findings. In the axiological assumption, the researcher is transparent in the discussion of the values that form the narrative and includes the researcher’s interpretation with the interpretations of the participants (Creswell, 2013). In the methodological assumption, Creswell (2013)

stated, “The researcher uses inductive logic, studies the topic within its context, and uses an emerging design (p. 21). Finally, the epistemological assumption uses subjective data from participants; while the researcher reduces the gap between himself and the subject of research.

This study utilized the epistemological assumption. This study challenges what is considered knowledge or what counts as knowledge in American Psychology. Epistemology and Ethnography can function hand in hand due to their similarities. In the epistemological assumption the subjective data is based on individual views. “This is how knowledge is known-through the subjective experiences of people” (Creswell, 2013, p. 20). Ethnography is the primary method of research for anthropology, and is now freely applied in sociology, education, health, and psychology. According to Manlinowski (as cited by Case, Todd, & Kral, 2014), the goal of ethnography is to “grasp the native’s point of view, his relation to life, to realize his vision of his world” (p. 61). In this study, the worldview of the mental health trainee that reflects the system of the American Psychological worldview regarding their clients of color in general and AADOCS specifically will be explored.

Normally in ethnographic research, the researcher remains in the community for a prolonged period of time while writing field notes. Although ethnography is a scientific method, it needs an artistic sensibility as data comes from the immersed individual and their worldview, their curious inquiry, and developing relationships while enjoying the unfamiliar which are all features of qualitative research methods (Kral, 2014; Marcus, 2009; Wolcott, 1995).

Creswell (2013) stated that an ethnographic study is, “a single site, in which an intact culture-sharing group has developed shared values, beliefs, and assumptions” (p. 150). Methodological limitations in Ethnography consist of: intense time investment, overinvestment and personal boundaries, ethical issues such as sensitivity to the needs of the individuals being studied, and researcher must access and report the impact that conducting the study on the people and the places being explored (Creswell, 2013). The 12 hours of the ICP was an extensive time commitment for the participants. Ethical sensitivity is practiced with the African American community through financial remuneration. This includes primary site, the secondary site, and the restaurant preparing the food, and several helpers from the community. An investment of time, emotions, and finances over a six-year period contributed in developing portions of the ICP. In addition, the participants were given access to the researcher in order to receive research findings.

Although there were challenges using email as a form of collecting data, there were also benefits associated with using e-mail interviewing (Meho, 2006; Young et al., 1998). One of the benefits was that cost was considerably less for administering the interview. (Meho (2006) Messages were sent through private email individually. In addition, the use of e-mail in this research also relieved some of the time of editing and formatting easing the transcribing and analysis process (Meho, 2006; Young et al., 1998). When using email, participants were able to utilize reflection and give honest thoughtful responses (Meho, 2006; Rubin & Rubin, 1995).

Finally, establishing rapport and recruiting was a daunting task even with through personal invitations, listservs, message boards, discussion groups, attempting to engage

several universities with psychology programs or personal research of Websites, recruitment was difficult (Meho & Tibbo, 2003; Young et al., 2011). Using Facebook and LinkedIn was a limitation because of the potential participants who may not read all their inbox messaging due to deleting overload and unrecognized email or were not local. (Dommeyer & Moriarty, 2000; Frost, 1998; Meho & Tibbo, 2003; Oppermann, 1995).

Immersive Cultural Plunge experience.

For 20 years, many educators have used an out of classroom experience to enhance the attitude and belief of cultural sensitivity among mental health trainee toward clients of difference. Difference' is considered minority that is an alternative from what is considered culturally, and physically including gender fluidity optimal compared to the majority of the population, that is clients who are culturally, gender and/or those who are physically or emotionally differently abled. 'These experiences are called multicultural immersions (Alexander et al., 2005; Barden & Cashwell, 2013; DeRicco & Sciarra, 2005; Hipolito-Delgado et al., 2013 Ishii et al., 2009 Platt, 2012 Pope-Davis et al., 1997 and cultural plunges (Marshall & Wieling, 2000 Nieto, Killian, & Hardy, 1998).

Elements of a multicultural immersion and cultural plunge were combined to create a 12-hour Immersive Cultural Plunge (ICP) experience (Hipolito-Delgado et al., 2013).

DeRicco (2005) states that frequent experiences of actual contact with culturally different people develops greater cultural sensitivity. Sadowsky, Taffe, Gutkin, and Wise (as cited in Holcomb-McCoy & Meyers, 1999) stated that interpersonal exchange and face-to-face interaction is primarily used for learning successful cultural therapeutic interactions. The immersion experience is a forum in which there is face-to-face interpersonal experiences between cultures over an extended period of time, therefore producing an event where

social-emotional learning takes place and possible reduction of prejudices. Thus, the purpose of the 12-hour immersive cultural plunge experience was to provide a one-day local *in vivo* interactive experience with cultural difference (Hipolito-Delgado et al., 2013; Tomlinson-Clarke & Clarke 2010). In this study the cultural difference was between the psychologically trained African American therapists with one International Caucasian student and those who identified as African American/Black/or Descendants of Chattel Slaves community members called specialists who were not psychologically minded. Tomlinson-Clarke and Clarke (as cited by Hipolito-Delgado et al., 2013) emphasized that immersion experiences need to be long enough for participants to be confronted by and have the opportunity to respond to the potential culture shock that may arise from being in another culture. The 12-hour learning experience included an orientation and introduction, a lecture, a tour/community interaction, and a multimedia presentation with live play.

Description of research design.

The central question underlying this study was how does the 12 hour *in vivo* (live) experience of the Immersive Cultural Plunge affect the attitudes, beliefs, and sensitivity of mental health trainees toward African American Descendants of ‘Chattel Slaves’?

Within the context of the central question are five related questions:

1. How is multicultural counseling sensitivity toward African American Descendants of Chattel Slaves expressed in counseling?
2. How are attitudes and beliefs toward African American Descendants of Chattel Slaves expressed in counseling?

3. How has the live experience of the Immersive Cultural Plunge affected attitudes and beliefs toward African American Descendants of Chattel Slaves in counseling?
4. How has the live experience of the Immersive Cultural Plunge Experience affected multicultural counseling sensitivity toward African Americans Descendants of Chattel Slaves?
5. What implications does the live experience of the Immersive Cultural Plunge have on future career choices regarding cultural sensitivity toward African Americans Descendants of Chattel Slaves?

A qualitative research design using ethnographic type field notes were used to guide this study (Creswell, 2013). Qualitative research involved an interpretive, naturalistic approach to the world. According to Denzin and Lincoln (2011) “qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them” (p.3). Denzin and Lincoln further explained that qualitative research uses interpretation and actions that make us see the world. The world is seen through an embodiment made of field notes, interviews, photographs, recordings, personal diaries, and conversations. Unlike qualitative research, quantitative research began in 1879 and has dominated the field of psychology as the penultimate in research practices (Yanchar & Slife, 1997). Evidence-based practices is formed from quantitative research due to a hypothesis driven objective. Quantitative studies give information from a positivist or scientific paradigm (Barker & Pistrang 2002). There are those who criticize positivism stating that the complexities and richness of human behaviors in real time are eliminated from the final picture because entities are

separated from their natural contexts and only information feeding theory are observable elements and are interpreted through the lens of only one worldview. Most research in the racial/ethnic minority counseling research area have been quantitative in focus (Ponterotto, & Casas, 1991). Creswell (2013) noted that in ethnography studies there is a large culture-sharing population. The culture-sharing population normally will include members who have been interactive with one another over a period of time. Harris (as cited by Creswell, 2013) stated, "Thus ethnography is a qualitative design in which the researcher describes and interprets the shared and learned patterns of values, behaviors, beliefs, and language of a culture-sharing group" (p. 90). Agar (1980) indicated that ethnography as a method is the process of focusing on a culture-sharing population and the written report of the research. The process of ethnography entails protracted observations of the group, usually as participant observation, wherein the researcher immerses him/herself into lives of the people. (Spradley, 1980, 1979). Ethnographers study the meaning of the behavior, the language, and the interaction among members of the culture-sharing group. Flexibility and an open structure allows for creativity in ethnographic studies. Whether overtly or covertly, it is an observer/participant role that embeds her/himself into the lives of the community for a sustained period of time (Fetterman, 1998; Hammersley & Atkinson, 1983).

A qualitative research design using ethnographic type field notes called Observational Protocols #1-5 best fit this study because the objective was to discover the multiple realities experienced by mental health trainees while they interacted with their specialists or their own growth. Thus, data of interest is the information from the

participant regarding their emotional, physical, reactions, thoughts, and psychological interpretation of the information generated during the 12 hour ICP.

Selection of participants.

The population of the proposed study consisted of psychology/mental health students in California. In 2010 the National Center for Science and Engineering Statistics (2013) reported that 3,421 doctoral degrees were conferred nationwide. In the year 2012 a total of 2,599 psychologists in training applied for the testing process for California licensure. The American Psychology system produces less than one third of the psychologists that are of the Visible Minority Group. In 2012, National Science Foundation (NSF, 2002–12) reported there were 831 Visible Minority Group to 4209 Caucasian, American citizen or exchange student for doctoral degrees.

Sample.

A purposive or purposeful sample of 6 participants currently enrolled in an academic mental health program, such as PhD, Psy.D, LPCC, Masters level students and Mfti's, students in a Social Work program and ASWs, bachelor level psychology students, students in a chemical dependence academic program training was extracted from the population. Six mental health students in academic training recruited from social media sites such as Facebook and LinkedIn, and local schools were used to extract the sample. Facebook and LinkedIn was chosen to extract the sample because there are numerous psychology student pages in both social media sites that enable the researcher to reach a wide selection of potential participants. Participants provided a cross section of worldviews that interacted with each other through a subjective and psychological lens towards the African American Descendants Of Chattel Slaves.

Description of instrumentation.

Two instruments used in this qualitative study consisted of demographics screening questionnaire and 5 observational protocols which include field notes and reflective journaling and in addition a focus group. The process of completing all instruments took 12 hours.

Demographics screening questionnaire.

A 28-item demographics questionnaire was used to collect the demographics of participants. The 28-item demographics questionnaire contained three inclusion criteria questions and 23 demographic specific questions. The inclusion criteria questions consisted of (a) 22-65 years of age, (b) mental health professionals in training currently enrolled in an academic mental health program such as PhD, Psy.D, LPCC, Masters level students and Mfti's, Students in a Social Work academic program and ASWs, bachelor level psychology students and students in a chemical dependence academic program, (c) personal computer and personal email. The entire questionnaire took approximately 10 minutes to complete.

Ethnographic field notes.

By purpose

Ethnography reveals what people think and shows us the cultural meanings they use daily. It is the one systematic approach in the social sciences that leads us into those separate realities which others have learned and which they use to make sense out of their worlds. . . . Ethnography is a tool It offers the counselors an opportunity to see the world from their clients' points of view (Spradley, 1980, p. vii).

Ethnography is an art and a science wherein participants immerse within a culture's world for the purpose of understanding life from the native point of view. Fieldwork is the disciplined study of what the world is like to people who have learned to see, hear,

speak, think, and act in ways that can be thought as culturally different (Spradley, 1980). Flexibility and an open structure allows for creativity in ethnographic studies. Whether overtly or covertly, it is an observer/participant role to become apart of the community's lives for a sustained period of time (Hammersley & Atkinson, 1983; Fetterman, 1998). Banister et al. (1940) observed that in most ethnographic studies, the data collection technique includes research field notes in addition to audio-taped interviews and video footage.

Our field notes did not incorporate audio or video footage. The field-notes were 5 Observational Protocols that consisted of the participants taking 20 minutes to record their concrete descriptions of physical and emotional processes, thoughts and psychological interpretations after each section of the ICP. Foundational to the method of ethnography is reflexivity or the journal on the research process. The observations on participant's points of analysis contributed to the interpretation of research materials (Creswell, 2013; Griffin, Bengry-Howell, 2008).

Research field-notes called observational Protocols focused on key 'events', specific persons, small groups, events, or a combination. (Griffin, 2007; Griffin & Bengry-Howell, 2008). In this 12-hour ICP, participants watched what happened, listened to what was said, and participated by asking questions and collecting relevant information. It was important to conduct studies in the "field," where "the specialists lived and worked which are important contexts for understanding what psychology participants saw and how they experience their own lives. The longer the participants were in the "field" to get to know the specialists, the more participants receive firsthand information (Griffin, Bengry-Howell, 2008).

Reflective Journaling.

Barden and Caswell (2013) discussed several process-related factors that were necessary within the immersion experience. These are opportunities to process during and after the immersion. This intentional debriefing process of journaling throughout the day enhanced learning and positive outcomes (Cordero & Rodriguez, 2009; Hipolito-Delgado et al., 2013). Additionally, Barden and Cashwell 2013 highlighted the need for post-immersion reflections. Barden and Cashwell (2013) emphasized the necessity of building in time for process, to “unpack” experiences, and to respect the intensity with which participants may have encountered during the immersion experience. Thus, one aspect of journaling was to document how participants interpreted their personal reactions to various differences and how such differences affect knowledge, awareness, and skills (Barden & Cashwell, 2013; DeRicco, 2005). The ICP lasted longer than the suggested 10 hours due to travel time and additional time for a written protocol including physical, emotional processing and psychological interpretation. Formal measures of multicultural counseling competence, such as the Multicultural Awareness/Knowledge/Skills Survey (D’Andrea et al., 1991) and the MCI (Sodowsky et al., 1994) were considered as useful assessment tools; however, journaling and focus group was the assessment of choice for this study.

Focus group discussion.

A focus group discussion is a group structured processing for post immersion evaluation and exchange. The focus group served as an intervention because it allowed group members to explore pertinent issues, and allowed for members’ attitudes to be expressed in a way that was ultimately helpful to all group participants. Additionally, the

focus group provided a time-efficient means of gathering rich data (Paisley & Reeves, 2001; Stewart & Shamdasani, 1990).

Focus groups are one qualitative research methodology that has been effectively used in a variety of counseling related settings for a variety of reasons including: (a) assessments for program development and evaluation, (b) exploratory research; and (c) to obtain information regarding the opinions, perceptions, attitudes, beliefs, and insights of small group of people (Kress & Shoffner, 2007). It is a technique wherein there are typically two to 12 individuals who discuss a particular topic of interest for 1-2 hours under the direction of a group facilitator (Stewart & Shamdasani, 1990). Because of the emphasis on participants' perceptions, focus groups have been praised as being more culturally sensitive and empowering than more traditional research methods (Chiu & Knight, 1999; Hughes & Dumont, 1993; Race, Hotch & Packer, 1994). Because human development, empowerment, and cultural sensitivity are valued linchpins of the counseling profession, focus group methodology and counseling philosophy have a natural likeness and kinship (Sweeney, 2001). The counseling values of (a) respect for client's worldview, (b) an invitational stance of welcoming clients, and (c) a search for perspective are consistent with qualitative research philosophies and are especially pronounced in relation to focus group research (Paisley & Reeves, 2001). Also, the skills needed to facilitate focus groups overlap with and are similar to counselors' basic individual and group counseling skills. (Paisley & Reeves, 2001) The most significant advantage of focus groups is the ability to elicit a synergistic effect that cannot be obtained through individual interviews; through the conversational process, participants react to each other, and unique data or ideas are developed (Stewart & Shamdasani,

1990). As participants shared ideas that stimulated discussion on the topic and as group members interacted through asking each other questions, new ideas and perceptions were co-created and refined. (Livingstone & Lunt, 2011). As we found according to Morgan (1988), the greatest effectiveness of the focus group technique was “the explicit use of group interaction to produce data and insights that would be less accessible without the interaction found in group” (p. 12). This interaction among focus group members is what made the focus group unique in comparison to asking participants to write out their personal reactions (Livingstone & Lunt, 2011).

In our focus group there were 6 participants and a facilitator. The role of the facilitator was to promote interaction, probe for details, and ensure that the discussion was continually directed toward the topic of interest. The data produced by the focus group provided identified themes that group members discussed as they interacted with each other (Morgan, 1988). There were audio tapes of the focus group that were transcribed by the researcher. (Livingstone, & Lunt, 2011; Spradley, 1980; Stewart & Shamdasani, 1990).

There were pre-established, structured questions that were created to facilitate the exchange (Livingstone, & Lunt, 2011; Spradley, 1980; Stewart & Shamdasani, 1990). To be effective, the focus group facilitator kept everyone focused on the question, read and anticipated the shift of focus from a general to a personal tone, and then responded to any shift. The facilitator encouraged an open exchange of information as participants were treated as experts and were encouraged to share opinions and ideas (Livingstone, & Lunt, 2011; Spradley 1980; Stewart & Shamdasani, 1990). A critical factor in the focus groups as debriefing sessions for the immersion experience is the felt safety of the environment

(Barden & Cashwell, 2013). To undertake the risk of sharing in a deeply reflective manner, participants were open and willing to connect with each other (Boyle et al., 1999). The negative evaluations of the immersion experience that usually comes from disengaged negative dynamics did not happen in our ICP. These dynamics could have ranged from participants feeling excluded from the group, power struggles between the facilitator and group members, feeling disconnected from the group and feeling discomfort when processing within the group (Barden & Cashwell, 2013; DeRicco & Sciarra, 2005). The participants were very much in agreement with each other although each saw the ICP from a different perspective of their field of study.

According to researchers (Barden, & Cashwell, 2013; De Ricco & Sciarra, 2005; Griffin & Bengry-Howell, 2008; Hardy & Laszloffy, 1992; Tomlinson-Clarke & Clarke 2010) during post immersion gathering, the participants have reported gaining positive outcomes from structured processing which also enhanced cultural competence. One of the goals of immersion experiences was to place participants in situations in which they had to respond to the unknown which set the scene for cultural challenges. Cultural dissonance or culture shock is a feeling of discomfort, confusion, disharmony, and inner conflict that arises when humans are adapting to another's cultural environment (Pedersen, 1995). However difficult, this process was it was primary for enhancing the cultural competence of awareness and sensitivity (Pedersen, 1991). Through dissonance, participants experienced cultural challenges, which presented participants with an emotional risk as they recognized their personal discomfort; acknowledged, addressed their personal unconscious biases, and revealed assumptions. The participant experienced

personal discomfort associated with hearing traumatic historical information particularly during the multimedia presentation *Birdsong's Freedom: Our Story of Cultural Triumph*.

Birdsong's Freedom: Our Story of Cultural Triumph Pilot Study.

According to Gladding (1998) the creative arts have the power to arouse and inform emotionally and physically. Expressive arts have been used for ages as an intervention for mental health. Cultures such as Egyptian, African, Chinese, Greek, Hebrew, and Indian cultures have used the media of drama, music, visual art, and literature in the treatment and prevention of mental disorders (Gladding, 1998; Henderson & Gladding, 1998). Culturally, creative arts engage clients and counselors in acknowledgement and appreciation for cultural heritage and experiences. This connection can unify and strengthened the bonds of kinship among people of similar backgrounds and experiences, as well as potentially heighten sensitivities of those who differed from them to in their struggles and strengths (Henderson & Gladding, 1998).

Pilot studies consisted of producing community education and forum for Difficult Dialogues presentations on the psychological effects of racism by the researcher. The audiences of these pilot studies included community members, children, artists, psychologists, mental health trainees, and educators between 2009 and 2016. The event of *Birdsong's Freedom: Our Story of Cultural Triumph* was presented August 19, 2012, Jan 2012 (7, 14, 21, 28), Feb 2012 (11, 18), Dec 2011 (10, 17), Nov 2011 (12, 19), and October 2011 (15, 29, 22) at the Multicultural Research and Training Lab Conference; October 16, 2010, in Pepperdine University Los Angeles, CA; October 2, 2010, at the Lucy Florence Cultural Center in Los Angeles, CA; February 26, 2010, at Cleveland School in Santa Barbara, CA; February 18, 2010, at Antioch University in Santa Barbara,

CA; and January 19, 2010, the original presentation at Bronfman Family Jewish Community Center in Santa Barbara CA. The pilot studies within the current venue and at many of these other sites provided the confidence that *Birdsong's Freedom: Our Story of Cultural Triumph* would provide the context and a backdrop wherein people in general and the mental health trainee specifically can learn the trauma history of the African American Descendant of Chattel Slaves and review their newly learned multicultural competency skill of cultural sensitivity toward African American Descendants of Chattel Slaves.

Immersive Cultural Plunge research setting.

Three different locals were used for the Immersive Cultural Plunge research setting: Growing in Grace Studio (GIG); a tour through Lemeirt Park, down Crenshaw Boulevard, passing through the intersection of Florence Avenue and Normandie Avenue where the Los Angeles Riots began; and Adassa's Breakfast Café.

GIG Studio was used as the main site for the Immersive Cultural Plunge research setting owned by an African American Woman self identified as a Descendant Of Chattle Slaves . The studio was located within the African American community. The intimacy of the location only allowed for a limited amount of people. The tour in which participants traveled through various historical sites provided the second site. Adassa's Breakfast Café was used as a third location for community interaction in the form of interviews.

Ethical assurances.

Upon approval from dissertation committee and chair, IRB approval, and retrieving all required permission letters the process of data collection were implemented.

The researcher waited to engage participants in e-mail interview research until after the potential participant provided their consent in writing (Meho & Tibbo, 2003; Young et al., 2011). As in the case of face-to-face research, within the context of e-mail interviewing researchers need to ensure that adequate provisions are taken to protect the privacy of participants and to maintain the confidentiality of data. This is so because identifying information such as statements, attitudes, or behaviors, connected with names, e-mail addresses, pseudonyms partially disguised, or any other identifying information, that may be unintentionally revealed whether when the data was being collected or, when data was stored on a networked computer connected to the public Internet (Kraut et al., 2004; Singer & Levine 2003). It was emphasized to participants that certain measures would be adopted to maximize confidentiality. Examples of these measures include the use of pseudonyms and hiding the user names, domain names, and any other personal identifiers when publishing or storing interview data (Meho, 2006).

Procedures.

A recruitment letter (see Appendix C) was posted on Facebook, LinkedIn and various schools throughout the Los Angeles county, Antioch University Los Angeles, UCLA, throughout ABPsi Student Circle of the Black Psychologist Association, Pacific Oaks College and Antioch University Santa Barbara to extract a sample of 6 psychologists in training. The recruitment letter and recruitment flyer provided information concerning purpose and nature of the study, participation requirements, and contact information of researcher. Participants were required to participate in an Immersive Cultural Plunge Experience in Los Angeles, CA that took 12 - hours. During this time, participants were required to follow the listed schedule (see Appendix D): a)

All individuals 22 to 65 years of age, (b) Currently enrolled in an academic mental health program such as PhD, Psy.D, pre-doctoral and post doctoral internship, LPCC, Masters level students and Mfti's, Students in a Social Work academic program and ASWs, bachelor level psychology students, students in a chemical dependence academic program(c), have a personal computer, and a personal email was encouraged to contact researcher to participate in the study. Upon speaking with potential participants, a unique ID code name was assigned to each potential participant. Using an ID code name from the beginning allowed the tracking of participants (Wang, 1992). The ID code name consisted of the following: BF1 BF2, BF3, (Black Female 1, 2, & 3) BM1, BM2, (Black Male 1 and 2, and WF1(White Female 1) In addition, the email address of each potential participant was collected in order to email the informed consent letter (see Appendix E). The informed consent letter included the nature of the study, contact information of researcher, and a section where participants provided a written signature for consent to participate in the study. Participants were encouraged to sign and email back to researcher ahead of time however some were submitted on the day of the ICP. In addition, participants received thorough detailed instructions of the study (date, time, and location of Immersive Cultural Plunge Experience). Two reminder notices (7 days before and 1 day before the Immersive Cultural Plunge Experience; see Appendix F) were emailed to potential participants Researcher created a sheet listing all potential participants (see Appendix G) and marked off who returned informed consent via email.

On the day of the Immersive Cultural Plunge Experience, participants arrived with personal computer device at the Immersive Cultural Plunge research site GIG Studio at 8:00 am. Upon arrival, participants checked in and submitted the informed consent

letter if not returned via email. Participants were given a WIFI key code in order to gain access to the Internet. Once all participants were successfully connected to the WIFI, participants received instructions on how to complete the emailed copy of the demographics questionnaire (see Appendix I). Upon receiving signed consent, a 40 minute orientation and introduction of researcher and staff commenced.

Orientation and introduction.

At 8:00 AM the Immersive Cultural Plunge experience began with an orientation and introduction of researcher, the staff, and participants. Orientation covered topics including: the anticipated schedule, the protocol for interviews with community members called specialists (“In your experience what does it mean to you to be black/African American in America?”), how to take field notes within the Observational protocols, and the instructions of emailing demographics and ethnographic protocols #1-5 to the researcher throughout the day. (Meho, 2006; Shaw, & Davis, 1996; Spradley, 1979; Spradely, 1980). In order to participate in the ICP participants had to meet criteria (c) have a computer and a personal email. Email was used as a means of collecting data by sending demographic information before the ICP and Protocols # 1-5 to the researcher after each segment of the ICP. (Meho, 2006; Young et al., 1998). One of the benefits in agreement with Meho (2006) is that cost was considerably less for communicating in the ICP. In addition, the use of e-mail in this research also relieved some of the time of editing and formatting easing the transcribing and analysis process (Meho, 2006; Young et al., 1998). By using email, the participants were able to utilize reflection and give honest thoughtful responses and feedback (Meho, 2006; Rubin & Rubin, 1995). After the Orientation the participants completed the 1st Observational Protocol and emailed it to

researcher. Twenty minutes were allowed after each segment of the ICP for the participant to process their physical, emotional feelings, thoughts and psychological interpretations through the Observational Protocol.

Lecture. At 9:00 AM the first 2 hour lecture covered the history of Africans in Africa before the MAAFA, which is the African Holocaust, the decimation of African people during the Trans Atlantic Slave Trade and the psychological history of the African in North America. (Barden & Cashwell, 2013; Bryant-Davis & Ocampo, 2005; Carter, 2007; Copeland, 2010; DeRicco & Sciarra, 2005; Degruy). After this first lecture participants were asked to complete observational protocol form #2. Upon receiving all emailed observational protocol form #2, participants took a 10 minute break. (Barden & Cashwell, 2013; Bryant-Davis & Ocampo, 2005; Carter, 2007; Copeland, 2010; DeRicco & Sciarra, 2005; Leary, 2005). The second lecture covered the psychological trauma history of the African as an enslaved person in North America, and treatment foci for ongoing generational complex trauma called Post Traumatic Slave Syndrome, and issues of self-care for the mental health trainee. The participants completed the 3rd Observational Protocol. (Barden & Cashwell, 2013; Bryant-Davis & Ocampo, 2005; Carter, 2007; Copeland, 2010; DeRicco & Sciarra, 2005; Leary, 2005) Twenty minutes were allowed for the participant to process their physical, emotional feelings, thoughts and psychological interpretations through the Observational Protocols. In addition, there was a 10-minute break.

Tour/Community Interaction. Around 12:30 PM participants traveled as a group to two historical locations to observe the people in their community. The driving tour included all members of the study riding in a van and driving down Crenshaw Boulevard, passing

through the intersection where the Los Angeles Riots began to Adassa's Breakfast Café in the historical Lemeirt Park the restaurant in which the participants ate lunch and began their interviews of specialists. Lunch was from 1:30 pm to 2:15 pm. Then the group interviewed the specialists (Cordero & Rodriguez, 2009). The community interaction consisted of the participants being introduced to community members or specialists (called this because in this community the word informant carries a negative connotation therefore they are specialists to be respected in telling their own story). Racial storytelling (Hardy & Laszloffy, 1992) is used as an exercise to discuss what it means to be a member of their race. An ethnographic protocol question was asked of specialist by the participants: "In your experience what does it mean to you to be Black/African American in America?" Each participant interviewed three specialists. Interviews took place between 2:15 pm and 4:45 pm. Interview between participant and specialist took approximately 20-30 minutes. After the interview the participants filled out Observational Protocol #3 and # 4 to process their thoughts feelings physical reactions, and psychological interpretations. Participants then boarded the van to travel back to the GIG Studio to participate in the last sections of the ICP. This included the presentation *Birdsong's Freedom: Our Story of Cultural Triumph* and the focus group segment.

Play.

Around 5:15 pm to 6:40 pm, participants had the opportunity to see *Birdsong's Freedom: Our Story of Cultural Triumph* is a presentation adapted from Sharon Wyeth's, *A Dear America Book Freedom's Wings Corey's Diary Kentucky to Ohio 1857* (Hardy, Laszloffy, & Furman 1988) and is an integral part of the ICP. The story of Corey Birdsong is about a slavery confined boy in 1857, who sees a gruesome sight on the way

to the market, and the terrifying experience overwhelms him with fear. Juxtaposed with Corey's story, and set in 2009, the character Goddaddy shares his personal experiences as a young African-American male growing up in the south in the 1960's. He shares with his godson what hearing the "n" word and the work of Dr. Martin Luther King Jr. means to him (Batson et al., 1997).

After the presentation the focus group discussion continued over a symbolic meal of beans and rice catered from Mel's Fish Shack. Participants were asked to complete observational protocol #5. Around 7:00 pm, participants began the audio taped focus group discussion. During this time the five related questions (RQ1, RQ2, RQ3, RQ4, RQ5; see Appendix J) were discussed. The focus group discussion lasted approximately 50 minutes and was conclude by 7:55 pm. Upon completion focus group, participants were thanked for completing the Immersive Cultural Plunge experience and received a Certificate of Completion and a \$40.00 gift card as a token of appreciation. Lastly, participants were reminded that they are entitled to full access to the results for participating and if they wished to receive an emailed copy, they could inform researcher as they exit research site.

Threats to validity.

To make meaning of the data field notes taken during the Immersive Cultural Plunge experience, the focus group discussion and reflective journaling were compared and analyzed to identify themes between the two. Journaling throughout the day of the ICP allowed mental health trainees to consistently assess their reactions and determine areas of development and areas of defensiveness (Barden & Cashwell, 2013). The notes that were transcribed through the observational protocols by the participants throughout the

ICP and the focus group session utilized computer-assisted programs to help in developing themes regarding the observations made by the participant (Kress & Shoffner, 2007). A variety of experiences and patterns were gleaned from the transcription. As patterns were classified all data related to the patterns were identified and expounded upon through sameness in specific patterns. The communication fitting with specific patterns were placed with their corresponding pattern. These related patterns were catalogued into sub-themes. Defined as units, themes were gleaned from patterns of vocabulary, recurring activities, meanings, feelings, folk sayings, and even proverbs (Taylor & Bogdan, 1989). Themes were identified by “bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone” (Leininger, 1985, p.60). The participant’s stories were weaved together through themes compiling a holistic image of their collective experience. Leininger (1985) stated the “coherence of ideas rests with the analysis the rigorous study how different units fit together in a significant way when linked together” (p.60). When gathering sub-themes to obtain a comprehensive view of the information, a pattern emerged (Aronson, 1994). When patterns emerge it is best to obtain feedback from the participants about them. This can be done simultaneously with the interview or by receiving feedback from the participant about the transcribed discussions. In this case the researcher received feedback from the participants in the field. Accomplished through reading current news and related literature, the researcher retrieved information that provided the ability to make inferences from the data. Once themes had been collected and the literature had been examined, the researcher arranged the theme statements to develop a story line. The

strength of the story is one in which the literature is interlinked with the story that the researcher constructs. (Aronson, 1994).

Whereas reliability, internal validity and objectivity are fundamental to the measurement for quantitative study, qualitative research expects a measurement of dependability, credibility, transferability and conformability. According to Ulin, Robinson, and Tolley (2005) dependability, “refers to whether the research process is consistent and carried out with careful attention to the rules and conventions of qualitative methodology” (p. 26). Credibility is normally used in qualitative inquiry instead of the term validity. Credibility “refers to the “confidence in the truth of the findings, including an accurate understanding of the context” (Ulin et al., 2005, p. 25).

Transferability implies that the results of the research can be shifted to other contexts and situations beyond the scope of the study context. For transferability, the foci are: (a) assuring that the participants are connected to the population related to the research topic, the participants need to be relevant members of the community related to the study and (b) assuring that there is a depth of understanding regarding the contextual boundaries of the findings, which includes the assurance that the research questions are suitably answered. From this information the future reader can determine whether their milieu is a candidate for the information gleaned from the study (Jensen, 2008).

Lastly, conformability is the process of verifying the truthfulness or the interpretation stated from the study. In qualitative research, the behaviors and beliefs of participants are analyzed to determine meaning in a specific milieu. The researcher categorized the observations with an interpretative process called coding and then thematic analysis. Conformability is a reliable method in which to confirm the two goals of qualitative

research: (a) to gain insight of a phenomenon from the research participants point of view and (b) to gain insight to the way populations interpret their experiences (Jensen, 2008).

Data processing techniques.

In analyzing the data, thematic analysis was used. Thematic analysis is a qualitative data analysis method used to analyze classification and themes or patterns that relate to the collected data (Alhojailan, 2012). Thematic analysis conducted through six phases: (a) familiar with the data (transcription), (b) the initial codes (data reduction and complication), (c) search for themes, (d) review themes (level 1 and level 2), (e) define and name each theme, and (f) produce the report (Braun & Clarke, 2006).

Phase 1: Become familiar with the data (transcription). Spradley (1979) suggested for the first step to collect the data using audio tapes to gather conversations that take place in an ethnographic interview. Braun and Clarke (2006) insisted that transcription must be a ‘verbatim’ account of all verbal (and sometimes nonverbal, i.e. coughs) utterances . . . the transcript must retain the information from the verbal account in a way which demonstrates its original meaning (p. 88).

Phase 2: Generate the initial codes (data reduction and complication). The second phase, according to Braun and Clarke (2006) is to produce initial codes from the data that is interesting to the analyst. The information according to Boyatzis (1998) is ‘the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon’ (p. 63). MAXQDA for Mac, a qualitative analysis software was used to generate codes.

Phase 3: Search for themes. In Phase 3, all data initially coded and collated. This phase refocuses the analysis at the broader level of themes, rather than codes,

involve sorting the different codes into potential data extracts within the identified themes. Concluding this phase is a collection of candidate themes, sub-themes, and all extracts of data that have been coded in relation to them.

Phase 4: Review themes (level 1 and level 2). Braun and Clarke (2006) stated that phase 4 begins when a set of candidate themes that have been created and refined. There are two levels of reviewing and refining in the themes. Level one involve reviewing at the level of the coded data extracts to satisfy the candidate themes in a candidate thematic map. Level two involve the consideration of the validity of individual themes in relation to the data set.

Phase 5: Define and name each theme. Phase 5, to define and further refine the themes preset for analysis and analyze the data within them. In the ‘define and refine’ the ‘essence’ of what each theme is about as well as the themes overall must be determined (Braun & Clarke, 2006 p. 92.).

Phase 6: Produce the report. According to Braun and Clarke (2006), Phase 6 commence with writing the report. The task of the write up of a thematic analysis “. . . is to tell the complicated story of the data in a way which convinces the reader of the merit and validity of your analysis” (p. 93.). Most of the data was extracted from reflective journaling, observational protocols, and the focus group activity. To make meaning of the data field notes taken during the immersive cultural plunge experience, the focus group discussion and reflective journaling were compared and analyzed to identifying themes between the two. The notes that transcribed through the observational protocols by the participants throughout the ICP and the focus group session utilize computer-assisted programs to help in developing themes regarding the observations made by the

participant (Kress & Shoffner, 2007). The communication fitting with specific patterns were placed with their corresponding pattern. These related patterns were catalogued into sub-themes. Defined as units, themes were gleaned from patterns of vocabulary, recurring activities, meanings, feelings, folk sayings, and even proverbs (Taylor & Bogdan, 1989). Themes were identified by “bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone” (Leininger, 1985, p.60). Leininger (1985) stated the “coherence of ideas rests with the analysis the rigorous study how different units fit together in a significant way when linked together” (p.60). When gathering sub-themes to obtain a comprehensive view of the information, a pattern emerged (Aronson, 1994). Themes have been collected and the literature have been examined, the researcher arrange the theme statements to develop a story line. The strength of the story is one in which the literature is interlinked with the story that the researcher constructs. With a story line that is refined the researcher communicate her process, and motivation (Aronson, 1994).

Common themes were identified across the focus group data and written observational protocols as they addressed each of the five research questions. The coding process identified a total of 24 primary themes across the five research questions, some of which were identified in multiple research questions. Most of the primary themes were further classified into subthemes. The findings for each research question are summarized in the following chapter.

CHAPTER 4: RESULTS

Introduction

The purpose of this qualitative study was to explore the potential for change in mental health trainees resulting from the participation in an Immersive Cultural Plunge (ICP). By examining their responses to an ICP of African American Descendant of ‘Chattel Slaves’ (AADOCS); this study aimed to demonstrate that the cultural competency of the mental health trainees is altered.

Profile of Participants

Six participants took part in the ICP. Four of the six participants were female (66.7%; 33.3% male) and five of the six identified as Black /African American (83.3%). The one non-Black participant was a White individual with an international background. Participants ranged in age between 22 and 55 years and had a variety of degrees in the psychology field. Summaries of demographic information about the participants are presented in Table 1. For anonymity protecting the identities of participants, in accordance with the study design and standard qualitative research guidelines (Creswell, 2009) each participant was assigned a pseudonym that reflected their ethnicity, age and gender; for example, BF1 was a Black female 46-51, BM1 was a Black male 26-35, and WF1 was a White female 22-25.

Table 1

Demographic Characteristics of Participants

Pseudonym	Age Range	Ethnicity	Gender	Field of Study
BF1	46 – 51	Black	Female	Ph.D. Psychology
BF2	36 – 45	Black	Female	A.A. Child Development and Psychology

BF3	52 – 55	Black	Female	Psy.D. General Psychology Masters Educational Psychology
BM1	26 – 35	Black	Male	
BM2	46 – 51	Black	Male	Psy.D. Forensic Psychology Masters in Counseling Psychology
WF1	22 – 25	White	Female	

Data Analysis

The objective of the study was to provide an understanding of how participating in a 12 hour *in vivo* (live) Immersive Cultural Plunge affected the attitudes, beliefs, and sensitivity of mental health trainees toward African American Descendants of ‘Chattel Slaves ‘(AADOCS). In order to meet this objective, five related research questions were posed to both frame the analysis and elicit necessary information from the participants about their experiences. Focus group participants were asked each of these five questions in order to guide the conversation about their experience:

1. How is multicultural counseling sensitivity toward African American Descendants of Chattel Slaves expressed in counseling.
2. How are attitudes and beliefs toward African American Descendants of Chattel Slaves expressed in counseling?
3. How has the live experience of the Immersive Cultural Plunge affected attitudes and beliefs toward African American Descendants of Chattel Slaves in counseling?
4. How has the live experience of the Immersive Cultural Plunge Experience affected multicultural counseling sensitivity toward African Americans Descendants of Chattel Slaves?
5. What implications does the live experience of the Immersive Cultural Plunge have on future career choices regarding cultural sensitivity toward African Americans Descendants of Chattel Slaves?

Data from the focus group session were transcribed and this transcription was used for the thematic analysis. All responses provided were concerning a specific

guiding question during the session and were considered as a whole with regards to the thematic analysis. As such, although some responses and arising themes may not appear to directly answer the guiding question that was posed, these responses were still considered and reported in the analysis given that the question did elicit the response. Written text from the observational protocol forms were considered in connection to all five research questions. Following Braun and Clarke's (2006) phases of thematic analysis as outlined in Methodology Chapter 3, common themes were identified across the focus group data and written observational protocols as they addressed each of the five research questions.

The coding process identified a total of 24 primary themes across the five research questions, some of which were identified in multiple research questions. Most of the primary themes were further classified into subthemes. The findings for each research question are summarized below, along with brief exemplar quotes from the focus group and written observational protocols to illustrate the themes and subthemes.

Results for Research Question 1

Research Question 1: How is multicultural counseling sensitivity toward African American Descendants of Chattel Slaves expressed in counseling? Primary themes related to this research question are summarized in this section. A summary table displaying the frequency, with which each theme occurred, as well as the number of respondents mentioning each specific theme, is presented in Table 2. As reflected in Table 2, the primary themes that arose from discussion of this research question were Theme 1 African American attitudes toward and use of counseling, Theme 2 Cultural

sensitivity in counseling, Theme 3 Counseling training/education, Theme 4 Educational resources, and Theme 5 racial inequalities.

Table 2

Frequency of Themes and Subthemes for Research Question 1

Themes and Subthemes	BF1	BF2	BF3	BM1	BM2	WF1	N Mentioning	Total Mentions
African American attitudes toward and use of counseling	1						1	1
Barriers to use	6	2			6		3	14
Generational differences		1			2		2	3
Drug use					1	2	2	3
Cultural sensitivity in counseling								
Long-term effects of slavery	1				4		2	5
Not expressed	1			2	1		3	4
Culturally unsound practices			1	1	1		3	3
Expressed by few	1						1	1
Counseling training/education								
Lack of focus on cultural sensitivity	1		2			1	3	4
State tests not multiculturally sensitive				2			1	2
Burden on African Americans to educate				1	1		2	2
Others not interested	1			1			2	2
No African American faculty				1			1	1
Racial inequalities						1	1	1
Police aggression	1			1	1		3	3
Justice system inequalities		1			1		2	2
Educational resources	3				1		2	4

The thematic map showing the relationship among themes and subthemes related to Research Question 1 appears in Figure 1. Values in parentheses presented in Figure 1 indicate the number of exemplar quotes related to that theme or subtheme.

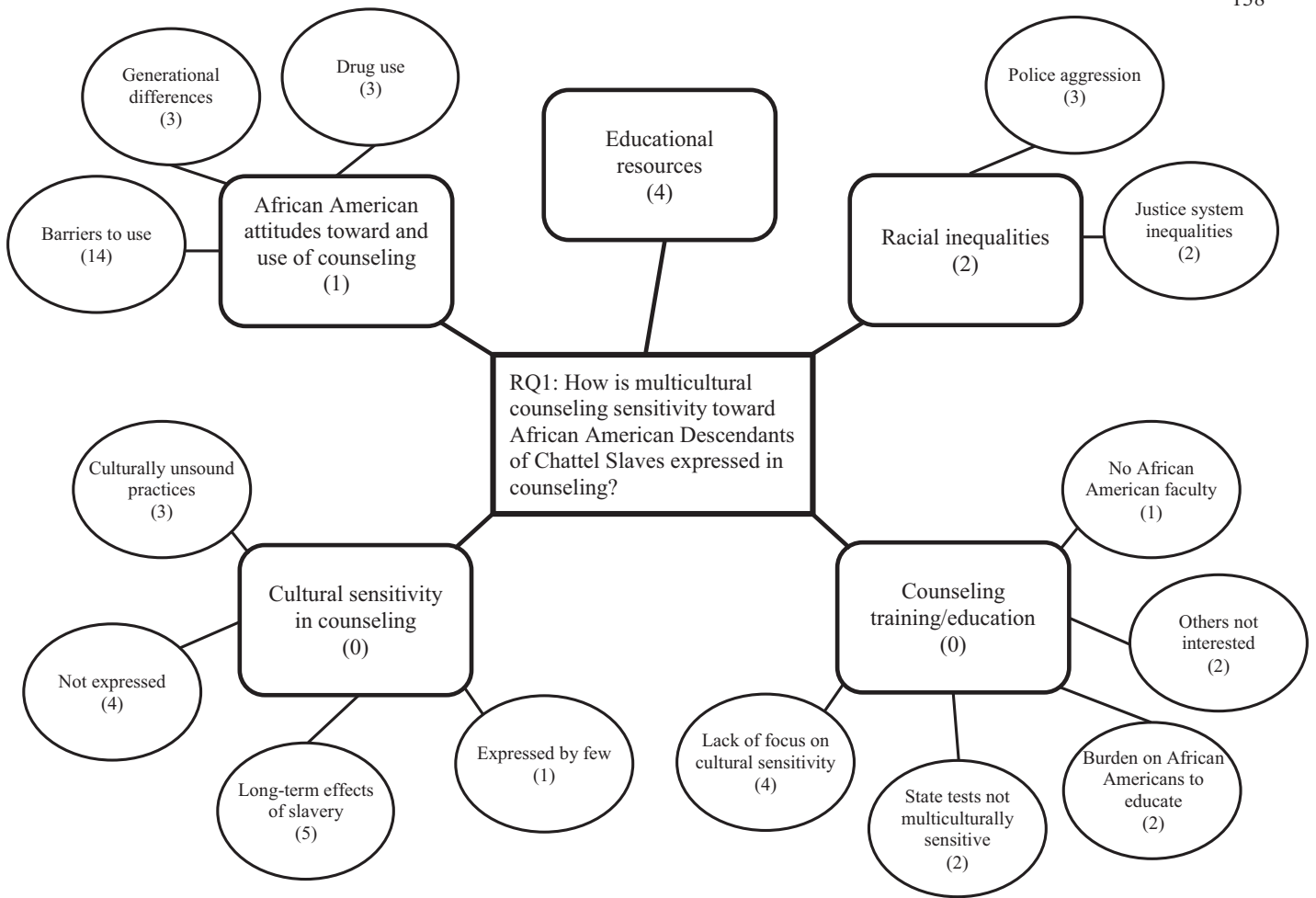


Figure 1. Thematic network for Research Question 1

Primary theme: African American attitudes toward and use of counseling

The most frequently occurring theme for Research Question 1 was Theme 1 African American attitudes toward and use of counseling. This theme was further subdivided into three subthemes: subtheme 1 barriers to use, subtheme 2 generational differences, and subtheme 3 drug use. One quote by BF1 concerning the theme that was not further classified into a subtheme was the statement “African Americans underutilize mental health services”.

Subtheme 1: Barriers to use.

Several focus group participants spoke of barriers that lead to the underutilization of mental health services as mentioned by BF1. Barriers to the use of counseling among African Americans mentioned by participants include a lack of knowledge, lack of culturally competent or representation in the field, the stigma that is associated with receiving counseling, and mistrust of the system. BF1 summarized several of these barriers which “include cultural mistrust due to historical trauma, lack of culturally competent clinicians, financial barriers, lack of accessibility, lack of resources, stigma, and a general lack of knowledge as to why they are seeing signs and symptoms of mental illness.”

BF1 went on to state that “many AA are reluctant to seek services because of fear that they will not be understood being that most therapists are white (and depending on the discipline majority of clinicians are older and men).” BF2 echoed this statement by saying, “one important reason why black people don’t go to therapy: Very few black therapists.” BM2 indicated that “...excuses, cognitive distortions, stigmas and irrational thought processes are rooted DEEP in our community.” BM2 also made several notes in

his observational protocol forms related to barriers to use. He wrote, “Indigenous people do not view mental health the same way the European culture does.” He also wrote, “The #1 reason Black folks don’t go to therapy is that ‘what we say can be and will be used against us in a court of law.’ The participant further categorized some of the code of ethics and culturally tone deaf laws and policy of the mental health system as detrimental saying, “It’s called ‘Mandated Reporting’ we as Black people are not safe to discuss issues that only us as a people understand.”

Subtheme 2: Generational differences.

One participant, BM2, expressed that he sees the generational differences between African Americans’ attitudes toward and use of mental health counseling. BM2 stated that “older people in the black community have passed down this idea that therapy was a ‘white people issue’ many black people go untreated because they rather not shame the family.” BM2 also went on to say that “with the youth of today it’s now becoming acceptable for black people to openly talk about mental illness and treatment,” indicating that younger generations of African Americans are more open to discuss mental health and treatment, and that it is “important to get out that [*sic*] old school mindset.” BF2 made similar comments on one of her observational protocol forms:

Rest in Peace to my dear cousin who took his own life at the age of 24 his friends told him weed and women were the cure the older people in my family told him reading the bible was the cure and he never truly got the help he needed.

Subtheme 3: Drug use.

Two focus group participants mentioned drug use among African Americans as affecting their attitudes toward their lack of use of counseling. BM2 suggested that among the African American community “the belief is ‘A blunt full of marijuana is a

powerful medication for soothing the mind in a way that psychiatric drugs aren't." In other words, BM2 suggests that African Americans are more likely to turn to the use of marijuana in place of seeking mental health services.

WF1 expressed her belief "that a lot of alcoholics, drug addicts & people who have various other addictions are actually people who are struggling with depression and they are self-medicating to deal with their problem." This echoes BM2's claim that individuals in the African American community may be using and abusing controlled substances as a means of self-medication, rather than seeking mental health services. On her observational protocol, WF1 also quoted an interviewed specialist who suggested that many of the mental disorders we see are caused by pollution and poisoning from the environment: "People a lot of these mental and physical sicknesses [*sic*] are caused by a combination of chemicals they put in our food, water, cloths, plastics, baby bottles, cleaning products and street drugs just to name a fewa psychiatrist can't cure poisoning."

Theme 2: Cultural sensitivity in counseling

The second most frequently occurring theme for Research Question 1 was cultural sensitivity in counseling. This theme was further subdivided into four subthemes: subtheme 1 long-term effects of slavery, subtheme 2 not expressed, subtheme 3 culturally unsound practices, and subtheme 4 expressed by few. Statements made during this portion of the focus group session that relate to this theme centered around why there is a need for cultural sensitivity in counseling, to what extent cultural sensitivity is expressed in counseling, and unsound practices surrounding cultural sensitivity in counseling.

Subtheme 1: Long-term effects of slavery.

The most commonly mentioned subtheme related to Theme 2 was why there is a need for cultural sensitivity in counseling when working with the African American population. With respect to long-term effects of slavery, BF1 wrote in an observational protocol, “The clients are still in the process of Chattel slavery because they are still experiencing the impact of racism, police brutality, lack of opportunities, etc.”

BM2 made multiple comments in response to the long-term effects of slavery. He expressed, “...until today I wasn’t really sure myself that there were lasting effects of the Middle Passage. The MAAFA (see Ch 1) as it’s called.” He also stated that “this slavery heritage does still affect us today and I’m pretty sure most African Americans are unaware of its long term effects. Post-Traumatic Stress Syndrome is real. Dr. De Gruy does a good job of linking the past and the present.” He finished by saying, “Up until now I thought the guys I saw were just criminals but I am coming to the understanding that there is a lot of pain behind their eyes. This is a part of that pain even though they may not understand it I think it’s my responsibility to understand it.”

Subtheme 2: Not expressed.

Three focus group participants made statements indicating that they felt cultural sensitivity is not expressed in counseling. BM1 stated, “I don’t think it is expressed in counseling” and that it is “not mainstream.” BF1 suggested it may not be expressed due to the “lack of culturally competent clinicians,” while BM2 stated that “African American Descendants of Chattel Slaves has not even been acknowledged in U.S. culture, much less counseling.”

Subtheme 3: Culturally unsound practices. Three focus group participants also mentioned instances of culturally unsound practices in counseling. One such case was highlighted by BF3, who relayed a story of being reprimanded by her supervisor as a facilitator for allowing a culturally-specific behavior among her group:

Although there are rules about crosstalking, we found that people of color relate with each other in ‘uh huh’, statements of “yes” and such. My supervisor sat in on a group when this was going on and they lectured me for 3 consecutive supervision sessions because I allowed a couple of words to be exchanged between group mates after each person shared. I mean words like, “Fo sho bro,” “I hear you sis.”

BM2 spoke of the dismissive attitude directed toward African Americans and the effect of marginalization of African Americans’ use of counseling. He said, “do not be so quick to invalidate, minimize, and marginalize the concerns of an entire group of people and pretend it’s some great mystery that they are reluctant to open up.” Another focus group participant, BF1, highlighted some common practices among the counseling community that illustrate culturally unsound practices: “I have found that waiting for the client to speak makes most Black clients uncomfortable. Waiting for them to choose a seat makes them uncomfortable when they first come into the office. I have found that walking a person out is as important as walking a person in.”

BM1 used a scenario and question on a state test that illustrates the lack of cultural sensitivity in counseling:

One question on the state test that I’m studying for asks “If a Black woman who is in postpartum depression becomes suicidal, who should the clinician call – the

husband, the police, or the mother, who is also a mental health professional.”

Well the answer is to call the police. I was devastated that this was the answer. I was stunned even though I understood the whole confidentiality issue, however why wouldn't there be a signed consent with a clause allowing husband or mother to be included in allowing one of them to be notified. Clients can be put on watch with close family and friends but these answers were culturally unsound because all things being equal the girl is going to need her momma or her husband.

Subtheme 4: Expressed by few. One focus group member suggested that, unlike what was stated by other participants, some counselors express multicultural sensitivity in counseling. BF1 did, however, concede that it is expressed by few counselors. BF1 stated: “I express sensitivity towards my African American clients but it's not taught in general.”

Theme 3: Counseling training/education

The third most frequently occurring theme for Research Question 1 was counseling training/education. This theme was further subdivided into five subthemes: subtheme 1 Lack of focus on cultural sensitivity, subtheme 2 State tests not multiculturally sensitive, subtheme 3 Burden on African Americans to educate, subtheme 4 Others not interested, and subtheme 5 no African American faculty. Statements made during this portion of the focus group session that relate to this theme were focused on the lack of training regarding cultural sensitivity in counseling and the attitudes of others in the training sphere regarding the topic.

Subtheme 1: Lack of focus on cultural sensitivity.

The most commonly mentioned subtheme related to Theme 3 centered on the lack of focus on cultural sensitivity within training courses for future counselors. Three focus group participants made a total of four comments regarding this dearth in training. WF1 pointed out that “there is like a chapter in a book that we read that covers that unless you have specific program for ethnic studies.” BF1 shared that “the multicultural classes that I have had were pretty limited.” BF3 stated that “when we studied how to lead a group there were never any discussion on the different communication styles of people.” BF3 further went on to say:

The topic is generally relegated to multicultural classes. It’s back burnered [*sic*] in our mainstream programs and then there are some programs that are doing a nice job of blending diversity with mainstream. In my Masters classes, whenever multicultural aspects were taught the classes went crazy. Folks were arguing with the professor, they got belittling and in some cases just plain insulting.

Subtheme 2: State tests not multiculturally sensitive.

One focus group respondent spoke of his feelings that the state tests for therapists are not culturally sensitive. BM1 described a scenario and question from a state test that highlighted these feelings, as quoted above. BM1 felt that the test question did not take culture into account, and that what may be the correct answer for one cultural group may not be the best approach for others. BM1 went on to say that “psychologically multicultural counseling sensitivity in the state tests is off in my humble opinion.”

Subtheme 3: Burden on African Americans to educate.

One focus group participant felt that often the burden of educating others concerning multicultural counseling sensitivity falls on African Americans students themselves, even if they are the students in the program. BM1 shared “in my program I have to be the educator about Black people. It’s a burden in the sense that I’m always teaching about what Black people are and are not!” Later in the session, BM1 added, “many of us are out here championing for the mental health of our community.”

Subtheme 4: Others not interested.

Two participants made comments suggesting that others involved in their training programs are not very interested in multicultural counseling sensitivity. Regarding multicultural counseling sensitivity BM1 said, “Much of the ideas I suggest fall on uninterested ears.” BF1 made a statement suggesting classmates, employers, and possible even instructors are not particularly interested in multicultural counseling sensitivity:

The multicultural classes that I have had were pretty limited and it was almost a bother, more work and unnecessary. And I agreed with my cohort in attitude who wants to do more work? I was going to open a private practice and take insurance. They don’t care about stuff like that.

Subtheme 5: No African American faculty.

One participant offered a statement that may provide some insight into the lack of focus on cultural sensitivity in training programs. BM1 shared that “there’s no African American faculty in our psychology department.” In context, the comment suggests this is related to the previous subtheme, a lack of interest.

Theme 4: Racial inequalities

The fourth theme for Research Question 1 was racial inequalities. This theme was further subdivided into two subthemes: police aggression and justice system inequalities. Statements related to this theme had to do primarily with racial inequalities regarding police aggression and the justice system, although one statement contributed by BM 2 primarily related to attitudes about mental health among African Americans: “It’s like black teens they are never allowed to be depressed or anxious. Instead we are told they have attitude problems.”

Subtheme 1: Police aggression.

One subtheme related to Theme 4 focused on racial inequalities with respect to police aggression. On an observational protocol form, BF1 wrote that “clients are still in the process of Chattel slavery because they are still experiencing the impact of racism, police brutality, lack of opportunities, etc.” BM1 said, “We have seen more than our share of the police gunning down mentally ill people and people of color who are mentally ill. Black folks can’t afford to have a bad moment and react to it.” BM2 echoed the sentiment that African Americans or people of color are disproportionately affected by police aggression with his statement:

...I don’t mean everyone gets treated the same. Racist murders get Burger King after killed black folks, “Affluenza Teen” gets to run away to Mexico after killing folks. If you looked at the list of people who were killed by police, none of them did anything this heinous, yet they were choked out, gunned down, or just murdered.

Subtheme 2: Justice system inequalities.

Two focus group participants also made statements that relate to justice system inequalities about people of color. BM2's statement reported under the previous subtheme also touches on justice system inequalities, with particular focus on the sentencing of the individual nicknamed the "Affluenza Teen." BF2 also commented on justice system inequalities with the statement:

You know when we are talking about difference subjects I wonder if there is a difference in expectation in development for different types of people. Like for instance some of my parents the judge is already using those medical terms to keep a parent away from their child even if it's a mild case, once the judges hears [*sic*] that a parent been diagnosed bipolar or schizophrenic, they have a more difficult time getting their children out the system. I know, I've seen it happen up close.

Theme 5: Educational resources.

The final theme for Research Question 1 was educational resources. This theme was mentioned four times by two focus group participants. BM2 pointed out literature that may serve as educational resources concentrated on African American Descendants of Chattel Slaves:

I have a friend reading The New Jim Crow. I wasn't too impressed with the idea, but now that we are having this discussion and I saw it in the presentation I'm curious. I'm also curious about the black codes and convict leasing. I read that article in *The Atlantic* by Ta-Neishi Coats on reparations. It made a strong point about continual trauma in every aspect of our lives.

BF2 emphatically stated the in vivo session proved useful for educational purposes. She stated, “The professors this morning were good at discussing the subtle differences between clients with different worldviews and the importance of acknowledging it. She also stated that “this was 12 hours that gave a comprehensive overview, and in some cases in depth information that should earn a person some kind of certification.” BF2 also made a comment of the necessity that historical information about the divisive beginnings of cultural insensitivity in schools and classes as it relates to:

Our schools need to teach that information about Linneaus, Cartwright, Simms and the like. Because then maybe the systemic racism that shows up in classes and in sessions could be looked at and reduced. There are perfect opportunities to introduce this information through multicultural classes.

Research Question 1: How is multicultural counseling sensitivity toward African American Descendants of Chattel Slaves expressed in counseling yielded 6 themes and 13 sub-themes from the data analysis. From a relevant independent statement “African Americans underutilize mental health services” did not produce subthemes. The primary theme emerging from the analysis was, Theme 1 “African American attitudes toward and use of counseling”. Of the three subthemes, subtheme 3 Drug use, subtheme 2 Generational differences, and subtheme 1 Barriers to use, it is the last subtheme that had the most responses. Subtheme 1 Barriers to use mentioned by 3 participants with a total of 14 comments included a lack of knowledge, lack of culturally competent or representation in the field, the stigma that is associated with receiving counseling, and cultural mistrust of the psychological system due to historical trauma, lack of culturally

competent clinicians, financial barriers, lack of accessibility, lack of resources, stigma, and “a general lack knowledge as to why they are seeing signs and symptoms of mental illness.” Theme 2 Cultural sensitivity in counseling, yielded the next strongest subthemes producing 5 responses referring to subtheme 1 Long term effects of slavery. As one participant stated “this slavery heritage does still affect us today and I’m pretty sure most African Americans are unaware of its long term effects. Post-Traumatic Stress Syndrome is real.” Others include subtheme 2 Not expressed yielded 4 responses. BM2 stated that stated “African American Descendants of Chattel Slaves has not even been acknowledged in U.S. culture, much less counseling.” Subtheme 3 Culturally unsound practices and subtheme 4 Expressed by few both received 1 response. Theme 3 Counseling training/education yielded subtheme 1 Lack of focus on cultural sensitivity with 4 responses. Subtheme 2 State tests not multiculturally sensitive received 2 responses, subtheme 3 Burden on African Americans to educate revealed 2 responses, subtheme 4 Others not interested received 2 responses, and subtheme 5 No African American faculty received 1 response. Theme 5 Educational resources yielding 4 responses enumerating books, articles and the depth of information published about AA life. Theme 4 Racial inequalities produced 3 responses highlighting police aggression and 1 response for Justice system inequalities.

The most responses resulting from RQ 1 is Theme 1 subtheme 1 Barriers to use with 14 responses. These responses revealed that Black people are not safe to discuss issues that only they as a people understand, including a lack of knowledge by the field, lack of cultural competence, very few black therapists in the field, the stigma that is associated with receiving counseling, cultural mistrust due to historical trauma, financial

barriers, lack of accessibility, lack of resources, a general lack of knowledge as to signs and symptoms of mental illness and a history of a multitude of generational culturally tone deaf laws and policies. The results of RQ 2 are described in the next segment.

Results for Research Question 2

Research Question 2 was: How are attitudes and beliefs toward African American Descendants of Chattel Slaves expressed in counseling? Primary themes related to this research question are summarized in this section. A summary table displaying the frequency with which each theme occurred, as well as the number of respondents mentioning each specific theme, is presented in Table 3. As reflected in the table, the primary themes that arose from discussion of this research question were Theme 1 African American attitudes toward and use of counseling, Theme 2 Poor quality of counseling, Theme 3 Counseling training/education, Theme 4 Criticism of African American community, and Theme 5 Value of training day.

Table 3

Frequency of Themes and Subthemes for Research Question 2

Themes and Subthemes	BF1	BF2	BF3	BM1	BM2	WF1	N Mentioning	Total Mentions
African American attitudes toward and use of counseling				1			1	1
Barriers to use	1	2	5	1	2		5	11
Needs of African Americans	2				2		2	4
Poor quality of counseling					1		1	1
Inadequate treatment of African Americans	2		1		2		3	5
No empathy for African Americans	1	1			2	1	4	5
African Americans not considered			1	1			2	2
African American vs. Descendant of Chattel Slave			1				1	1
Counseling training/education								
Program has multicultural focus						2	1	2
Burden on individual to self-educate	2						1	2
Burden on African Americans to educate				1			1	1
No empathy for African Americans		1					1	1
Taught race doesn't matter						1	1	1
Criticism of African American community		2					1	2
Biases against African Americans	1		1	3			3	5
Value of training day	1		1	1			3	3

The thematic map showing the relationship among themes and subthemes related to Research Question 2 appears in Figure 2. Values in parentheses presented in Figure 2 indicate the number of exemplar quotes related to that theme or subtheme.

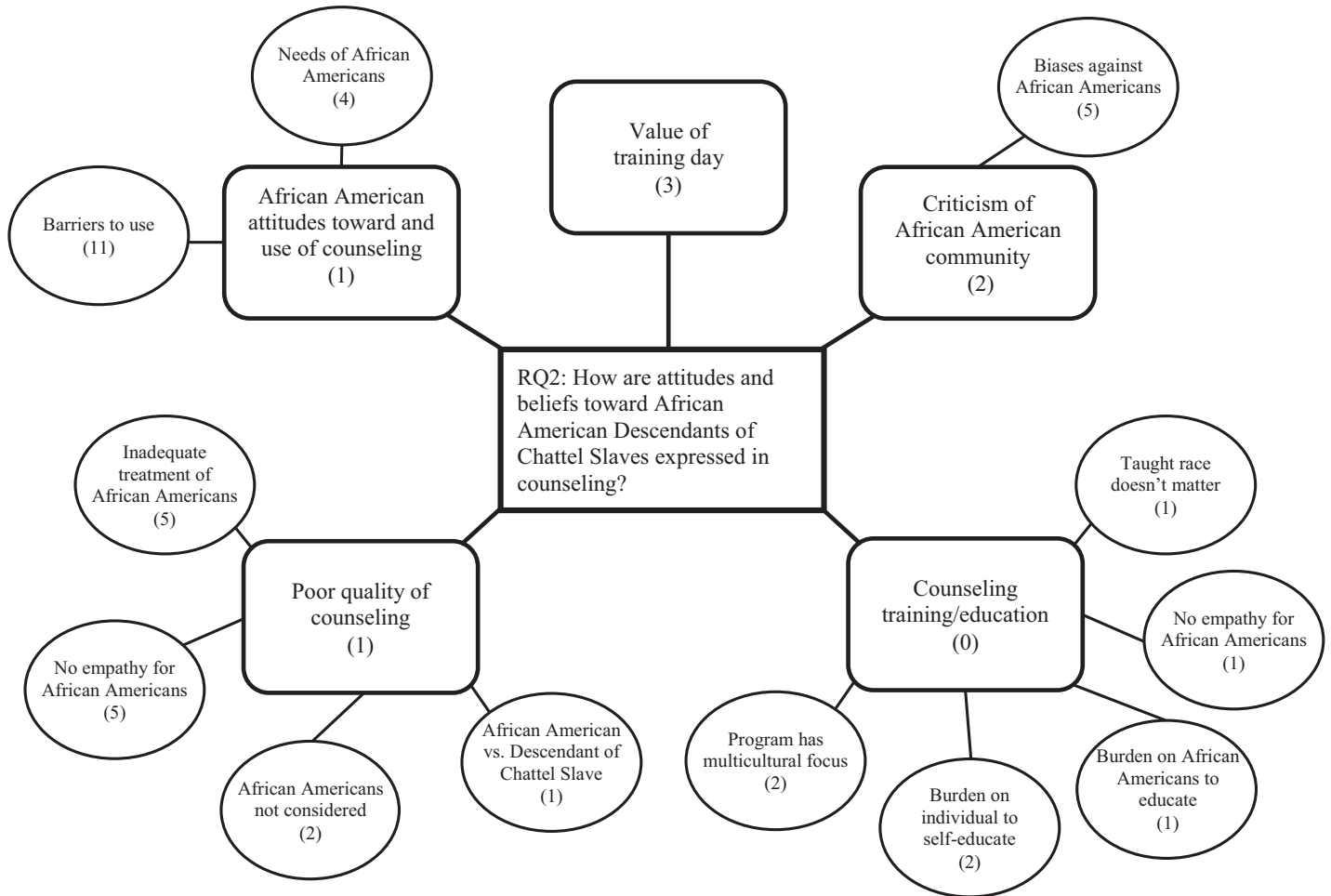


Figure 2. Thematic network for Research Question 2

Primary theme: African American attitudes toward and use of counseling

The most frequently occurring theme for Research Question 2 was, similarly to Research Question 1, African American attitudes toward and use of counseling. This theme was further subdivided into two subthemes: subtheme 1 Bbarriers to use and subtheme 2 Nneeds of African Americans. One statement was made by BM1 that summarized the underpinning subject of this theme and subthemes: “African Americans don’t go to counseling, and if they do they don’t stay in counseling.”

Subtheme 1: Barriers to use.

Five of the six focus group participants made comments corresponding to the barriers African Americans face when attempting to utilize counseling. The most commonly mentioned barriers were related to the lack of culturally competent counselors and lack of individuals in the field that are African American. BM2 pointed out that “most therapists are white middle class and have no understanding of where their black clients are coming from.” He followed up by saying, “...something so central to the issue is that blacks, we lack representation in the fields of psychology, psychiatry, and psychotherapy and white therapists cannot relate to their black patients.” BF1 bolstered these claims by saying, “We know most therapists are Caucasian with focus and intent on therapy with other whites.” BF3 stated:

I am a black therapist and 95% of my clients are black and/or represent other marginalized and underserved populations. Most of whom report this being their first time in therapy or the previous therapist “wasn’t a good fit.” This is evidence that the need is there and diversity among providers is needed as well. Many times, talking to someone who looks like you and can related across cultural lines is important and helps clients feel more comfortable.

BF3 also said that “multicultural competent providers are needed” and “specifically more black providers are needed to meet the needs of our community directly with a special type of care and understanding.”

Two participants also mentioned historical factors that may act as barriers to the use of mental health counseling among African Americans. In reference to her clients, BF2 said, “...they know about the years white doctors preyed on black community to experiment on them, whether it was the Tuskegee syphilis experiments or the sterilization of Latinas in Puerto Rico for birth control. There is a good reason people of color distrust the medical community.” BF3 echoed this sentiment, “The medical community has had a nasty history of exploitation, and experimentation at the expense of black people.”

BM1 mentioned other factors that act as barriers to the use of counseling among African Americans: “Cost, transportation, time, stigma, lack of resources.” BF3 also mentioned cost as a barrier, as well as how she works to help overcome that barrier:

Also, to address the cost, my prices are 30% below market for the downtown area I work in. And I offer reduced rates based on student status and income. Yes, therapy is an investment. But there should be a return on the investment when good service is provided. And it should be affordable! You just can't charge low to middle SES \$100 an hour and they have no insurance! That is ridiculous!

BF2 also mentioned in her observational protocol the fact that there may be a culturally imposed barrier to receiving mental health services: “...getting help outside of prayer, family, and church is a NO NO.”

Subtheme 2: Needs of African Americans.

Two focus group participants made comments on the needs of African American mental health and mental health care. BM2 stated, “Depression is real, anxiety is real, but most of all the number of people of color, especially African American, are rising.” He also

stated, "...spiritual foundation is very essential; however, so is the mental health part as well. We are spirit, body and mind in each part need its own special attention." BF1 said, "You know black people need a place to come to heal from not only our history but our present too." She went on to say, "My God I mean I couldn't work forensically because I've seen the projection of criminality on babies like 3, 4, 5 years old. You know they hand cuff babies now! What does that trauma do to their mental health?"

Theme 2: Poor quality of counseling

The second most frequently occurring theme for Research Question 2 was poor quality of counseling. This theme was further subdivided into four subthemes: inadequate treatment of African Americans, no empathy for African Americans, African Americans not considered, and African American versus Descendant of Chattel Slave. Statements made during this portion of the focus group session that relate to this theme centered around the poor quality or inadequacy of counseling presented to African Americans. The underlying theme related to these statements was summed up with a statement by BM2: "I haven't seen very good mental health treatment here in the U.S. for black people."

Subtheme 1: No empathy for African Americans.

The subtheme mentioned by the most participants was a lack of empathy for African Americans. Four of the six participants made statements regarding this subtheme. BM2 summarized the subject of this subtheme by saying: "Most therapists do not know how to treat specific stress and trauma caused by racism. White people, even doctors and therapists, are trained from birth to not have any empathy for black people." BM2 also said: "I think it's expressed also in making sure it's known that these (we blacks) are not

normal people, they (we) are animals that are without a soul and that's how you get them to respond, by treating them that way.”

BF1 said “to have success with African American clients you have to... [argue] with white people who just want to criminalize behavior or don't understand the need for a Black Panther-like intervention in Chicago or how gangs began as a protection for black neighborhoods.” BF2 stated:

The belief is that a black child with a mental issue is just a ‘bad child whose parents need to whoop them.’ A black woman must be ‘bitter and angry’ and the black man is ‘angry and thugs.’ They are lazy as a race that live off of welfare because they don't want to work, not because of any mental health issues.

Subtheme 2: Inadequate treatment of African Americans.

The second most commonly mentioned subtheme related to Theme 2 was the inadequate treatment of African Americans in counseling. Three participants made five total comments focusing on this subtheme. In treating Black clients BM2 said “Psychiatrists and nurse practitioners can also be very quick to give out medication for depression instead of trying to figure out why the person's actually depressed.” He also said, “Some [therapists] give advice without doing research beforehand.”

BF1 made the comment, “From over diagnosing ADHD for our young black boys to dragging children out of classrooms, the higher-ups would rather blame the children than find out why the system is not working for them and change that.” She later said, “Unless a therapist is taking into account all the traumas that baby has suffered through, they interventions [*sic*] won't have the effect needed, I think.” BF3 mentioned what may be an underlying factor in this inadequate treatment: “...the fact that it can be hard to be heard by a therapist if they hold unconscious prejudices and biases about black people as a professional.”

Subtheme 3: African Americans not considered.

Two participants mentioned that African Americans are often not considered in counseling. BM1 said, "...I don't see African Americans considered as a group to be concerned about in counseling." BF3 said, "...there is very little recognition these days for African American or Black people in counseling as being different from the general education about therapy."

Subtheme 4: African Americans versus Descendant of Chattel Slave.

One participant brought up a unique question or perspective related to this research question. BF3 said, "Descendants of Chattel Slaves is an interesting classification... I mean as opposed to African American. I don't know that people know the difference between the two." BM1 made a comment about being unsure about distinctions and classifications that are made regarding African Americans. He said, "I think I need to ponder on the African American Descendants of Chattel Slaves versus African Americans versus black. I'm not sure I buy the division." However, BF1 stated in her interview protocol that, "the clients are still in the process of Chattel slavery because they are still experiencing the impact of racism, police brutality lack of opportunities, etc." BM1 also stated. "I'm not sure I buy the division. ... We are all mostly from West Africa, but there were 54 countries all different. We were brought together in oppression. But I am okay with the trauma centered treatment for African Americans." People of African origin hail from a multitude of different countries and regions around the world. Persons of African origin can migrate to the United States from Jamaica, Haiti, Guyana, Trinidad, Tobago, South Africa and Nigeria (McGoldrick, 2005; Schomburg Center, 1999) and are considered African American. African

American Descendants of Chattel Slaves or Descendants of American Slaves are culturally defined as those with a family history of enslavement in America from the MAAFA, the African Holocaust, 1619 beginning of Chattel Slavery through Middle Passage and delivered into these Americas until the Emancipation Proclamation of 1866. Chattel Slavery is an oppressed condition wherein humans are bought, sold, and moved from location to location as property (Copeland, 2010; Leary, 2005; Montgomery, 2005). Descendants of Chattel Slaves in the Americas experienced centuries of and continue to experience dehumanization, systematic traumatic programming, and oppression (Degruy, 2005; McGoldrick, et al., 2005; Montgomery, 2005; Young, 2003; Zinn, 2003). Those who are immigrants of African origin from Africa, the Caribbean, and Latin America although sharing an experience with enslavement and/or colonization, the communities have very different historical, political, and economic experiences that shape their relationship with each other (McGoldrick, 2005). Therefore, this study specifically names African American Descendants of Chattel Slaves as a focus.

Theme 3: Counseling training/education

As with research Question 1, the third most frequently occurring theme for Research Question 2 was counseling training/education. Again, this theme was further subdivided into five subthemes: program has multicultural focus, burden on individual to self-educate, burden on African Americans to educate, no empathy for African Americans, and taught race doesn't matter. Although few subthemes were mentioned by more than one participant, each was related to the general theme regarding training or education therapists receive.

Subtheme 1: Program has multicultural focus.

One focus group participant discussed how her training program did have a multicultural focus. Interestingly, this was the one participant who had an international background. WF1 said, “My program is very much multicultural, but I do not have great opportunity to interact with different cultures.” She also went on to say, “My program teaches me to have understanding of same in people [*sic*] and about the difference in people.”

Subtheme 2: Burden on individual to self-educate.

One focus group respondent spoke of her feelings that the burden of learning about multicultural sensitivity in counseling and one’s own biases falls on the individual, rather than being explicitly trained on these matters. BF1 said, “Unless you as an individual pursue it, your own understanding of your personal bias, we can represent an oppressive force in session depending on how we judge the person as they are talking [*sic*].” She went on to say, “To have success with African American clients you have to in some ways learn skills that you can’t get in a classroom....”

Subtheme 3: Burden on African Americans to educate.

One focus group participant felt that it was a burden to educate others about the past and current issues among African American Descendants of Chattel Slaves, as well as biases against African Americans, falls on African Americans themselves. BM1 said:

I have to be the one lone voice in my classes to correct some of the ignorance, and biases that are riding people’s heads [*sic*] these days about African Americans. People don’t know that they have biases that are just plain wrong about African Americans and they don’t know it.

Subtheme 4: No empathy for African Americans.

One participant made a statement regarding a lack of empathy among others in her therapist training courses. She said, “But I see others who just put black folks down. They don’t really care about black folks’ feelings, I mean some do, but most of my class don’t [*sic*].”

Subtheme 5: Taught race doesn’t matter.

One participant offered a statement that in her training program she has heard that race does not matter with regards to counseling. WF1 said, “I have heard the argument that race doesn’t matter in psychotherapy. But especially after today I think in many ways race, ethnicity, and gender play a big part in how you will deal with your client in therapy.” Interestingly, this is the same participant that stated that her “program is very much multicultural.”

Theme 4: Criticism of African American community.

The fourth theme for Research Question 2 was criticism of African American community. BF2 made the comment that she sees others put black folk down, as well as a detailed statement regarding the theme:

First they complain that the black community has a hard time accepting homosexuality and now the black community have a problem accepting being labeled with having mental health issues. The way I see it, is every time there’s an issue with another minority they always use the black community as a tool to get their agenda valid. I’m constantly hearing about the civil rights movement, and now they’re using black actors and actresses airing out dirty laundry by how some of us talk to each other and how some of us feel about the situation. Every lil’

thing that's going on in the world today doesn't have to include the black community. It sickens me every time I use what the black community went through to get their way, but don't give props to the black community for opening those doors for them, smh did anybody ever stop to think that's how some of us ended up in certain situations in the first place? [sic]

Other comments were also made by two other participants that were grouped into a subtheme: biases against African Americans.

Subtheme 1: Biases against African Americans.

BM1 made comments regarding “the ignorance, and biases that are riding in people's heads these days about African Americans.” He also stated that “people don't know that they have biases that are just plain wrong about African Americans.” BF3 echoed this with her statement that therapists can “...hold unconscious prejudices and biases about black people as a professional.” BM1 made an extended comment about some biases and misconceptions people hold about African Americans:

I was talking to this medical student and I asked him what he thought about this article that I read saying that in the medical profession most believe that blacks do not feel pain like a normal human and that they cannot suffer too much emotionally. He said he had never thought about it and didn't think it was true. I showed him the article that emphatically stated this, he was stunned. You know... he got mad yelling at me that he's not a racist! Cognitive Dissonance, right? The article clearly showed that white people get pain meds more effective for relieving extreme pain but an African American you know gets a Bayer Aspirin.

On one of her observational protocol forms, BF1 suggested that biases against African Americans may be seen among African Americans clients themselves. A note she wrote about one of her interviewees stated, “I felt that he had very little pride in his culture. Some self-hatred and a sense of inferiority.”

Theme 5: Value of training day

The final theme with relation to Research Question 2 was the value of the ICP training day participants had just experienced. Three focus group participants each made a comment regarding this theme. BM1 said that “[people with biases] need to see something like this and go through something like this so that they can know and understand the real deal with black folk.” BF1 said:

I liked this day because we didn’t have any of that B.S. type of behavior where African Americans cannot express their true views and take their true place in the world psychologically and otherwise. You know we can say what’s wrong without being condemned or put in some kind of deficit category.

BF3 made the comment that “with this information compiled neatly in one package it was very clear that there should be focused concentration on the healing of African Americans.”

Five themes emerged from Research Question 2: How are attitudes and beliefs toward African American Descendants of Chattel Slaves expressed in counseling. Theme 1 African American attitudes toward and use of counseling arose as the most prominent theme for RQ 2 with subtheme 1 Barriers to use yielding 11 responses and subtheme 2 Needs of African Americans producing 4 responses. The statement “African Americans don’t go to counseling, and if they do, they don’t stay in counseling” is a statement

indicating the depth of the barriers. Subtheme 1 Barriers to use highlighted the lack of culturally competent counselors, lack of individuals in the field that are African American, historical factors that may act as barriers to the use of mental health counseling with, “Cost, transportation, time, stigma, lack of resources.” indicated as most prominent. Needs of African Americans subtheme 2 determined the need as a spiritual foundation and a place to heal from history and present trauma. Theme 2 Poor quality of counseling yielded 4 subthemes. These include subtheme 1 No empathy for African Americans producing 5 responses. An example response “Most therapists do not know how to treat specific stress and trauma caused by racism. White people, even doctors and therapists, are trained from birth to not have any empathy for black people.” Subtheme 2 Inadequate treatment of African Americans yielded 5 responses. One response stated “the fact that it can be hard to be heard by a therapist if they hold unconscious prejudices and biases about black people as a professional.” Subtheme 3 African Americans not considered and subtheme 4 African Americans versus Descendants of Chattel Slave each produced 1 response. (Descendants of Chattel Slaves is a proposed cultural identifier for individuals whose people originated in Africa who endured the excessive loss of emotional, social, political, spiritual, financial resources which is the trauma called the MAAFA. These people are the children of those who docked in these North Americas and their descendants who were enslaved and labeled as slaves by powers that believed they were property to be owned and defined as 3/5th human. Because each African American identifies differently this is a strategy to bring the African American worth to the forefront of our national conversation.) Theme 4 Criticism of African American community yielded subtheme 1 Biases against African Americans with 5 responses. One

response included therapists can "...hold unconscious prejudices and biases about black people as a professional." Theme 3 Counseling training/education revealed 5 subthemes including subtheme 1 Program has multicultural focus and subtheme 2 Burden on individual to self-educate each with 2 responses and subtheme 3 Burden on African Americans to educate, subtheme 4 No empathy for African Americans, and subtheme 5 Taught race doesn't matter each produced 1 statement. Other themes under RQ 2 included subtheme 3 African Americans not considered producing 2 responses and African American vs Descendants of Chattel Slave revealing 1 response.

Subtheme 2 Barriers to use emerged as most prominent enumerating lack of representation of African Americans in the fields of psychology, psychiatry, and psychotherapy, lack of culturally competent counselors, historical factors such as "The medical community has had a nasty history of exploitation, and experimentation at the expense of black people." "Cost, transportation, time, stigma, lack of resources", and a culturally imposed barrier to receiving mental health services such as getting help from anyone other than church or family is forbidden. Just as in Theme 1 subtheme 1 Barriers to use was most prominent some of the barriers were common. These common barriers lack of representation in the field, and cultural mistrust of the psychological system due to historical trauma, lack of culturally competent clinicians lack of resources, stigma, "a general lack of knowledge as to why they are seeing signs and symptoms of mental illness" and cultural prohibition. The results of Research Question 3 are discussed in the next segment.

Results for Research Question 3

Research Question 3 was: How has the live experience of the Immersive Cultural Plunge affected attitudes and beliefs toward African American Descendants of Chattel Slaves in counseling? Primary themes related to this research question are summarized in this section. A summary table displaying the frequency with which each theme occurred and the number of respondents mentioning each specific theme is presented in Table 4. As shown in the table, the primary themes that arose from discussion of this research question were Theme 1 Change in perspective, Theme 2 barriers to use of mental health services among African Americans, Theme 3) Bias against African American community, and Theme 4 impact of program components.

Table 4

Frequency of Themes and Subthemes for Research Question 3

Themes and Subthemes	BF1	BF2	BF3	BM1	BM2	WF1	N Mentioning	Total Mentions
Change in perspective								
Perspective change on African Americans	1			3			2	4
Perspective change on treating African Americans				1		2	2	3
Perspective change on treating self			1	1			2	2
Realization of bias	1						1	1
Barriers to use of mental health services among African Americans								
Culturally competent representation in field	3				1		2	4
Dismissal of African Americans during counseling	3						1	3
Bias against African American community		1					1	1
History of mistreatment	1	2					2	3
African American oppression ignored		1	1		1		3	3
Impact of program components								
Impact of live visuals				1	1		2	2

Impact of interviews

1 1

2

2

The thematic map showing the relationship among themes and subthemes related to Research Question 3 appears in Figure 3. Values in parentheses presented in Figure 3 indicate the number of exemplar quotes related to that theme or subtheme.

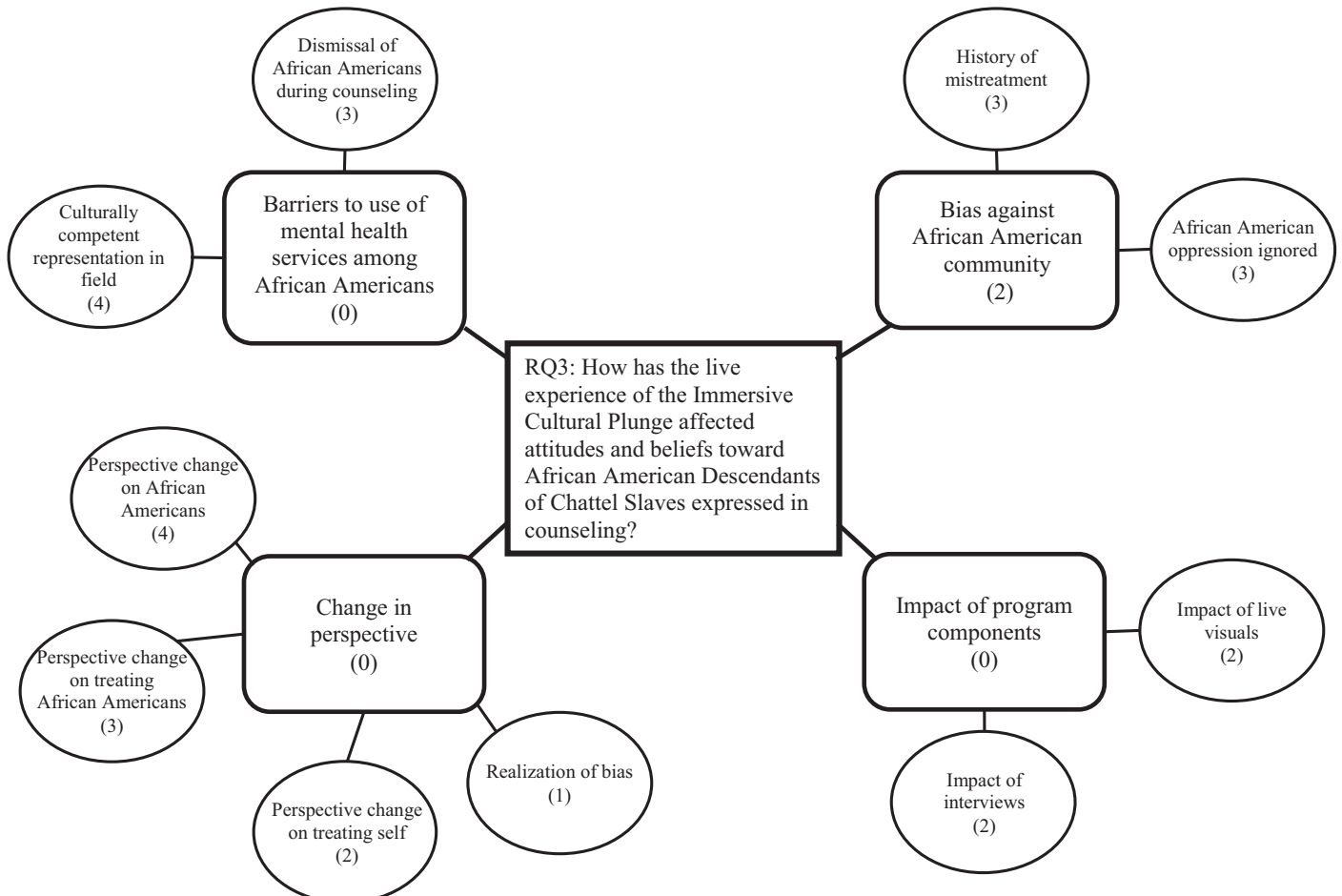


Figure 3. Thematic network for Research Question 3

Primary theme: Change in perspective.

The most frequently occurring theme for Research Question 3 was change in perspective. This theme was further subdivided into four subthemes: perspective change on African Americans, perspective change on treating African Americans, perspective change on treating self, and realization of bias. Comments made with relation to this theme highlighted perspective changes focus group participants indicated they felt after participating in the Immersive Cultural Plunge.

Subtheme 1: Perspective change on African Americans.

The most commonly mentioned subtheme with relation to experiencing a perspective change was with regards to a perspective change about African Americans in general. BM2 made the following comment regarding a change in perspective:

Usually the context for our history is victimization and helplessness. And there is some of that, I mean a lot of that, but today I also saw hope, resilience, I got my eyes opened to other ways of interpreting behavior, like when the one professor said that the ‘N’ word when used by some youth is a way of taking back power. Now I hear the ‘N’ word all day at work and I never saw it as taking back power. But I’m going to talk to the young brothers and see if that is their thought behind it or if they are just B.S.-ing me and they really do think they are crap.

BM2 also made the statement, “I saw the strength in African Americans in a way I’ve never seen it before.”

BF1 also commented on experiencing a perspective change with regards to African Americans:

When the professor lectured about Africa and the following lectures on the MAAFA and the Middle Passage, I was able to see what was talked about earlier about Post Traumatic Slave Syndrome and how black parents, well at least some, have a way of talking to their children harshly or swearing at them, calling them the ‘N’ word. That might be their coping mechanism kicking in, but it’s so harmful. As awful as the behavior is, it needs to be treated, not punished. Hurt people hurt people, I have seen it. I mean when we as a culture call each other the ‘N’ word, we don’t think anything of it. But what’s her name? bell hooks talked

about soul death and that word as an example of the soul death of a people. Dr. Frances Cress Welling said that we are the only people who call ourselves ‘N’s, hoes, bitches, we make stars of the raunchiest people and then they can do no wrong. This is perpetrated among African Americans and among blacks in general all over the world Our own self-hatred is our demise. We need help as a people.

MAAFA is the Kis Swahili word for the trauma suffered by the 50 million African people when sold from their loved ones, tribes, and homeland, into “chattel slavery” known as the African Holocaust. The Middle Passage is the triangle route that the slave ships used with the tortured Africans who were packed into hulls like sardines and transported to the Caribbean, Europe, and the Americas for sale in each port. (Copeland, 2010; Leary, 2005; Montgomery, 2005).

Subtheme 2: Perspective change on treating African Americans.

Two focus group participants made statements regarding a perspective change with regards to treating African American clients. BM1 said, “Looking at how to present healing to my brothers and sisters is really important. This morning’s session made me put it all together from the country of Africa to the need for our healing as African Americans.” WF1 said, “I now believe that there is a kind of sensitivity that is needed when you have these people in counseling. They are very creative and sensitive and that has to be noticed in counseling.” WF1 also wrote on her observational protocol, “I knew a lot about slavery and oppression before but [*sic*] I did not know about accomplishments of Africans.”

Subtheme 3: Perspective change on treating self.

While comments were made with regard to having a perspective change on treating African Americans, one participant said he experienced a perspective change concerning treating himself. BM1 said, “I also hear the message that I would need to take care of myself. Now I don’t know how I would find the time with a family, part-time work, and school work, but I’m going to try to fit something into my day or week for

some self-care.” BF3 made a similar comment on her observational protocol form: “We tend to ignore us [*sic*]but they talked about taking care of ourselves because there is so much work to do.”

Subtheme 4: Realization of bias.

One participant shared a realization of her own bias. BF1 said, “Well I didn’t think I had any biases one way or the other, but I realized that there was some judgment from me as I was interviewing people, especially around parenting.” BF1 recognized that she was showing some negative bias toward her African American clients after participating in the ICP training experience. BF 1 realized that she had also uttered negative judgments about her interviewee’s parenting skills.

Theme 2: Barriers to use of mental health services among African Americans

The second most frequently occurring theme for Research Question 3 was barriers to use of mental health services among African Americans. This theme was subdivided into two subthemes: culturally competent representation in field and dismissal of African Americans during counseling. Statements made during this portion of the focus group session that relate to this theme centered around some current problems within the counseling field that act as barriers to African Americans accessing and using mental health services.

Subtheme 1: Culturally competent representation in field.

One participant made several comments focused on the lack of culturally competent representation in the field of counseling. BF1 highlighted this issue with her statement, “I think there’s a stigma associated with why blacks do not get mental health treatment simply because there aren’t enough black licensed clinical counselors,

psychologists, psychiatrists (not social workers) that can relate to black people's problems." BF1 buttressed this statement with the comment, "...there are relatively few black psych's [sic] and white people constantly invalidate black issues. Sure I'd go to a middle aged white fellow to talk about my deepest insecurities and emotional pains under those circumstances!" BM2 wrote on his observational protocol form: "Just because somebody has a degree or a certificate in psychology and counseling doesn't make them qualified to give our race therapy."

Subtheme 2: Dismissal of African Americans during counseling.

One participant also suggested that African American patients are often dismissed or experience feelings of dismissal during counseling sessions. BF1 said, "...black people's issues are invalidated at every turn, why should they expect differently at a psych's [sic] office?" She also said that people of color "are often even turned away at psych's [sic] offices, have their emotions and lives degraded and dismissed 24/7, and makes it out to be like it's their own fault or their culture's fault alone that they don't go see a shrink."

Theme 3: Bias against African American community.

The third theme for Research Question 3 was bias against African American community. Two subthemes were associated with this theme: African American oppression ignored and history of mistreatment. BF2 made a comment associated with this theme: "You know other races dog us out and we don't deserve it."

Subtheme 1: History of mistreatment.

Two focus group participants made comments on the history of mistreatment against African American Descendants of Chattel Slaves in the United States. BF1 said,

“The medical world has a history of exploiting black people.” BF2 commented, “Well I love my black people. Black people were just fine until encountering white people. Learn your history and who you were before the white race.” BF2 also made the following comment describing other historical mistreatment of African American Descendants of Chattel Slaves that she felt related to her experience with the Immersive Cultural Plunge:

We just want to be given a chance, you know? Just give us a chance. We are human, you know? We are people, whole human beings. I don't understand how they got to the 3/5th of a human? I feel sorry for some of my people because of what we been through. I get mad. I can't take it, you know? I'm like that first teacher, I get hot when I hear about this slavery stuff. I was really interested in the way they set it up like Africa first, then slavery, you know? Not just slavery. And not just slaves, but you know, the people who are out there now acting like slaves.

Subtheme 2: African American oppression ignored.

Two participants made statements highlighting that the history of African American oppression is ignored by many, including in the counseling field and in its training. BF3 said, “We as students are expected to suck it up when it comes to racial slights or assaults.” BM2 echoed this sentiment by saying, “A lot of times when I talk about African American issues at work I get a cold icy brush off. It's oppressive, you know.” On her written observational protocol, BF2 wrote, “You cannot expect your oppressor to relate to the oppression they are responsible for creating.”

Theme 4: Impact of program components.

The final theme with relation to Research Question 3 was impact of program components. Two subthemes emerged concerning this theme: impact of live visuals and impact of interviews. Under this theme, participants discussed how various components of the Immersive Cultural Plunge impacted them.

Subtheme 1: Impact of live visuals.

Two participants made comments about the effects of live visual aspects of the plunge. BM1 said, “I mean, although I knew about 3/4ths of the information in the lectures, the memorabilia made it even more close to home and real. That iron, those chains, the pictures were just real, you know?” BM2 also commented on the effects of the live visuals during the day: “The presentation Birdsongs Freedom dealt with [the ‘N’ word] in a really good way and I think young people should see it to rethink just how using that word could be considered un-empowering.”

Subtheme 2: Impact of interviews.

Two participants also commented on the impact they felt from an interview component of immersive experience. BM1 said:

I felt like the interviews were an aspect of my education that I will always remember. Just talking to black people to get from their lips what’s happening. I mean I certainly have a perspective, but my perspective doesn’t always match up with another black person’s perspective. Looking at how to present healing to my brothers and sisters is really important.

With regards to the interview component, BM2 said, “I felt as though I could be more casual and able to try to connect with the interviewees, which is something I never do at work; it’s not encouraged to connect with them.”

Results for Research Question 3

Research Question 3 was: How has the live experience of the Immersive Cultural Plunge affected attitudes and beliefs toward African American Descendants of Chattel Slaves in counseling? From RQ 3 arose 4 themes. Theme 1 Change in perspective yielded 4 subthemes. Subtheme 1 Perspective change on African Americans presented 4 responses. One quote from BM2 stated, “Usually the context for our history is

victimization and helplessness. And there is some of that, I mean a lot of that, but today I also saw hope, resilience, I got my eyes opened to other ways of interpreting behavior...”

Subtheme 2 Perspective change on treating African Americans yielded 3 responses. One representative response from subtheme 2 Perspective change on treating African Americans made by WF1 stated, “I now believe that there is a kind of sensitivity that is needed when you have these people in counseling. Subtheme 3 Perspective change on treating oneself revealed 2 responses and subtheme 4 Realization of bias produced 1 response. Theme 2 Barriers to use of mental health services among African Americans produced subtheme 1 Culturally competent representation in field and subtheme 2 Dismissal of African Americans during counseling. BF1 said, “...black people’s issues are invalidated at every turn.” Theme 3 Bias against African American community produced subtheme 1 History of mistreatment and subtheme 2 African American oppression ignored. Theme 4 Impact of program components produced 2 subthemes. Subtheme 1 Impact of live visuals and subtheme 2 Impact of interviews each producing 2 responses. Although themes and subthemes in this section appear to be dispersed fairly evenly the various viewpoints of how the ICP affected attitudes and beliefs of the participants were represented. Interestingly, in Theme 1 subtheme 4 Realization of bias is the least reported by participants and yet is the most germane answer to the question of how the ICP hoped to and indeed did affected attitudes and beliefs toward African American Descendants of Chattel Slaves. Although Theme 1 contained subtheme 1 Perspective change on African Americans and subtheme 2 Prospective change on treating African Americans, and subtheme 3 Perspective change on treating self, these subthemes took note of a perspective change outside of recognizing their own personal biases.

Theme 2 Barriers to use of mental health services among African Americans Education, Theme 3 Bias against African American community and Theme 4 Impact of program components were all salient observations regarding the perspectives that should be altered to bring about healing when counseling African Americans.

Results for Research Question 4

Research Question 4 was: How has the live experience of the Immersive Cultural Plunge affected your multicultural counseling sensitivity toward African American Descendants of Chattel Slaves? The frequency of primary themes and subthemes related to this research question are presented in Table 5, as are the number of respondents mentioning each theme. The themes and subthemes corresponding to this research question are summarized in this section. The primary themes that arose from discussion of this research question were (1) change in perspective, (2) impact of program components, (3) value of training day, (4) disorders among African Americans, and (5) overwhelming.

Table 5

Frequency of Themes and Subthemes for Research Question 4

Themes and Subthemes	BF1	BF2	BF3	BM1	BM2	WF1	N Mentioning	Total Mentions
Change in perspective		1		1		1	3	3
Increased sensitivity	2	1		2	1	1	5	7
Dealing with counselees					1	1	2	2
Increased empathy					1		1	1
Hope				1			1	1
Impact of program components								
Impact of lectures	1	1	1	4		1	5	8
Impact of communal experience				3			1	3
Impact of interviews				2	1		2	3
Impact of live visuals				1			1	1
Value of training day		3	1	2			3	6
Disorders among African Americans	2	1					2	3
Overwhelming				1	1		2	2

Figure 4 displays the thematic map showing the relationship among themes and subthemes related to Research Question 4. Values in parentheses presented in Figure 4 indicate the number of exemplar quotes related to that theme or subtheme.

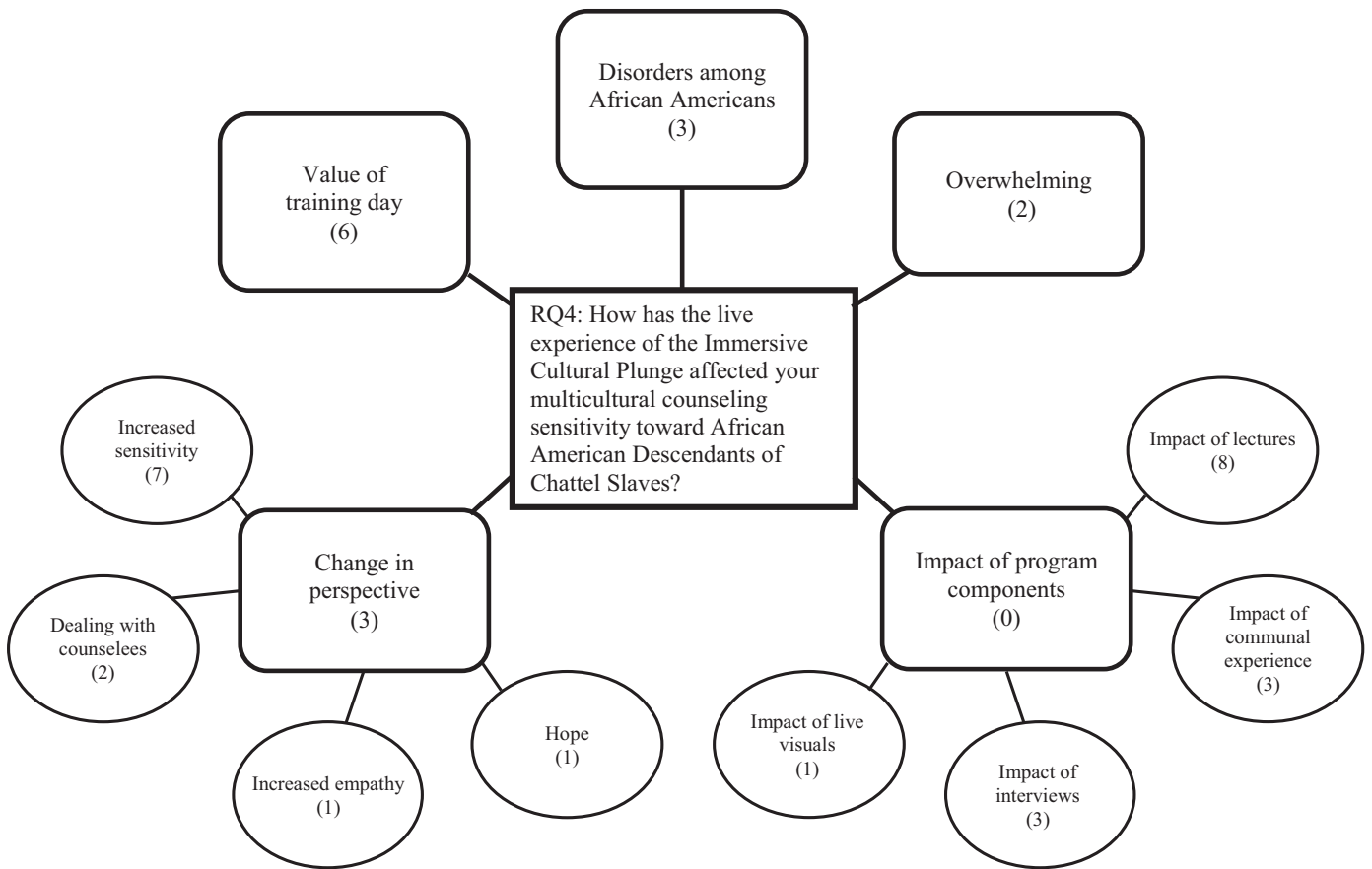


Figure 4. Thematic network for Research Question 4.

Primary theme: Change in perspective.

The most frequently occurring theme arising from Research Question 4 was change in perspective. This theme was further subdivided into four subthemes: increased sensitivity, dealing with clients, increased empathy, and hope. Comments made resulting from this theme highlighted the ways in which participants of the Immersive Cultural Plunge felt changes in perspective or non-cognitive aspects related to their multicultural counseling sensitivity. One participant, WF1, stated, “I changed my view and attitude toward African Americans a lot after research.... Thank you for this great opportunity to get to know the culture and history of this great part of Americans!” BF2 wrote on her observational protocol: “I have to re-think everything I was taught from a child and compare it to what I am learning and what I know now.”

BM1 also spoke of experiencing a change in his perspective regarding his culture:

The media tends to portray us as dangerous, ugly, thugs and report the negative actions of African Americans, but you showed us black folks who were doing, achieving overwhelming success at their work. Like I remember seeing black stars, black politicians, black doctors, black inventors, black scientists, black teachers, black lawyers, I mean our black president and his family. It’s amazing the feelings I had when these people were flashed on the screen one after another. Just, well I’m just gone say it [*sic*] ... pride. Pride...pride.

Subtheme 1: Increased sensitivity.

The most commonly mentioned subtheme with relation to experiencing a perspective change was regarding an increase in sensitivity. Four of the six participants mentioned experience an increase in sensitivity toward their African American clients. BM1 said, “I think today has made me more sensitive to people I see in sessions and on the news,” and “I think this day has awakened my sensitivity towards my clients.” BF1 said, “This live experience increased my sensitivity to black people needing therapy.”

BM2 mentioned that after experiencing the immersive plunge, he recognized that he needs to “see certain behaviors as reactions to trauma” and he needs to “take that into account when talking with [his clients] a little bit more.” BF2 said, “I was sensitive to my people before, but I guess I have a lot more information to go on when I’m thinking about these things.” On her observational protocol, WF1 wrote, “It was also painful for me to see that all this man wanted was jobs, [*sic*] opportunities to buy a car and give education to kids-things that most of us (Caucasians) view as basic.”

Subtheme 2: Dealing with counselees.

Two participants made comments regarding the fact that they will use information or the perspective gained during the day in their interactions with their clients. WF1 stated, “I will use this information when I have [*sic*] with my African American clients.” BM2 also built on his statement that he experienced an increase in sensitivity by describing how he will use what he’s learned when dealing with his clients:

I need to take [past trauma] into account when talking with them a little bit more. They get screamed at a lot and pushed around. We were told that that how it’s done [*sic*], you can’t trust ‘em and that’s all there is to it. I believe I can listen more. I’m not sure about showing empathy because if they see any signs of weakness they make toast outta you. You become a target of their disgust. You know it’s like this morning when the professor said that to become weak or say that a person hurt your feelings... Nah. You can’t do that with some people, most people.

Subtheme 3: Increased empathy.

While several participants made comments regarding experiencing an increase in sensitivity toward counseling African Americans, one participant mentioned experience an increase in empathy. BM2 said, “It’s certainly made me question what the society says needs to be done with young thugs. I believe I have a more focused empathy for black kids that I have in counseling.”

Subtheme 4: Hope.

Finally, one participant made a comment regarding experiencing a change in the non-cognitive factor of hope after participating in the Immersive Cultural Plunge. BM1 said, “This day has given me hope to be able to help my people. I want to see healing happen in my people.”

Theme 2: Impact of program components

The second most common theme with relation to Research Question 4 was impact of program components. Four subthemes emerged from this theme: impact of communal experience, impact of interviews, impact of lectures, and impact of live visuals. Similarly as for Research Question 3, comments made with regards to this theme focused on how various components of the Immersive Cultural Plunge impacted participants.

Subtheme 1: Impact of lectures.

One focus group participant discussed how he felt regarding a section of the day that consisted of lectures. BM1 said, “The lectures with the professors and the memorabilia were a physical understanding of our history.” Later he went on to say, “This morning with the professors, their expertise in Africa, in treatment, it’s the first time I have ever seen a training concentrated and focused on the black experience from before slavery.” Explaining the impact of these lectures, he said, “... to treat the middle passage into [*sic*] such compassionate terms making [*sic*] me feel it.”

Additionally, almost all participants made comments on their observational protocol forms regarding the impact the lectures had on them emotionally. Comments regarding the lecture portion included “sadness” (BF1) and “heartstrings pulled” (BF3). Three of the participants (BF 2, WF1, and BM2) also noted experiencing pain.

Subtheme 2: Impact of communal experience.

One participant focused on how the communal experience of the cultural plunge affected him, making him feel that he was part of a community. BM1 said, “There was something empowering about coming together with others who have the same goals in mind to learn, to grow, and to even apply some of the skills through interacting with the community.” He went on to say, “Today was not only training; I feel we established community just between us,” and “...sister, I never met you before and we talked and laughed like we were old friends. From the lectures to the ride over to the park, we kind of clicked as a group.”

Subtheme 3: Impact of interviews.

Two participants made comments regarding the interview component of the day. BM2 stated, “When we went to the park they verified for me today that they experience trauma on a daily basis.” BM1 also commented on the impact of the interview component: “... to be able to talk to brothers and sisters in the community caused me to really think about what I’d seen and felt earlier.” He also commented:

The discussion with the interviewees about what it’s like to be black in America gave me chills. Some were ‘woke;’ by that I mean most of the people knew the condition we are in as blacks and were dealing with it. Some were really struggling and I know the struggle.

Subtheme 4: Impact of live visuals.

One focus group participant spent time discussing the impact of the live visuals and the in-vivo experience on him. Speaking of the impact the day had on him, BM1 said:

...the presentation and the play made it even more saturating walking me through it in pictures, music, and text. I could feel the crack of the whip when the brother from the slave narratives talked. The voices of the slave narratives have so much emotional information in them.

Theme 3: Value of Training Day

The third theme identified with relation to Research Question 4 was value of training day. Three focus group participants made comments regarding their perceived value of the Immersive Cultural Experience. BM1 commented, “It’s a great teaching tool to help professionals understand the complexities of the African American experience. This experience was comprehensive and includes a wealth of information that most individuals are never exposed to. That includes African Americans as well as others.” BM1 also stated that he “would love to see this incorporated into a curriculum.”

BF2 shared, “I wanna come back and see that show again. Yeah, I guess I can see the point of the day, just to look at black people as people. I mean, I liked seeing all the black people. It was really good how you had it all fixed up.” She also said, “I want to see that presentation again and I want to bring some people so, you know, they can know too.” In terms of resources BF2 felt she gained from the day, she said, “Well I didn’t know about PTSS but now I gotta read the book. And there was some other books that I need to get and that video by that guy.” BF3 shared with the group, “Having this live experience has been the best training in black culture, the only one besides my own family. The only one around and a great way to infuse this knowledge into the mainstream.”

Theme 4: Disorders among African Americans

Two of the participants mentioned gaining information and understanding of mental disorders among African Americans. BF2 mentioned learning about PTSS during the day: “Well I didn’t know about PTSS but now I gotta read the book.” BF1 also mentioned PTSS, sharing, “I want to take advantage of the information about Post Traumatic Slave Syndrome. How does the psychological system further PTSS; how does the psychological system address PTSS?” BF1 went on to say:

Speaking as a mental health professional, I can say the most undiagnosed disorders amongst black is PTSD, various anxiety disorders, and mood disorders that tend to be caused by temporary episodes of depression, abuse, neglect, poverty, separations, and malnutrition. Most black youth are being newly diagnosed with ODD or Oppositional Defiant Disorder and chronic anxiety disorders and BDD or Body Dysmorphic Disorder. The overall cause is this sick ass society and Eurocentric influence. The diagnosis is bipolar.

Theme 5: Overwhelming

The final theme associated with Research Question 4 describes how two of the day’s participants felt overwhelmed by the experience. BM1 simply said, “Today was rough, sister.” BM2 echoed the demand of the day with his statement, “This day has been overwhelming.”

The primary themes resulting from RQ 4 were Theme 1 Change in perspective, Theme 2 Impact of program components, Theme 3 Value of training day, Theme 4 Disorders among African Americans, and Theme 5 Overwhelming. Theme 1 Change in perspective included subtheme 1 Increased sensitivity which produced 7 responses. BM1 said, “I think today has made me more sensitive to people I see in sessions and on the news.” Of the 2 responses under subtheme 2 Dealing with counselees BM2 stated, “I need to take [past trauma] into account when talking with them a little bit more.”

Subtheme 3 Increased empathy and subtheme 4 Hope yielded 1 response each. Theme 2 Impact of program components yielded subtheme 1 Impact of lectures which produced 8 responses. BM1 said, “The lectures with the professors and the memorabilia were a physical understanding of our history.” Subtheme 2 Impact of communal experience produced 3 responses. BM1 said, “...Today was not only training; I feel we established community just between us,...” Subtheme 3 Impact of interviews produced 3 responses. BM2 stated, “When we went to the park they verified for me today that they experience trauma on a daily basis.” Subtheme 4 Impact of live visuals garnered 1 response. Theme 3 Value of training day produced 6 responses from participants. BM1 commented, “It’s a great teaching tool to help professionals understand the complexities of the African American experience. This experience was comprehensive and includes a wealth of information that most individuals are never exposed to. That includes African Americans as well as others.” ... “would love to see this incorporated into a curriculum.” Theme 4 Disorders among African Americans garnered 3 responses. BF1 shared “I want to take advantage of the information about Post Traumatic Slave Syndrome. How does the psychological system further PTSS; how does the psychological system address PTSS?” while Theme 5 Overwhelming produced 2 responses with the blatant statement from BM2, “This day has been overwhelming.” With respect to the question of how the ICP affected the participants multicultural counseling sensitivity Theme 1 subtheme 1 Increased sensitivity with 7 positive responses provided the answer to the question. Theme 2 Impact of program components with subtheme 1 of Impact of lectures provided insight as to the components that brought about sensitivity toward African American Descendants of Chattel Slaves. Finally, the 6 respondents to Theme 3 Value of training

day indicated that the 12 hour experience increased sensitivity to their view of cultural counseling with African American Descendants of Chattel Slaves. The section that follows will provide results for Research Question 5.

Results for Research Question 5

Research Question 5 was: What implications does the live experience of the Immersive Cultural Plunge have on your future career regarding cultural sensitivity toward African American Descendants of Chattel Slaves? Six primary themes were identified in relation to this research question: Theme 1 Good teaching tool, Theme 2 Impact on counseling, Theme 3 Impact of program components, Theme 4 Unsure, and Theme 5 Give voice to African American community. The frequencies of primary themes and subthemes related to this research question, along with the number of respondents mentioning each theme, are shown in Table 6.

Table 6

Frequency of Themes and Subthemes for Research Question 5

Themes and Subthemes	BF1	BF2	BF3	BM1	BM2	WF1	N Mentioning	Total Mentions
Good teaching tool				1			1	1
Curriculum		1	3	2		1	4	7
Multicultural/diversity training	1		1				2	2
CEUs				1	1		2	2
Impact on counseling	1			1	2		3	4
Impact of program components	1	1				1	3	3
Give voice to African American community	1				2		2	3
Unsure		1		1			2	2

Figure 5 displays the thematic map showing the relationship among themes and subthemes related to Research Question 4. Values in parentheses presented in Figure 5 indicate the number of exemplar quotes related to that theme or subtheme.

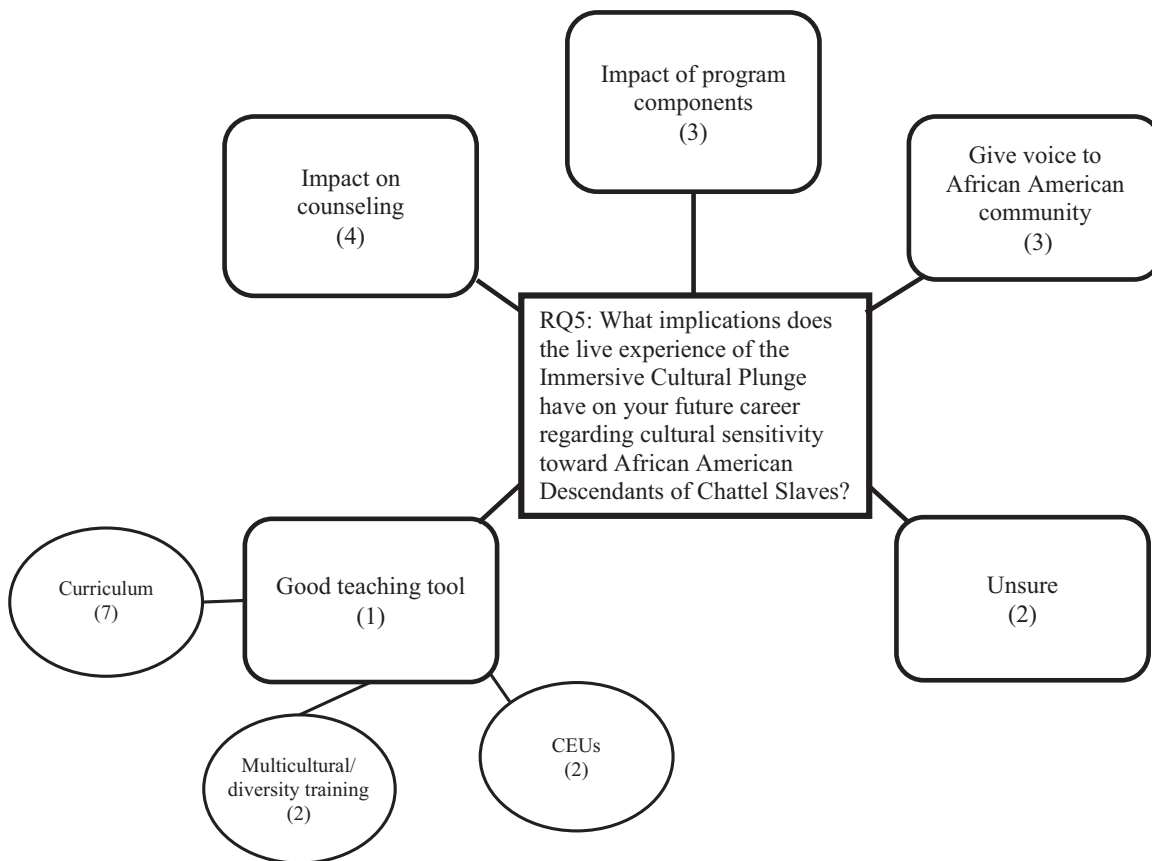


Figure 5. Thematic network for Research Question 5

Primary Theme: Good Teaching Tool

The most frequently occurring theme related to Research Question 5 was good teaching tool. All six participants made comments related to the fact that the Immersive Cultural Plunge makes for a good teaching tool in some way. BM1 summarized the sentiment of this theme with his statement: “It’s a great teaching tool to help professionals understand the complexities of the African American experience.” This theme was further split into three subthemes based on participants’ comments: curriculum, multicultural/diversity training, and continuing education hours.

Subtheme 1: Curriculum.

Four of the six focus group participants made comments indicating that the content covered during the day was not currently in their training curriculum, and that they would like to see it added to the curriculum. BF2 and BF3 each made comments indicating that they had not been exposed to this information in their training curriculum. BF2 said, “I’ll have to think about it ‘cause my school don’t teach this kind of stuff,” while BF3 said, “Although I have a Masters in Marriage and Family Therapy I found very little in the program that was culturally specific.” On her observational protocol form, BF3 wrote: “I wish I’d had this immersion experience and presentation in my diversity class in school.”

BM1 made comments indicating he would like to see this information added to training curriculum. He said, “I would love to see this incorporated into a curriculum,” and “... I would love to see this in my school curriculum, whether 12-hour day or broken up into different parts over time.” BF3 said shared this general thought, along with what she perceived as the value in adding it: “If something like this were incorporated in the

study program of schools maybe we could have an empathy and a resonance with each other to not only heal the individual and family, but the community and society as well.” WF1 added, “I think if this were in my curriculum it would really be a long lasting learning experience.”

Subtheme 2: Multicultural/diversity training.

Two participants made comments suggesting that the training day would be good for multicultural or diversity training. BF1 said, “More folks needed to have this experience – black, white, brown, red, yellow. I mean you have included everyone in the final presentation of Birdsong the Free. Yeah Birdsong’s Freedom.” BF3 echoed that point by saying, “This Birdsong’s Freedom could be used for teachers, lawyers, law enforcement, and corporations to teach multiculturalism/diversity.”

Subtheme 3: CEs.

Two participants made specific comments stating they felt the Immersive Cultural Plunge should be a training for which individuals can receive continuing education hours. BM1 asked, “Have you ever thought about offering CEUs [*sic*] for this as a training?” BM2 also mentioned continued education and said, “Yes I think this would be an excellent subject for CEUs [*sic*].”

Theme 2: Impact on Counseling

Several focus group participants made comments suggesting their participation in the Immersive Cultural Plunge would have an impact on their counseling. One participant, BM1, said he felt “the implications from today are that one size does not fit all in counseling.” BM2 stated that he “will become more culturally aware to have a broader understanding of [his clients’] culture in order to relate to them better.”

Two participants stated that they planned on including information they gained during the cultural plunge in their counseling sessions. BF1 said, “As a clinician I plan to address industrial racism and remnants of slavery in the sessions.” BM2 said of his clients, “I might even suggest that they begin to look at the history of their culture and the sufferings of their ancestors. To know that you stand on the shoulders of greatness may make a difference in the types of choices they make in the future.”

Theme 3: Impact of Program Components

The third most common theme with relation to Research Question 5 was impact of program components. WF1 said, “I had heard some of this information before, but this last presentation, Birdsong’s Freedom, made these things so clear to me. I am a visual learner, an auditory learner.” BF1 said something similar: “For me I have a much clearer picture of the path that I must take to fulfill my research.” BF2 also mentioned, “This was my first time getting into psychology for people specifically races and cultures [*sic*].”

Theme 4: Give a Voice to African American Community

The fourth theme that emerged under Research Question 5 was to give a voice to the African American community. BM2 made two comments regarding the fact that the training day is useful for giving a voice to the African American community. He said the day “gives a perspective and makes a point about resilience as well as suffering in the black community.” He also went on to say, “Silencing the voice of the black community has been the normal order. The fact that we produce people of character, talent, skill, compassion, and collectivism is represented in all that we have seen today.” BF1 echoed this point with her comment written on her observational protocol form: “The clients will feel as though they have a voice thus empowering them to heal.”

Theme 5: Unsure

Finally, the last theme under Research Question 5 was unsure. Two participants made comments regarding being unsure about some aspect or impact of the training day. In response to the question, BF2 said, “I don’t really know how I can use the information with my clients.” BM1 stated, “I think I need to ponder on the African American Descendants of Chattel Slaves versus African Americans versus black. I’m not sure I buy the division.”

I think I need to ponder on the African American Descendants of Chattel Slaves versus African Americans versus black. I’m not sure I buy the division. You know that they were from... We are all mostly from West Africa, but there were 54 countries all different. We were brought together in oppression. But I am okay with the trauma centered treatment for African Americans. Our history and the fact that this life and death threats against the black person’s life continues today but in different forms makes the treatment difficult to pin down.

Six themes resulted from RQ 5: What implications does the live experience of the Immersive Cultural Plunge have on your future career regarding cultural sensitivity toward African American Descendants of Chattel Slaves? Theme 1 Good teaching tool produced 3 subthemes. Subtheme 1 Curriculum garnered 7 responses. BF3 stated “If something like this were incorporated in the study program of schools maybe we could have an empathy and a resonance with each other to not only heal the individual and family, but the community and society as well.” Subtheme 2 Multicultural/diversity training and Subtheme 3 CE’s garnered 2 responses each. Theme 2 Impact on counseling produced 4 responses. Of these responses BF1 stated “As a clinician I plan to address industrial racism and remnants of slavery in the sessions”. Theme 3 Impact of program components included 3 responses. WF1 shared, “I had heard some of this information before, but this last presentation, Birdsong’s Freedom, made these things so clear to me. I

am a visual learner, an auditory learner.” and Theme 4 Give voice to African American community resulted in 3 responses. BM2 said the day “gives a perspective and makes a point about resilience as well as suffering in the black community.” ... “Silencing the voice of the black community has been the normal order. The fact that we produce people of character, talent, skill, compassion, and collectivism is represented in all that we have seen today.” Theme 5 Unsure garnered 2 responses. BM1 stated, “I think I need to ponder on the African American Descendants of Chattel Slaves versus African Americans versus black. I’m not sure I buy the division.” The essence of the themes that emerged in this section envisioned the ICP or portions of the ICP to be incorporated into elementary, junior high school, and high school as well as higher education, post-secondary education and counseling education. A summary of the analysis is presented in the following segment.

Summary

A qualitative data analysis was conducted on data collected through a focus group and observational protocol forms from six mental health trainees who experienced an Immersive Cultural Plunge within African American Descendants of Chattel Slaves. Data were analyzed regarding five research questions. Of the primary themes and subthemes that arose from discussion of Research Question 1 RQ 1 Theme 1 subtheme 1 Barriers to use revealed that African American Descendants of Chattel Slaves feel unsafe to discuss issues that only they as a people understand, included is a lack of cultural competence, very few black therapists, the stigma that is associated with receiving counseling, cultural mistrust due to historical trauma, financial barriers, lack of accessibility, a general lack of knowledge as to signs and symptoms of mental illness and a history of a multitude of

generational culturally tone deaf laws and policies. The results of RQ 2 are similar to the findings of RQ 1 Theme 1 Subtheme 2 Barriers to use as most prominent listing lack of representation of African Americans in the fields of psychology, psychiatry, and psychotherapy, lack of culturally competent counselors, historical factors, cost, transportation, time, stigma, lack of resources, and a culturally imposed barrier to receiving mental health services. Just as in RQ 1 Theme 1 subtheme 1 Barriers to use some of the barriers in RQ 2 were similar. These common barriers are lack of representation in the field, and cultural mistrust of the psychological system due to historical trauma, lack of culturally competent clinicians lack of resources, stigma, lack of recognition of mental illness and cultural prohibition. RQ 3 Theme 1 subtheme 4 Realization of bias is the least reported by participants and yet is the most germane answer to the question of how the ICP hoped to and indeed did affect attitudes and beliefs toward African American Descendants of Chattel Slaves. Although RQ 3 Theme 1 contained subtheme 1 Perspective change on African Americans and subtheme 2 Prospective change on treating African Americans, and subtheme 3 Perspective change on treating self these subthemes took note of a perspective change outside of recognizing their own personal biases. Of 6 people only 1 at this juncture was able to do the deep introspective work of self-realization. RQ 3 Theme 2 Barriers to use of mental health services among African Americans Education, Theme 3 Bias against African American community and Theme 4 Impact of program components were all salient observations regarding the perspectives that should be altered to bring about healing when counseling African Americans.

With respect to the question RQ 4 how the ICP affected the participants' multicultural counseling sensitivity Theme 1 subtheme 1 Increased sensitivity with 7 positive responses provided an answer to the question. Theme 2 Impact of program components with subtheme 1 of Impact of lectures provided insight as to the components that increased sensitivity toward African American Descendants of Chattel Slaves. Finally the 6 respondents to Theme 3 Value of training day indicated that the 12 hour experience increased sensitivity to their view of cultural counseling with African American Descendants of Chattel Slaves. The essence of the themes that emerged from RQ 5 envisioned the ICP or portions of the ICP to be incorporated into elementary, junior high school, and high school as well as higher education, post-secondary education and counseling education.

Provided in Chapter 5 is a discussion of these results in the context of the research questions under study and with consideration to previous literature. Additionally, recommendations for practice and for future research are presented in Chapter 5.

Chapter V Discussion

This chapter provides a summary of this qualitative study which weaves together a discussion of findings in relation to the literature, the theoretical framework, findings in regards to reality, implications for practice, and suggestions for future research.

The purpose of this qualitative study was to determine the efficacy of a local Immersive Cultural Plunge (ICP) as a Multicultural Immersion Experience by exploring the potential for change in mental health trainees who are currently in an educational program as mental health students. This study contributes to the developing body of research on utilizing Multicultural Immersion Experiences as contextual, affective, historical, and experiential, knowledge to teach the skill of cultural sensitivity with specific populations. The *in vivo* learning experience included 6 students in the mental health field with the following criteria: (a) individuals 22 to 65 years of age; (b) currently enrolled in an academic mental health program; and (c) have a personal computer and a personal email. During the 12- hour ICP the participants experienced an orientation, introduction, a lecture, a tour/community interaction, and a multimedia presentation through a live play within a predominately African American community presumed to be Descendants of Chattel Slaves.

In this study, the data collection included participants utilizing email on their personal computers to forward consent forms, five observational protocol forms (see Appendix H), and a demographic questionnaire (see Appendix I) to the researcher. The Observational Protocols were used during five designated times of the ICP for participants to record their physical reaction, emotional reaction, the psychological impressions Also included was a quote from the community the study defined as

‘specialists’ or ‘the ones to speak on their own life experience and be believed’. The demographic questionnaire was used to collect demographics of participants, while the five research questions were used in the focus group to collect information that reflected participants’ attitudes and beliefs of multicultural counseling sensitivity toward African American Descendants of ‘Chattel Slaves’. Data from the focus group session were transcribed and this transcription was used for the thematic analysis. The responses of the mental health trainees to the ICP of African American Descendant of ‘Chattel Slaves’ (AADOCS) demonstrated that the cultural competency of the students was altered.

Descendants of Chattel Slaves is a proposed cultural identifier for individuals whose people originated in Africa and experienced The MAAFA the Kis Swahili word for the cultural trauma of the African Holocaust. (DeGruy, 2005, Eyerman, 2001) The MAAFA or the African Holocaust is the loss of an estimated 50 million (DeGruy, 2005, Zinn, 2003 pg. 29) people from the Continent of Africa to the TransAtlantic Slave Trade consisting of North America, The Caribbean, and Europe. As a product of the TransAtlantic Slave Trade the enslaved Africans endured dehumanizing acts by their captors during and after their capture and transport. Zinn, 2003 pg. 29 stated that the enslaved Africans were chained together and packed into ships “like fish”. While some committed suicide the living of these ‘prisoners of war’ were raped, tortured, and endured their entire lifetime (two and a half centuries) of coercion to subjugate themselves to their masters in every way. The enslaved Africans served people who inflicted physical, psychological, emotional, communal/social, political, spiritual, and financially excessive harm upon them, their children and descendants through “Chattel Slavery” an oppressed condition wherein humans are bought, sold, and moved from location to location as

property. Higginbotham, (2016) defines African American as a census and United States immigration term that is used for the whites and blacks who were born on the continent of Africa and came to the United States legally. The study alternatively uses the term African American Descendants of Chattel Slaves because it is the strategy of a segment of the African American population, to raise awareness of the historical and present day traumas and contributions of the Descendants of Chattel Slaves in our national conversation. The study focuses on a specific experience in the named African American Descendants of Chattel Slaves, however we will use this term interchangeably with African Descendant person, African American, African Diaspora, Black, Person Of Color (POC), or minority. We recognize that the in-group of people of Africa Descent identify differently from each other. Therefore, the findings in this study ultimately cover the diversity within the U.S. Slave Descendant/Black population.

Four of the six participants were female (66.7%; 33.3% male) and five of the six identified as Black /African American (83.3%). The one non-Black participant was a Caucasian International student. Participants ranged in age from 22 to 55 years and pursued a variety of degrees in the psychology field including Ph.D. Psychology, A.A. Child Development and Psychology, Masters Educational Psychology, Psy.D. Clinical, Forensic Psychology and Masters in Counseling Psychology.

On the day of the ICP the researcher held an orientation, in which the Researcher provided a verbal detailed explanation on interview expectations of the community members the study called specialists, instructions on emailing all Observational Protocols, and answered verbal questions from the participants about the day. The lectures covered the history of Africans in Africa before the MAAFA, the psychological

history of the African as an enslaved person in North America, treatment foci for generational on going complex trauma tailored to African American Descendant of Chattel Slaves, and suggested self care interventions for the mental health trainees.

To answer the central question underlying this study data were collected through reflective journaling in the Observational Protocol and a focus group. Journaling captured the thoughts, physical feelings, and emotions of the participants throughout the day. During the focus group participants were asked five questions in order to guide the conversation about their experience.

The findings for the study are from two themed areas. The first theme is the under utilization of psychotherapy services for African Americans who identify as Descendants of Chattel Slaves. The second theme is the effectiveness of the Immersive Cultural Plunge, a type of training that combines Multicultural Immersion Experiences of Cultural Immersion (CI) a 10 hour to two week experience usually taking place during a class semester within the country or outside the country (Kelly, M. M., 2015; West-Olatunji et al., 2011; Ribeiro, M. D., 2005; Leaderman, J. K., 2015; Franzen, C. W., 2009; Cordero and Rodriguez, 2009) with locally hosted thirty minute to two hour Cultural Plunges (CP).

The discussion begins with the theme regarding under utilization of psychotherapeutic services for African American Descendants of Chattel Slaves. These subthemes include the following: *Barriers to use, Paradigm shift to trauma informed therapy; Taught race doesn't matter; Poor quality of counseling; Realization of bias; and Give a voice to African American community.*

The theme *barrier to use* its summary, implications for practice, and recommendations for further research follows in the next section.

Barriers to Use Summary

This section will summarize the subtheme *barriers to use* which study participants experience as prohibitive to using Mental Health services. Snowden (2001), Snowden (1998), Thompson et al., (2004), and Terrell & Terrell, 1984 listed financial limitations, unreliable transportation, unaccommodating work schedules, lack of understanding about the available mental health resources, and cultural mistrust toward White psychologists. In this study there are additional examples such as lack of culturally competent counselors, lack of individuals in the field who are African American, cultural and historical factors and resistance due to family disapproval. BM2 stated germane to the issue, that

African Americans lack representation in the fields of psychology, psychiatry, and psychotherapy. There are also the culturally imposed barriers to receiving mental health services that only approves of help through prayer, family, and church.

BM2 lists religious beliefs among other stigmas and a lack of knowledge of African American life by the mental health trainee. In addition there are very few therapists who identify as African American. The Annapolis Coalition report (2007) found that 90% of the mental and behavioral health workers in the US are non-Hispanic White. In the 2004 SAMHSA's Mental Health report for the USA estimated percentages for the Visible Minority Group of American Indian, Asian, African American and Hispanic were 6.2% for psychology, 8.7% for social work, 24.2% for psychiatry 17.5% for psychiatric nursing, 15.4% for counseling, 5.5% for marriage and family therapist and 5.3% for school psychologists. NSF (2007) shows that in 2005 the Visible Minority Groups were

underrepresented for doctoral recipients in 2005. The NSF (2007) report stated that 77.5 % of doctorates in neuroscience were granted to non-Hispanic white candidates in contrast to 5.4 % granted to Hispanic persons and 1.9% to African Americans. To attend to this deficit Hoffer, et al, 2007 discussed the deliberate and focused recruitment of ethnic minorities resulting in 25% of newly confirmed Ph D's. However the report concludes that recruitment efforts have not balanced the underrepresentation. One issue of difficulty with this imbalance is that the innate worldview of the Asian American, African American Chattel Slave Descendant, Native American and Latino/a American becomes uninformed by a Eurocentric culturally encapsulated worldview. (Bishop, 1998; Stanfield, 1994) Whereas the natural cultural understanding that could possibly match the expectations of the client who is of the matched Visible Minority Group psychotherapist is not included. To further understand the impact of these barriers the next section discusses a way of interpreting these *barriers to use* along with implications for practice.

Barriers to use Implications for practice

This section will discuss implications for practice regarding the subtheme *barriers to use* which can be classified as individual, and cultural. Individual level barriers of lack of finances, dealing with the stigma associated with counseling, lack of access to transportation, unaccommodating work schedules, and lack of knowledge as to signs and symptoms of mental illness can be addressed through one to one education through physicians, hospital workers and clinics. Education could be dispersed during largescale events such as concerts, or in religious congregations, or in personal spaces such as beauty salons or barber shops. BM2 stated,

The problem is that these excuses, cognitive distortions, stigmas and irrational thought processes and rooted DEEP in our community. If you can go to

a doctor to check your physical health, why not go to a therapist to get a mental check up? I feel like everyone should get therapy, just as a mental check up. Therapy shouldn't be stigmatized as only for the crazy people. Everyone deserves to have a safe space where they can work out whatever is going on in their lives, with a non-judgmental and unbiased licensed professional. Older people in the black community have passed down this idea that therapy was a "white people issue" many black people go untreated because they rather not shame the family.

BM 2 deconstructs the cultural and stigmatizing beliefs around using psychotherapeutic services as a self imposed barrier to using these therapeutic services. BM 2 stated, we as Black people are not safe to discuss issues that only us as a people understand". Cultural issues are also a matter of education for the community at large. The belief of the participants is that African American Descendants of Chattel Slaves (particularly the students) are not safe to discuss issues that only they as members of this group understand. In addition, there continues to be cultural mistrust due to historical traumas from medical and the psychological profession. (Gamble, 1997) Still another barrier is the history of punishment of people of color through laws and policies that criminalize African Descendant people instead of educating. BM 2 wrote,

The #1 reason Black folks don't go to therapy is that, ...what we say can be and will be used against us in a court of law.' It's called 'Mandated Reporting'

BM 2 understands that as a mental health trainees he is a Mandated reporter required by the state of California to report any known or suspected instances of child abuse or neglect to the county child welfare department or to a local law enforcement agency (local police/sheriff's department). (California Department of Social Services, 2016) However, BM 2 's concerns are shared by the National Council of Juvenile and Family Court Judges NCJFCJ (Padilla, J., and Summers, A. 2011) According to NCJFCJ children of color such as African American/Black and Native American African children

are disproportionately represented in foster care than in the general child population (Hill, 2006). In some states, Hispanic/Latino children are the group that is most disproportionately represented. The overrepresentation of children of color is an issue of interest to juvenile dependency stakeholders, practitioners, and scholars. BM 2 expressed concern that mandated reporting may be a reason that mental health services are not pursued in the African Diaspora community. In most cases children in foster care and their parents are required to be under the care of a mental health professional. Although the reasoning may be appropriate the lack of cultural competence, punishment focus and culturally unsound practices are a strong barrier to effective use by some People of Color for their lifetime. School mental health professionals will meet with families and students to educate regarding good mental health hygiene such as stress reduction techniques before family stressors trigger child welfare reports. Cultural Centers at universities, church gatherings and community centers can provide a safe haven for those who are marginalized to engage in healthy discussion, support groups and problem solving.

Recommendations for future research regarding these *barriers to use* are discussed in the following segment.

Barriers to use Recommendations for future research

Recommendations for future research regarding barriers to use are explored in this section. Systemic racism is a *barrier to use* and must be addressed in society generally and within mental health practitioner's offices specifically. Tenet 1 of Critical Race Theory (CRT) maintains that race and racism are timeless, endemic, and permanently entwined within the social fabric of America society. Bell, 1992, 1995; Lawrence, 1995; Solorzano, 1997 state that racism is an ordinary phenomenon that

people of color experience on a daily basis. Sue et al. 1992 referred to counselors as the “transmitters of society’s values”, and “the handmaiden of the status quo” (p. 479).

Therefore, systemic race discrimination is a current prevalent attitude in the U.S. even among the field of psychological education, research, practice, and organizational change. More research is needed in the area of pairing CRT in the training of mental health professionals providing depth to multicultural studies.

National policies drive the country’s belief and attitudes by enacting laws and policies that are either helpful or hostile to African Americans and other minority labeled people. Although African American Descendants of Chattel Slaves and people who have been labeled ‘minority’ have sacrificed their bodies, blood, sweat family and tears to make this nation the rich and privileged nation that it is there are no national allies influential enough to cause the ceasing of racially imbalanced systems in the country. This traumatic daily stress affects the physical and mental health of People of Color yet there is no national move to healing 13.3% of the population regarding this traumatic stress. Our mental health system intertwined in these biased attitudes and beliefs could be positively affected if the US government adopted some of the recommendations of the document United Nations (2016) from the United Nation’s Working Group of Experts on People of African Descent. The Working Group is mandated by the United Nations General Assembly on racism, racial discrimination, xenophobia and related forms of intolerance, to follow-up to and implement the Durban Declaration and Programme of Action. The Action is to make visits to countries to study the problems of racial discrimination faced by people of African Descent and propose solutions for the elimination of racial discrimination against people of African heritage. From 19th to 29th

of January 2016 the Working Group of Experts on People of African Descent a body that reports to the United Nations High Commissioner on Human Rights visited the US. In its report The Working Group interviewed citizens and described the racial environment in the US, congratulated for improvements, opposed continuing issues, and provided implementable recommendations. As a group outside of the racial schema of the systems in the United States the recommendations made by this group are sound and are useful as ideas for national policy and it's trickle down possibilities into mental health. As barriers to use includes difficulty in financially accessing mental health therapeutic services the recommendation of Working Group #17 supports the Patient Protection and Affordable Care Act which has allowed 2.3 million African American adults to gain medical health insurance which by parity includes mental health care. This section of the chapter discussed implications for practice, recommendations for future research in the theme *barriers to use*.

The theme *paradigm shift to trauma informed therapy* its summary, implications for practice, and recommendations for further research follows in the next section.

The paradigm shift to trauma informed therapy.

Summary

The subtheme *paradigm shift to trauma informed therapy* will be discussed in this section. African Descendant people have and continue to endure cultural/historical and present day trauma. Francis, R. (2012) and Yehuda, R., Daskalakis, N., Bierer, L., Bader, H., Klengel, T., Holsboer, F. Binder, E. 2015 research indicate that severe psychophysiological trauma can have intergenerational effects. BM2 stated, "Most therapists do not know how to treat specific stress and trauma caused by racism." This

participant makes known the difference between therapy as usual and race based trauma. According to Smith (2010) although some do not, African Descendant Americans experience events that require recovery due to overwhelm of the nervous system. Traumas related to race can be experienced by Black people in general society and in the therapy session specifically. Unaddressed trauma in the therapy session can retraumatize the POC and escalate into depression and or anxiety. BM2 stated, “Depression is real, anxiety is real, but most of all the number of people of color, especially African American, are rising.” While there may be a stigma in the culture about attending a therapeutic session, the symptoms of depression and anxiety worsens in the African Descendant community. Implications for practice in the *paradigm shift to trauma informed therapy* is discussed next.

Paradigm shift to trauma informed therapy: Implications for practice

Micro aggressions are damaging in the counseling sessions and to the counseling alliance and when it arises there are ethical concerns. Recognizing and correcting racial micro aggressions in session is crucial given that the working alliance has been found to be among the best predictors of psychotherapy outcomes (Orlinsky, Grawe, & Parks, 1994). BM 1 stated,

I like what was said this morning about being happy that our people show up for therapy. But to keep them in therapy for healing doesn't usually happen because of the micro aggressions they experience with the therapist who is normally white. Micro aggressions happen to me constantly in the work environment so I can understand why a person experiencing psychological or emotional crisis experiences this micro aggression and begin to feel unsafe.

BM 1 expressed both personal experiences with micro aggression and empathy for his clients who risk being micro aggressed against by just showing up for therapy with mental health trainees who have unexamined biases.

In practice, as a mental health trainee with African American clients, education can play a basic role in helping to interact respectfully by understanding the African American Descendant of Chattel Slave's trauma story which must be exposed for the cultural/historical/intergenerational trauma that it is. (See Ch 1) Although the historical trauma of the MAAFA must be told in the education of psychology students, knowledge of African American Descendants of Chattel Slaves must not begin with the enslavement of African People. Just as European history dominates the educational focus here in the United States there is a rich heritage that builds the worth and esteem of people of African Descent. (Copeland, 2010; DeGruy, 2005; Montgomery, 2005 Guthrie, 2004; hooks, 2003; Young, 2003). Whether a client identifies as a Descendant of Chattel Slaves or not there are shared shaming and traumatizing experiences particularly related to race with People of Color that are left unattended to date. WF1 observed, "Also I think there is very much sorrow and grief in this population that we do not talk about in therapy." WF 1 while participating in the ICP saw and felt the pain of those she interviewed. Regarding practice there must be a paradigm shift from the disease model that requires fixing the client according to the professions diagnoses, the inferiority model which proclaim that Blacks are genetically and biologically determined to be intellectually, physically, and mentally inferior to their White counterparts, and it is a proposed shift from The Cultural Deficit/Deprivation models that looked to the environment as an explanation for intelligence, coping style, and family functioning, which is judged as less than their White counterparts. Treatment for African Americans should include cultural/historical/intergenerational trauma treatment. BM2 made multiple comments in response to the long-term effects of slavery. He expressed, "until today I wasn't really

sure myself that there were lasting effects of the Middle Passage. The MAAFA as it's called." Knowledge of the historical context, political context, and personal life experiences of a culturally different client is foundational to being a culturally skilled mental health trainee. Psychologically, educationally, socially and financially there is still trauma in the culture infused with a lack of opportunity for many who are African American Descendants of Chattel Slaves. BF1 wrote in an observational protocol,

The clients are still in the process of Chattel slavery because they are still experiencing the impact of racism, police brutality, lack of opportunities, etc."

BF 1 observed how the legacy of enslavement manifests in the lives of African descended people to date.

The historical and present day trauma continues so the client must be comfortable to acknowledge their feelings about how they understand their identity in session if the client desires. (Carter, 2007; Sue et al., 2008). Hardy (2013) explains that Racial trauma for People of Color are wounds that are generally invisible to others. Hardy (2013) provides the following eight steps to heal after experiencing trauma particularly from racial injustices in the community. His treatment includes, Affirmation and Acknowledgement, Create Space for Race, Racial Storytelling, Validation, The Process of Naming, Externalize Devaluation, Counteract Devaluation and Rechanneling Rage. (See Ch 1)

Recommendations for future research regarding paradigm shift to trauma informed therapy is discussed in the next section.

Paradigm Shift to Trauma Informed Therapy Recommendations for Future Research

This section will discuss the need for further research regarding *paradigm shift to trauma informed therapy*. To affect a change in the national narrative of the African American Descendant of Chattel Slave client previously discussed United Nations Working Group that visited and assessed the United States and its systemic contribution to racism in January 2016 from the 19 until the 29th has urged the US to fully integrate African American Descendant of Chattel Slave history with American history by nationally recognizing the contributions of African American Descendant of Chattel Slaves in building the nation. The Working Group addresses racism through the recommendation of an ongoing public discussion with African American Chattel Slave Descendants to influence policymakers. The Working Group recommends as a part of policy that all US citizens know and acknowledge the trauma of the enslavement of African people and their descendants in recommendation #91. The recommendation recognizes a “profound need” to acknowledge that the transatlantic trade and the ensuing enslavement, were a crime against humanity and is the source of current racism of African American Descendant of Chattel Slaves. As the nation is able to acknowledge its design of the destruction of enslaved African people and its Descendants the deadly stress of racism can be addressed in therapy sessions. The discussion in this section focused on the theme *paradigm shift to trauma informed therapy*. The theme *taught race doesn't matter* its summary, implications for practice, and recommendations for further research follows in the next section.

Taught race doesn't matter summary.

This section will summarize and discuss the subtheme *taught race doesn't matter* which could also be interchanged with *race doesn't matter*. The subtheme highlights the lack of cultural awareness and cultural sensitivity in the mental health profession. The attitude and belief of colorblindness or belief *taught race doesn't matter/race doesn't matter* is prevalent in the general society at large and in the profession of psychology specifically.

Of the 6 participants three were taught that *race doesn't matter*. WF1 said, "I have heard the argument that race doesn't matter in psychotherapy. But especially after today I think in many ways race, ethnicity, and gender play a big part in how you will deal with your client in therapy." This participant expressed a shift in her understanding of how the complex concepts of race, ethnicity, and gender influence the client's experiences and are to be included in counseling session topics. *Taught race doesn't matter* directly relates to Tenet 2 of CRT, which states that race is a social construct. However it's the social construction of race that makes certain races more valuable than 'others' therefore matter more than other races (Crenshaw, 1988). In addition, the silence around discussing race gives the subtle impression that race does not matter. BF 2 contributed,

We just don't talk about it in my classes. I don't know maybe that means they are being sensitive by not making a difference? I wonder...you know when we are talking about different subjects I wonder if there is a difference in expectation in development for different types of people.

BF 2 recognized that race has not been discussed in her program in any form subtly signifying that *race doesn't matter*.

Balanced with the understanding that race is a social construct and due to historical and present day trauma around race its effects must be taken into consideration in the counseling field for People of Color. BF2 believed she was *taught race doesn't matter* stating,

I don't really know how I can use the information with my clients. I'll have to think about it 'cause my school don't teach this kind of stuff. I guess they feel it's not important.

BF 2 received the message of colorblindness as her educational institution neglected to give helpful information on issues regarding racial specifics. Although it may appear to be egalitarian on the part of the micro aggressor the non-racial societal position of colorblindness is the mistaken belief that class or income is the cause of racial disharmony and overtly denies societal racism. (Crenshaw, 2011; Ford, et al., 2010). Colorblindness is another way of saying *race doesn't matter*. Colorblindness is problematic because this attitude and belief can trigger a micro aggression in session and can retraumatize the African American Descendant of Chattle Slaves client triggering anxiety and/or depression.

Comas-Diaz and Jacobsen (2001) found that some mental health trainees had not specifically evaluated their subconscious biases regarding racial and cultural issues. This lack of examination leads to a view of color blindness and blaming the client. BF1 offered,

Unless you as an individual pursue it your own understanding of your personal bias we can represent an oppressive force in session depending on how we judge the person as they are talking. We do it Black folks too.

BF 1 understands the unseen oppression and harm inherit in the therapeutic relationship

where there is unexamined bias no matter the race. As the belief and attitude that *race doesn't matter* continues to permeate the professions practices to counter this invisibility is discussed in implications for practice.

Implications for practice taught race doesn't matter.

The following section will discuss implications for practice for the subtheme *taught race doesn't matter* or interchangeably *race doesn't matter*. It is commonly agreed that multicultural psychology is considered the pinnacle of an attempt towards cultural sensitivity in counseling. However, according to the Association of Black Psychologists, the mainstream field of psychology has failed to address the specific deficits to health and mental health within the Black community (Williams, 1974, 2008 Williams, R. 2008)

BF 3 stated,

“So with that there is very little recognition these days for African American or Black people in counseling as being different from the general education about therapy.”

As students such as BF 3 are overtly or subtly *taught race doesn't matter* or colorblindness this micro aggression is problematic for those who counsel African Descendant people and reduces effectiveness in their therapy. When it arises there are ethical considerations such as the cultural competence of the counseling student/professional. Recognizing and correcting racial micro aggressions in session is crucial given that the working alliance has been found to be among the best predictors of psychotherapy outcomes (Orlinsky, Grawe, & Parks, 1994). Racial micro aggressions in session result from the attitude and belief that *race doesn't matter* in therapy. Culturally Sensitive Treatment specifically for the historical and present day traumas that many African Descendants endure is an implication for practice. Optimally Black mental health therapists utilizing clinical interventions and mental health services that are culturally

sensitive to the person of color is a more appropriate choice for clinicians versus a one size fits all training in the profession that are insensitive to historical and present day Black trauma experiences. The use of culturally insensitive interventions has provided greater development of negatively biased psychological theories on African American Descendants of Chattel Slaves. (Guthrie, 2004; Karenga, 2002) The current use of culturally unsound practices with a belief that one size fits all in clinical interventions has also been used to shape policies and procedures affecting the political, economic and social lives of African Americans and other people of color with negative effect. BM 2 stated,

It's one size for this group and another size for that group and no size for some groups. African American Descendants of Chattel Slaves has not even been acknowledged in US culture much less in counseling. Many of us are out here championing for the mental health of our community but the belief is "A blunt full of marijuana is a powerful medication for soothing the mind in a way that psychiatric drugs aren't".

BM 2 highlights that lack of acknowledgement as a culture and dismissal of self medicating techniques misses an opportunity to exercise cultural competency with this population.

White and Parham (1990); Sue, Ivey, and Pedersen (1996); Parham, White, and Ajamu (2000); Arredondo et al., (2008) emphasized the need for mental health trainees to learn particular sets of culturally specific competences in order to produce more positive counseling outcomes when working with diverse populations due to constant misdiagnosis and mistreatment of these clients. Strength based therapeutic interventions are an implication for practice. This section has discussed the implications for practice for the theme *taught race doesn't matter*. Recommendations for further research regarding *taught race doesn't matter* is discussed in the next section.

Recommendations for Future Research

This section will discuss recommendations for future research for the theme *taught race doesn't matter*. One recommendation for further research is to begin to integrate the role of context and history as part of the information disbursed within the profession regarding human development. African American psychologists have written about integrating this information into treatment. (Karenga, 2002; Williams, 1974) The ICP training in cultural worldview differences is essential to being effective with the African American Descendants of Chattel Slaves. The mainstream profession will work diligently to include the scholarship of those who understand the context, the mores and ethos of African American Slave Descendant person, which is essential to being effective in assisting this population to gain value from the psychotherapy healing process. Educating families and communities includes understanding not only of negative facts and information but positive helpful discourse on strengths.

To counteract the belief that *race doesn't matter* African Americans in general and Descendants of Chattel Slaves specifically require a spiritual foundation and a place to heal from historical and present day trauma. Grills, Aird, and Rowe (2016) provide one example of the support groups that focus specifically on African Descendant people's mental and emotional healing. Meetings are meant to be a safe environment supporting the stories of POC.

The UN Working Group's #118 recommends that the curriculum of each school in each state relay the history of the transatlantic trade tragedy, however a step further would be to tell the rich history of Africa and its accomplishments as well. These

interventions show promise for Culturally Specific therapy with African American Descendants of Chattel Slaves.

The theme of poor *quality of counseling* summary, implications for practice and recommendations for further research is discussed in the next section.

Poor quality of counseling Summary.

Poor quality of counseling is summarized in this section. As discussed earlier when mental health trainees are *taught race doesn't matter* the attitude and belief of colorblindness impedes the therapeutic alliance with African Descendent client. BM 1 recognized, while participating in the ICP that some interventions that are being used in his program are not tailored for the African American Descendant person therefore ineffective.” BM2 lamented,

African American Descendants of Chattel Slaves has not even been acknowledged in US culture much less in counseling.

BM 2 sees that there are culturally needed acknowledgements in the country as well as in the counseling profession to be helpful to the African Descendent client. Counseling competence with People of Color includes acknowledgement as a cultural group with specific needs. The mental health trainees must develop the ability to include history, culture, race, gender, socioeconomic and its complex intersectionality to build a therapeutic alliance in the counseling room. It requires the mental health trainee to validate several truths simultaneously (therapists and clients may not have the same experiences even if they are of the same race). Without this skill the mental health trainee cultivates micro aggression in session, an oppressive environment for the client of color and risks their possible retraumatization. Without knowledge of the rich and complex history of their Black client the mental health trainee will miss an opportunity to

empathize with their client and understand the strengths that the client brings to treatment. Trauma Informed Therapy and Culturally Sensitive Treatment is a proposed way to answer the APA Ethics Code that insists that when working with ethnic/cultural minorities, Mental health trainees must take into account: cultural and ethnic identity, their client's socio psychological economic status, and the impact of political and socioeconomic factors, and how their personal cultural background effect and hinder counseling alliance. Colorblind racial attitudes were correlated with lower levels of therapeutic empathy in addition to a greater inclination for mental health trainees to assign full obligation to African American clients for overcoming their problems (Burkard and Knox, 2004). This punishing treatment focus is harmful and condemning for Black People BF2 stated:

The belief is that a black child with a mental issue is just a 'bad child whose parents need to whoop them.' A black woman must be 'bitter and angry' and the black man is 'angry and thugs.' They are lazy as a race that live off of welfare because they don't want to work, not because of any mental health issues.

BF 2 confronts the stereotypical belief of colorblindness as she explains the result is a lack of therapeutic empathy.

Treatment information for historical and generational trauma are just beginning to emerge in research BM 2 stated,

This slavery heritage does still affect us today and I'm pretty sure most African Americans are unaware of its long term effects. Post Traumatic Slave Syndrome is real. Dr. De Gruy does a good job of linking the past and the present.

BM 2 recognized that Post Traumatic Slave Syndrome is not known by African American Descendants. Many are lacking a sufficient understanding of the past which could help the population understand their present and future identity. BF 2 endorsed the

information about survival behaviors enumerated in the description of Post Traumatic Slave Syndrome,

Middle Passage I was able to see what was talked about earlier about PTSS and how Black parents well at least some have a way of talking to their children harshly or swearing at them calling them the ‘n’ word. That might be their coping mechanism kicking in but it’s so harmful. As awful as the behavior is it needs to be treated not punished. Hurt people, hurt people I have seen it. I mean when we as a culture call each other the ‘n’ word we don’t think anything of it.

BF 2 now has a term (PTSS) and a definition for her observations of some Black parental behavior toward their children. Implications for practice regarding *poor quality of counseling* are discussed in the following section.

Poor quality of counseling Implications for practice.

Without some knowledge of PTSS there is no framework to comprehend some of the behaviors and beliefs that African Americans hold close. This is an example of an African American theorist who, although not included in DSM V PTSS has provided language and historical understand for context in counseling the African American Chattel Descendant client. Without employing the theorists specific to cultures the mental health profession will be minimally effective with African Descendant populations. Implications for practice for the theme *poor quality of counseling* were explored in this section. Recommendations for future research for *poor quality of counseling* are discussed in the following section.

Poor quality of counseling Recommendations for future research.

This section will discuss recommendations for future research regarding *poor quality of counseling*. Effective education, recruiting more African Americans in faculty, administrators in higher education, and a focus of social justice within psychology

curriculum can affect the attitudes and beliefs of the profession toward African American Descendants of Chattel Slaves.

The UN Working Group made recommendations regarding *poor quality of counseling* in elementary, secondary, and high school about students with mental health diagnoses. Recommendation #103 states that schools use of restraint and seclusion be prohibited, students with mental health diagnoses of autism, attention deficit hyperactivity disorder and other similar disabilities are to be provided with assistance. In recommendation #103 the Working Group recommends care for all students who are on the autism spectrum and all who identify as mentally, emotionally and physically disabled no matter the race. This section discussed recommendations for future research regarding *poor quality of counseling*.

Realization of bias is the beginning of reducing *poor quality of counseling* for the African Descendant person. The theme *realization of bias* its summary, implications for practice, and recommendations for further research follows in the next section.

Realization of bias summary.

This section will summarize the subtheme *realization of bias*. Grills, Aird, and Rowe, (2016) define implicit biases as deeply held attitudes and beliefs that manifest unconsciously although these attitudes and beliefs may be in opposition with the persons verbalized belief. Implicit biases can influence actions that are discriminatory.

Realization of bias against African American Descendants of Chattel Slave community relates to Tenet 3 of CRT Differential racialization which maintains that people in power can racialize groups of people in different ways, depending on historic, social, or economic need (Abrams & Moio, 2009). Differential racialization allows for bias against

minority groups (Mexicans, women, African Americans, sexual minorities, Muslims) where they become denigrated and dehumanized. The groups are saddled with negatively biased stereotypical characteristics (laziness, criminality, and soullessness). The belief for some is that these members of society are not worthy of rights such as property ownership, marriage, full equality, or voting. (Fredricson, 2002). These historical contexts of trauma and exclusion live through various individuals and come into counseling without ever understanding the effect that their context has on them presently. The Americas racialized the enslaved African Chattel Slave and their Descendants, for free labor, Asian Americans (Japanese and Chinese) for mining and building railroads; new immigrants Italian Americans, Irish Americans, and Mexican Americans for cheap labor; and Native Americans for land procurement (Delgado & Stefancic, 2000; Rocco et al., 2014). Each of these racializations was accompanied with devastating results that were a cultural trauma from which some still suffer to date. (Eyerman 2001) *Realization of bias* was a theme acknowledged by some participants regarding their own biases. Of the five self-identified African American participants BF 1 was the only participant who identified her own implicit bias. With only 1 in 6 participants able to recognize their personal implicit bias there is still a need in the Mental Health field for each individual to self assess their cultural competency and to pursue education to continue their growth in Multicultural competency.

According to CRT in the general society racializing biases against African American communities although prevalent go unnoticed. (Ponds, 2013; Sue et al., 2007). Williams, M. (2011) observed that African American Descendants when in therapy perceive the cues they sense albeit subtle that the therapist espouses to negative bias

attitudes towards them. They fear being treated poorly because of their race or ethnicity particularly because the clinicians are seen as authority figures. Patients are aware of past mistreatment in the medical and psychological profession such as The Tuskegee Syphilis Study (Gamble, 1997) The Tuskegee study withheld the diagnosis for syphilis treatment from the African American Descendant Chattel Slave population harming their Descendants. The fears are real as it is found that low socioeconomic People of Color are more susceptible to mistreatment because they believe the medical practitioner to be in authority. Snowden et al. (2009), controlled for severity of mental illness found that African American Slave Descendants experience psychiatric hospitalizations twice as much as Caucasians an indication of bias in mental health clinicians and system.

Implications for practice regarding *realization of bias* is discussed in the following section.

Realization of bias Implications for practice.

This section will discuss implications for practice regarding *realization of bias*. In confronting the bias against the African American Descendant community in medicine Pearson 2015 recommends training clinicians to recognize their unconscious bias. When the medical student was asked about unconscious bias there was a great deal of anger.

BM1 shared the impact of unveiling bias in the medical profession,

I was talking to this medical student and I asked him what he thought about this article that I read saying that in the medical profession most believe that Blacks do not feel pain like a normal human and that they can not suffer too much emotionally. He said he had never thought about it and didn't think it was true. I showed him the article that emphatically stated this he was stunned. You know...he got mad yelling at me that he's not a racist!

BM 1's colleague became defensive instead of attempting to unpack the statement. This bristling is as a result of cognitive dissonance, which are competing attitudes and beliefs

intraspsychically. As an implication for practice each potential clinician resolving their cognitive dissonance regarding the African Descendant population will add to the reversal of the disparity in service. Pearson (2015) states explicitly,

Medicine has a race problem. Doctors consistently provide worse care to people of color, particularly African-Americans and Latinos ... Two studies performed in emergency rooms showed that doctors were far more likely to fail to order pain medication for black and Hispanic patients who came in with bone fractures. Doctors are less likely to diagnose black patients with depression yet more likely to diagnose psychotic disorders such as schizophrenia. Hispanic HIV patients are twice as likely to die as white HIV patients, and black HIV patients are less likely to get antibiotics to prevent pneumonia. When problematic parts of ourselves, such as racial bias, intrude, we find it hard to recognize the problem.

Most in the helping profession are committed to do no harm, however this commitment requires a consistent discipline to self-examination and self-correction regarding bias.

Transparency is a method of presentation that could possibly build trust with an African American Descendant of Chattel Slaves client. Pearson (2015) states knowledge of self instead of hiding biases can change the way bias shows up in session. When bias happens the mental health trainee should accept the thought and train himself or herself to notice the discomfort and slow things down as opposed to rushing away from patients that are uncomfortable to engage. This kind of practice can be brought into culturally responsive training, especially when addressing privilege in its many manifestations.

The most valid evaluation about whether racist acts are involved in situations will most likely be through those who are most disenfranchised rather than by those who enjoy the privilege of no biases against them (Keltner & Robinson, 1996; Jones, 1997).

BF1 observed,

Unless you as an individual pursue it your own understanding of your personal bias we can represent an oppressive force in session depending on how we judge the person as they are talking. We do it Black folks too.

BF 1 admitted that bias comes from all types of people.

Some therapists may not feel comfortable in relying on the current systems in place to treat Black children due to bias in diagnoses and overdiagnosing. She also stated,

speaking as a mental health professional I can say the most undiagnosed disorders amongst black is ptsd, various anxiety disorders, and mood disorders that tend to be caused by temporary episodes of depression, abuse, neglect, poverty, separations, and malnutrition. Most black youth are being newly diagnosed with ODD or Oppositional defiant disorder and chronic anxiety disorders and BDD or Body dysmorphic disorder. The overall cause is this sick ass society and eurocentric influence. The misdiagnosis is bipolar.

BF 1 expressed disappointment about how Black youth are poorly treated by the mental health profession. Unexamined bias is unavoidable in some classrooms. BF 3 shared,

When we studied how to lead a group there were never any discussion on the different communication styles of people. I remember when I was taking that as a class and I made that statement my instructor tried to goad me into writing Yalom and challenging him on that. Although there are rules about crosstalking, we found that people of color relate with each other in uh huh, statements of “yes” and such. My supervisor sat in on a group when this was going on and they lectured me for 3 consecutive supervision sessions because I allowed a couple of words to be exchanged between group mates after each person shared. I mean words like, ‘Fo sho bro’, ‘I hear you sis,

BF 3 was lectured by her supervisor concerning her clients’ styles of communication and engagement and was encouraged to keep her group from interacting or ‘crosstalking’.

Resistance against mental health professionals may be rooted in the mental health professional’s lack of cultural awareness, and their lack of sensitivity to the disparities in treatment limiting the clinician’s ability to relay understanding, support, and empathy toward their African American clients. (Williams, 2011) The supervisor was culturally insensitive to the ‘call and response’ communication style know to African Descendant people therefore teaching her Black supervisee to be culturally insensitive to the interactive communication style of African Descendant people. Suppressing the natural

rhythm of the speaking style can stifle sharing in groups. This section discussed implications for practice regarding *realization of bias*. Recommendations for future research regarding *realization of bias* follow in the next section.

Realization of Bias Recommendations for future research.

This section will discuss recommendations for future research in *realization of bias*. In confronting the bias against the African American Descendant community in medicine Pearson 2015 recommends actively and purposefully recruiting and sustaining clinical students, and a step further faculty and administrators that are representative of the nations diverse population.

If every institution of higher learning teaching in the mental health field has a path of learning with an out of classroom experience of an ICP focusing on learning the affective skills needed to counsel the immediate diversity surrounding the institution there is greater possible growth for the student and the school.

Blackness has a multitude of negative connotations against the esteem of those who are of Black African Descendant. (King Jr., 1967) The UN Working Group recommends nationwide activities to address the nations implicit bias. Public dialogue should be facilitated by placing memorials, and monuments nationally and locally of African Descendant people who have contributed to the building of the nation making known various acts of reconciliation focused on combating racial bigotry. This recommendation speaks to the contributions of African Descendent Americans towards the building of this nation and allows for a variety of stories to be respected and told. With this nationally balanced understanding and empathy there can be improved psychological treatment outcomes in the Black population. This section discussed

recommendations for future research regarding *realization of bias*. The theme *give a voice to African American community* its summary, implications for practice, and recommendations for further research follows in the next section.

Give a voice to African American community Implications for practice

Summary.

This section discusses the subtheme *give a voice to African American community* its summary and implications for practice. *To give a voice to the African American community* was a concept that the ICP found intentional and successful. BM 2 stated,

“Silencing the voice of the black community has been the normal order. The fact that we produce people of character, talent, skill, compassion, and collectivism is represented in all that we have seen today.”

BM 2 found that the day represented a way that the greatness of the Black community has found a platform.

To give a voice to the African American community coincide with Tenet 5 of CRT Advancing the voice of the marginalized. When promoting the voice of those who are “othered” Counter storytelling and Unique Voice of Color increases the growth of everyone’s knowledge. (Matsude, 1995). In practice CRT’s Counter storytelling presents a method that intentionally brings uncertainty upon the official misconceptions and assumptive narrative that are held by the majority (Delgado & Stefanic, 2001). BM2 made comments regarding the fact that the training day told the story of the African American Descendant of Chattel Slave disrupting the assumptions and myths circulated about People of Color generally. BM 2 stated,

I saw the strength in African Americans in a way I’ve never seen it before. Usually the context for our history is victimization and helplessness. And there is some of that, I mean a lot of that but today I also saw hope, resilience, I got my eyes opened to other ways of interpreting behavior like when the one professor

said that the ‘n’ word when used by some youth is a way of taking back power. Now I hear the n word all day at work and I never saw it as taking back power. But I’m going to talk to the young brothers and see if that is their thought behind it or if they are just bs-ing me and they really do think they are crap.

BM 2 now aware that the youth he serves has a counterstory that is more valid than the national negative narrative about them. BF1 made the point on her observational protocol form that the ICP has influenced her to empower her clients to find their voice that leads to healing. She stated,

“I feel positive that through experiences like this the awareness and sensitivity to these issues will increase. The clients will feel as though they have a voice thus empowering them to heal.

BF 1’s statement relates to CRT which acknowledges those who are in power and their methods of consistently blocking racial and other minority perspectives in history. According to Delgado (1981) bringing these narratives into the fore front challenges, colorblindness, and the belief in universal truths. This is significant for therapists because Tenet 6: of CRT is Intersectionality of identities the belief that individuals have a rich diversity of identities that cannot be reduced to one identity, identities include race, sex, class, national origin, sexual orientation, and/or religion. BF3 stated, “The truth is that our situation in some ways are intersecting with other people of color and difference.” BF 3’s statement mirrors CRT’s initial interest that also recognizes that oppressions are not compartmentalized but are intertwined with a diversity of oppressions (Crenshaw, 1989; Harris, 1997; King, 1988; Matsuda, 1992; Thomas, 2009). Understanding that various oppressions intersect in a person’s life, a singular focus on race in therapy can obscure other forms of exclusion (Thomas, 2009). CRT theorists contend that without a therapeutic multi-layered structure it is possible that there is a recreation of the type of

exclusivity it seeks to expose (Abrams & Moio, 2009; Hutchinson, 2000). This section provides an overview of implications for practice regarding *give a voice to African American community*. The next section will discuss Recommendations for further research on the subtheme *give a voice to African American community*.

Give a voice to African American community Recommendations for further research.

Recommendations for further research regarding *give a voice to the African American community* is discussed in this section. The stories of racialized minorities have a lived experience of oppression, with a common history, and with a voice to convey and consult on matters of race and racism in every aspect of society. Further research would include the writings from those who have the lived reality of oppression in their own words available for the counseling profession to learn cultural sensitivity. One such possible recording, and writings come from the *Collection Born in Slavery: Slave Narratives from the Federal Writers' Project, 1936 to 1938*. In this project the Federal Government hired writers to cross the Americas and other nations having had African Descendant slaves to record those who lived through enslavement and their stories. Research on how to use these stories to provide a training in cultural competence for mental health trainees regarding African American Descendants of Chattel Slaves would further this research. (Delgado & Stafancic, 2001; Rocco et al., 2014; Abrams & Moio, 2009; Rocco et al., 2014).

The UN Working Group recommendation # 93 makes concrete suggestions that could trickle down into the counseling room regarding *Give a voice to African American community*. This forum of Public Dialogues will extend throughout all of the systems

governmental, educational, financial, religious, and medical to break down the national narrative around race. The recommendation states that there should be an International Decade for People of African Descent 2015-2024 where African American Descendants of Chattel Slaves would attend public forums with policy makers and local, state and federal institutions on solutions to the national crisis of violence against this population. This section discussed recommendations for further research regarding *give a voice to the African American community*.

The second theme in this study is determining the effectiveness of the ICP as a Multicultural Immersion Experience training. The four subthemes are *Impact of program components; Critical Factors, Value of Training Day and Good teaching tool*. These themes will be discussed in the remainder of the chapter. The theme *impact of program components* its summary, implications for practice, and recommendations for further research follows in the next section.

Impact of program components summary.

Impact of program components are summarized in this section. One goal of the study was to understand the effectiveness of the ICP as a Multicultural Immersion Experience capable of affecting a mental health trainees' attitudes and beliefs. Orientation, Lecture, Tour/Interviews, and a live action multimedia presentation over the course of 12 hours were the program components of the ICP. As such these specific components were placed in an itinerary to maximize the time for most effective immersion activities. The processing time was built into the schedule so that the participants were able to fully embrace each component. As in comparison with other qualitative studies on Multicultural Immersion Experiences the components of the ICP

were relevant to the study for purposes of duplication. Correspondence with Researcher was completed via email. This correspondence included Demographic questionnaire, Consent form, and 5 Observational Protocols. The participants expressed that the program components were impactful in their training of cultural competence with African Descendant people. An implication for practice of impact of program components is discussed in the next section.

Impact of program components Implications for practice.

This section will discuss the implications for practice regarding *impact of program components* in the ICP. The participants made suggestions that were favorable and balanced about the practicality of the 12-hour day. There are two implications to be addressed. The first implication for practice has to do with the data collection in any future research project duplicating this study. The Researcher's insistence that the twelve hours take place within one day was to reduce the possible loss of participants. If the participants live in close proximity to the research site there could be a consideration of using two days with 6 hours each day. However, the more participants are left to themselves the greater possibility for loss of data through life events preventing them from coming back the second day. Although the recommended time for an MIE is 10 hours our ICP used 12 hours for processing and travel time. Therefore, for research purposes the 12-hour ICP is efficient for an MIE.

In regards to the second implications for practice for the *impact of program components*, all the participants except one were tolerant of the length of time for the ICP.

BM1 and BF 3 also recommended that the day be broken up into several different

modules over time. (BF 3) make it 2 different days or even 3-6 teaching sessions at a school.

Although there may have been some difficulty with the length of ICP it appears promising that the basic components of the ICP such as location, lectures, interviews, and multimedia presentation were effective for helping to gain the confidence of the participants for working in African Descendant environments. A recommendation for future research on the *impact of program components* is discussed in the next section.

Impact of program components Recommendations for future research.

The recommendations for future research of the subtheme *impact of program components* is discussed in this section. In this study participants were to immerse within African Americans community who have the experience of being and identifying with Descendants of Chattel Slaves. The American counseling professional will have clients that are from the “Visible Racial Ethnic Minority Groups” (Sue, et al., 1992 p. 478) who have all suffered from cultural trauma and at some time may require a mental health person to intervene. Native Americans or First Peoples, Asian people, Hispanic/Latino, people experienced traumatic violence as they work to assimilate into American culture (McGoldrick, et al., 2005). Future research could create ICP’s for the immersion within these other groups. *Impact of program components* recommendations for future research was presented in this section. The subtheme *critical factors* its summary, implications for practice, and recommendations for further research follows in the next section.

Critical factors/ implications for practice summary.

This section will blend together the *critical factors* and their implications for practice. ICP’s can be implemented for a variety of communities to bring awareness,

reduce stigma, and break stereotypes and a host of other attitudes and beliefs about people different than us. ICP's in the training of mental health trainees can be instrumental in learning about our clients who are People of Color and or marginalized. Several authors identified the *critical factors* that would impede or support the practice of MIE's for mental health trainees. The *critical factors* discussed included structural factors. (a) The duration, (b) Location of immersion. (c) Language barriers (d) the cross-cultural interactions frequency (e) Group size. (f) Immersion facilitators. Barden and Cashwell (2013) suggested immersion facilitators must address process factors such as (1) creating a safe environment, (2) space to process, (3) group dynamics, (4) address the expectations, (5) post-immersion debriefing. (Allen & Young, 1997; DeRicco & Sciarra, 2005; Tomlinson-Clarke & Clarke, 2010; Barden and Cashwell 2013; Hipolito-Delgado et al. (2013)).

Buckley and Foldy (2010) advocated that the core belief of a successful MCC is 'psychological safety' wherein the class is protected in favor of taking risks and identifying safety and where diverse social identities are held in high esteem. We believe the 12-hour ICP provided the environment essential for positive therapeutic change, and the holding environment that was critical for learning (Buckley & Foldy, 2010). Without a bit of challenge, students could resort to disengagement from self-examination. In this kind of growth, as expected the participants endured a certain amount of discomfort and pain. It is highly recommended the facilitator be psychologically and emotionally present with the participants to prepare the mental health trainee to face difficult material and protect them from being overcome by their emotional reactions. As the participants are in an extended stay in possible unfamiliar territory it is recommended that attending to the

discomfort of the participants each step of the way through Observational Protocols helped the participants to self sooth which kept the participants resilient during the painful day. (Reynolds, 1995)

In practice Barden and Cashwell (2013) researched the most positive and most negative critical incidents of immersion experiences, with results indicating the most critical experiences involved engaging in counseling-related interactions with community members which seem to promote connection, and increases a sense of efficacy and personal agency. We certainly found this to be so during the 12 hour ICP. WF1 stated she felt shy about reaching out to those she was to interview, but found solace in her peers for helping her to speak to community members, she wrote in her Observational Protocol “Eager, Frightened, Shy Grateful for help in introducing me to interviewees.” WF 1 although nervous found community with other participants who assisted her in connecting with potential interviewees.

DeRicco & Sciarra (2005), Ishii et al. (2009), and Pope-Davis et al. (1997) believed that the strength of effectiveness in immersion experiences is the time that the researcher spends with their chosen communities having meaningful and interactional experiences therefore they strongly recommend a minimum of 10 hours of immersion. Our participants were able to address and in some cases overcome self-absorption, fear, and bias, which are barriers to interaction. Our ICP lasted 12 hours because of travel time and the processing time for the 5 Observational Protocols.

Of the duration, one participant emphatically stated that the 12-hour day was too long for her. For others it was almost a spiritual experience understood as a minor sacrifice of the day to identify with those who had come before him and made it possible

for him to be highly educated. BM 2 volunteered, “I felt the uncomfortableness and in doing so gave honor to our ancestors.” BM2 acknowledged the day was uncomfortable yet felt in his endurance honored his ancestors. Barden and Cashwell (2013) believed the location of immersion should be chosen with the consideration of how it will affect cultural sensitivity and the various learning goals expected from the MIE. Tomlinson-Clarke and Clarke (2010) endorsed immersion in sociocultural environments that vary from the dominant culture in the United States. The ICP was located in a home owned by a self identified African American Woman Chattel Slave Descendant in the Central Community of Los Angeles where there is a diverse socio economic African American, Caribbean Americans and Hispanic/Latino community. BF 3 observed, “What’s going to happen in this space today? ...It’s actually a cozy space.” BF 3 recognized that the space had a welcoming and comfortable atmosphere. Regarding language barriers, Barden and Cashwell (2013) discussed participants who described experiencing and overcoming language barriers, feeling connected in spite of language difference; and becoming aware of significant changes in their self-awareness, empathy, and self-efficacy. In our ICP one student participated whose first language was not English felt awkward at first. WF 1 stated that, “I had heard some of this information before but this last presentation Birdsong’s Freedom made these things so clear to me. I am a visual learner an auditory learner.” WF 1 able to participate in learning from the day due to the visual and auditory stimuli in the presentation.

The frequency of cross cultural interactions during the MIE according to Tomlinson-Clarke and Clarke (2010), must include learning events that allow participants to experience the wealth of the community, including language; subtle distinctions,

rituals, and beliefs in traditions, and cultural nuances. Allowing participants to have both formal and informal interactions diversified our ICP experience. Formal interactions included the lectures, informal experiences included engaging the in the community interviews in and around the restaurant and around a community concert in the park.

Barden & Cashwell, 2013 considered more than 10 peers in a group unadvantageous. Our group of 6 participants provided an environment permitting vulnerability, emotional safety and allowed an atmosphere for sharing of awareness, reflection, and discussion. WF 1 stated,

Interest about the event and how nice everything is arranged. At the same time shy so little people came? Only 6 of us.

WF 1 noticed on her Observational Protocol the intimate group size. BM 2 spoke to how emotional safety was handled in the ICP.

So I believe that after the morning lectures which were awesome by the way...those ladies did an awesome job of giving all that information about Africa and where we came from then relating it to Black Psychology and the needs of Black people was just awesome.

BM 2 enlightened by the lectures felt an atmosphere of safety. Therefore the *critical factors* were engaged during the ICP, which contributed toward the psychology student's growth in sensitivity toward African American Descendants of Chattel Slaves. According to *critical factors* the participants were handled with care and concern and were unharmed. The following section will discuss the recommendation for future research for *critical factors*.

Critical factors recommendations for future research.

This section will discuss recommendations for future research on critical factors for ICPs. Future research on the *critical factors* believed to be necessary for a successful

ICP would include further research on a more expedient time suggested for an MIE. Further research on how language barriers are overcome as psychology students are immersed in the non English speaking cultures in the United States. The cross-cultural interaction frequency researching the types of interactions and engagements that provide the cultural experience desired for growth. Further research could focus on Immersion facilitators and process factors such as (1) how to create a safe environment, (2) time and space to process, and (3) group interaction dynamics. This section discussed recommendations for future research on *critical factors*. The theme *value in training day* its summary, implications for practice, and recommendations for further research follows in the next section.

Value in training day implications for practice summary.

This section will discuss the subtheme *value in training day*. BM2 stated, “This day has been overwhelming.” BM 2 ‘s use of the word overwhelming could be a cause for alarm, however there are reports that some multicultural classroom experiences are overwhelming. The topic of the experience of Africans enslaved and it’s continued racism has been an overwhelming reality for most Americans. Overwhelming experiences will be briefly discussed next.

The components that made the day overwhelming is a discussion of interest due to its possible harmful connotation. Overwhelming normally is considered negative. In Multicultural Counseling Classes (MCC) some mental health trainees expressed that because of negative classroom interaction they had been traumatized while some believed they had developed more prejudices after taking a Multicultural course. When multiculturalism is discussed in classrooms interracial group sensitivity encounters are

many times not successful because it often becomes heated. Group encounter escalation may occur with all feeling threatened, angry, alienated, guilt or shame. People of Color and majority people often differ in priorities, ways of viewing the world and life styles. People of Color want a legitimate acknowledgement of their point of view and a follow up with appropriate actions. On the other hand, non-white majority people often feel that they are being blamed for something over which they had no control while refusing to admit benefiting from the system and that the African American Descendant of Chattel Slave has a valid point of view. At the end of these types of classroom experiences there is usually little to no learning due to the unhealthy conflict. (Buckley and Foldy, 2010; White, 1970). The ICP was designed to reduce or eliminate the feelings of threat by allowing the individuals to process their feelings privately in their Observational Protocols. As a result BM 1 stated, "Today was not only training I feel we established community just between us. I mean sister I never met you before and we talked and laughed like we were old friends. From the lectures to the ride over to the park we kind of clicked as a group." BM 1 discussed the lack of stress, anger, or dissention that sometimes accompany in class Multicultural Experiences. After experiencing the ICP instead of walking out of the experience with animosity, the participants built a community.

It appears that many of the participants in spite of the overwhelming aspect of the day found *value in the training day*. BM 2 discusses how being culturally aware potentially builds relationship with the client of Color and changes his counseling style. BM2 vowed that he "will become more culturally aware to have a broader understanding of [his clients'] culture in order to relate to them better." He also shared that if clients do

not know about their history he would possibly suggest that they seek out their heritage.

WF1 indicated that the knowledge she gained during the ICP gave her some direction and confidence on how to proceed with future clients,

“I will use this information when I have [*sic*] with my African American clients.” But especially after today I think in many ways race, ethnicity and gender play a big part in how you will deal with your client in therapy. Also I think there is very much sorrow and grief in this population that we do not talk about in therapy.

WF 1 observed that the African American Descendant clients have an underlying sense of sorrow and grief that is not generally discussed but should be addressed. BM2 also experienced an increase in sensitivity by describing how he will use what he’s learned when dealing with his clients:

I believe I can listen more. I’m not sure about showing empathy because if they see any signs of weakness they make toast outta you. You become a target of their disgust.

However BM 2 discussed how the day affected him in that some of his fears of showing empathy subsided. He stated,

I read that article in the Atlantic by Ta-Neishi Coats on Reparations it made a strong point about continual trauma in every aspect of our lives. Up until now I thought the guys I saw were just criminals but I am coming to the understanding that there is a lot of pain behind their eyes. This is a part of that pain even though they may not understand it I think it’s my responsibility to understand it.

BM 2 even sounded remorseful in reflection,

When we went to the park they verified for me today that they experience trauma on a daily basis. I just had to see certain behaviors as reactions to trauma which this day helped me to interpret. I need to take that into account when talking with them a little bit more. They get screamed at a lot and pushed around. We were told that that how its done you can’t trust em and that’s all there is too it.

The mental health trainee acknowledges that there are issues specifically related to African Chattel Descendent clients that must be addressed in sessions. In this section implications for practice in *value of training day* were discussed. Recommendations for future research for *value of training day* are presented in the next section.

Value in training day recommendations for future research.

This section will discuss recommendations for future research for *value in training day*. As multiculturalism evolves a recommendation for future research is Culture Specific trauma treatment to focus on other issues of difference (women, gender orientation, immigration and acculturation, age and ability). Social justice within psychological education, research, practice, and organizational change begins with training mental health trainees to gain the capacity to think about their work with people by using a higher level of cognitive complexity. With the elongated immersion in an African American community or other underserved populations the ICP can serve as an introduction to the development of a level of cognitive complexity in how to politically engage the counseling professional to do more to advocate for marginalized communities. This section discussed *value in training day* and future recommendations. The subtheme *good teaching tool* its summary, implications for practice, and recommendations for further research follow in the next section.

Good teaching tool/ implications for practice summary.

The theme *good teaching tool* implication for practice is discussed in this section. This study contributes to the developing body of research on utilizing Multicultural Immersion Experience to teach the skill of cultural sensitivity. Multicultural Counseling education it has been discussed and discovered that classroom experiences are in many

cases counterintuitive and ineffective for development in cultural sensitivity. The evidence is in the lack of cultural sensitivity found in Multicultural Classes and their cerebral discussions about race or racial disparities. (Arredondo & Toporek, 2004; Arthur & Achenback, 2002; Ponterotto, 1997; S'Andrea & Daniels, 2001; Hardy & Laszloffy, 1992; Sue et al., 2009; Yoon et al., 2014). All participants endorsed the ICP as a good teaching tool for Multicultural Studies regarding African Descendants. BM1 summarized this theme by emphatically stating "It's a great teaching tool to help professionals understand the complexities of the African American experience." BF 1 recognized the multi cultural presentation as inclusive of many stories of the intersectionality of oppression. BF 1 stated,

To have success with African American clients you have to in some ways learn skills that you can't get in a classroom while arguing with white people who just want to criminalize behavior or don't understand the need for a Black Panther-like intervention in Chicago or how gangs began as a protection for Black neighborhoods.

As was expected the live *in vivo* experience allowed the mental health trainees to process their attitudes and belief, deepen their knowledge, and enhance their Multicultural Counseling skills (Barden & Cashwell, 2013; Hipolito-Delgado et al., 2013; Nieto, 2006; Roysircar et al., 2003). BM1 expressed confidence in the ICP to help the mental health trainees with their understanding of African Chattel Descendant people. Without multicultural counseling education the student may have difficulty with their practicum and internships that generally have more minoritybased clientele than the mental health trainee may not normally have been exposed. An ICP would help the student develop competence to assist their client of Color. On her observational protocol form, WF1 shared, “

I don't have this experience in my country. I had heard some of this information before but this last presentation Birdsong's Freedom made these things so clear to me. I am a visual learner an auditory learner.

Participants concurred that the information taught was invaluable to them as a teaching tool and should be incorporated in a curriculum. BF3 shared this possible objective

“If something like this were incorporated in the study program of schools maybe we could have an empathy and a resonance with each other to not only heal the individual and family, but the community and society as well.”

BF 3 envisions a more empathetic society with various ways of reaching out to one another. In the spirit of reaching out to resonate with each other BF1 said, “More folks needed to have this experience – black, white, brown, red, yellow. I mean you have included everyone in the final presentation of Birdsong the Free. BF3 echoed that point by saying, “This Birdsong's Freedom could be used for teachers, lawyers, law enforcement, and corporations to teach multiculturalism/diversity.” *Birdsong's Freedom: Our Story of Cultural Triumph* is a multimedia and live action educational presentation a three hour workshop on the history of African American psychological trauma. BF 3 believed the multimedia and live presentation alone qualifies as a *good teaching tool*.

Several of the participants felt the Immersive Cultural Plunge could be a training for which professionals can receive continuing education units. BM1 asked, “Have you ever thought about offering CEUs [*sic*] for this as a training?” The ICP was seen as effective enough to provide this information to practicing mental health professionals. *Good teaching tool* recommendations for further research is discussed in the next section.

Good teaching tool Recommendations for further research.

This section will discuss the recommendations for further research for the theme *good teaching tool*. The results that emerged in this section envisioned the ICP or

portions of the ICP to be incorporated into elementary, junior high school, and high school as well as higher education, post-secondary education and continuing education. Suggestions also include providing an ICP experience for African American Descendants of Chattel Slaves to be experienced in other professions such as teachers, lawyers, law enforcement, and corporations to teach multiculturalism/diversity. Future research could create ICP's for the immersion within other groups such as women, gender orientation, immigration and acculturation, age and ability.

Conclusion

The ICP was certainly a valuable and overwhelming experience for the Researcher to produce. Planning included a learning curve of almost 9 months to understand how to market the 12-hour ICP experience to mental health students. Only at the last week from over 500 invitations over 3 scheduled ICP's did we get the participants needed to complete data collection. The day was expensive. Space was rented for the primary research place, food and drinks for the day for up to 20 people over the course of the day including breakfast, lunch and dinner, rental of transportation to seat 8 people. The energy expended for setup and a holding environment for 12 hours required Amazonian endurance.

The ICP demonstrated that it was a successful MIE. In my experience as an observer there were aspects of the day that moved each participant powerfully. The participants discussed the effects the ICP would have on their career choices. Of these responses BF1 stated "As a clinician I plan to address industrial racism and remnants of slavery in the sessions". This is a bold decision since very few if any Euro-centric

focused counseling theories have created interventions to address industrial racism or remnants of slavery in sessions.

There were visceral reactions by the participants, there were political realizations there were shifts in ways participants thought about counseling.

Although the day was overwhelming as stated before every participant found value in having been involved. WF 1 shared,

I changed my view and attitude toward African Americans a lot after research. I have never been a racist but they have been new and unfamiliar to me.... thank you for this great opportunity to get to know the culture and history of this great part of Americans! I will use this information when I have with my African American clients.

WF 1's statement is an endorsement to the effectiveness of the ICP. Stating emphatically that she changed her way of looking at counseling African Americans recognizing the culture, the trauma and the history of the people.

BF 1 disclosed,

Well ultimately when I see it I have a responsibility to treat it...I realize that our psychological system doesn't recognize PTSS as a diagnosis but if DSM or that other one doesn't recognize it and it's happening do we ignore it or find a way to treat it? I mean it's unethical not to. There is room for future clinicians to explore multiculturalism as a career and move of the future.

BF 1 raises an important ethical question that further research could answer regarding treatment for African Descendant people. Although the DSM V does not recognize PTSS is it to be ignored? There is a wealth of information with an African psychology theme, Asian psychology themes, and First Peoples psychology themed, Hispanic/Latino psychology theme that should be utilized by the psychological educational system. This Immersive Cultural Plunge offers a potential educational resource for the training of culturally responsive mental health trainees. The ICP also spoke to the need of healing of

the participants through active listening, empathy and rebuilding self-esteem. BM1 summarize his experience,

This last presentation just tied it all together for me. The lectures with the professors and the memorabilia were a physical understanding of our history but the discussion with the interviewees about what it's like to be Black in America gave me chills. Some were 'woke' by that I mean most of the people knew the condition we are in as Blacks and were dealing with it. Some were really struggling and I know the struggle. I think today has made me more sensitive to people I see in session and on the news. The media tends to portray us as dangerous, ugly, thugs and report the negative actions of African Americans but you showed us Black folks who were doing achieving overwhelming success at their work. Like I remember seeing Black stars, Black politicians, Black doctors, Black inventors, Black scientists, Black teachers, Black lawyers I mean our Black President and his family. It's amazing the feelings I had when these people were flashed on the screen one after another. Just well I'm just gone say it ...pride. Pride...Pride

Finally, BM 1 indicated that the day was in essence esteem building and somewhat healing for him as a Black Male.

For the American Psychological system to continue to be relevant to the client that is an African American Descendant of Chattel Slave at the very least they must demonstrate that they continuously examine their bias and can create a safe space for this population to heal from decades of race based stress. Just as their majority racial peers have benefited from psychotherapy for decades so can the African American Descendants of Chattel Slaves population find healing in a culturally sensitive counseling office.

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**Appendix A: Guidelines on Multicultural Education, Training, Research, Practice,
and Organizational Change for Psychologists
American Psychological Association**

Commitment to Cultural Awareness and Knowledge of Self and Others

Guideline 1: Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves.

Guideline 2: Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness to, knowledge of, and understanding about ethnically and racially different individuals.

Education

Guideline 3: As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.

Research

Guideline 4: Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds.

Research generation and design. This first area begins with the research question that is asked.

Assessment. The second area of research is assessment.

Analysis and interpretation. The final area of consideration in culturally sensitive research is analysis and interpretation.

Practice

Guideline 5: Psychologists are encouraged to apply culturally appropriate skills in clinical and other applied psychological practices.

Client in context. Clients might have socialization experiences, health and mental health issues, and workplace concerns associated with discrimination and oppression (e.g., ethnocentrism, racism, sexism, ableism, and homophobia).

Assessment. Consistent with Standard 2.04 of the APA Ethics Code (APA, 1992), multiculturally sensitive practitioners are encouraged to be aware of the limitations of assessment practices, from intakes to the use of standardized assessment instruments (Constantine, 1998; Helms, 2002; Ridley, Hill, & Li, 1998), diagnostic methods (Ivey & Ivey, 1998; S. Sue, 1998), and instruments used for employment screening and personality assessments in work settings.

Interventions. Cross-culturally sensitive practitioners are encouraged to develop skills and practices that are attuned to the unique worldviews and cultural backgrounds of clients by striving to incorporate understanding of a client's ethnic, linguistic, racial, and cultural background into therapy (American Psychiatric Association, 1994; Falicov, 1998; Flores & Carey, 2000; Fukuyama & Ferguson, 2000; Helms & Cook, 1999; Hong & Ham, 2001; Langman, 1998; Middleton et al., 1999; Santiago-Rivera et al., 2002).

Organizational Change and Policy Development

Guideline 6: Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.

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Appendix B: America Counseling Association Code of Ethics

Section A: The Counseling Relationship

Introduction. Counselors encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process. Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono publico).

Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A.6.a. Advocacy When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients.

Section C: Professional Responsibility

Introduction. Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a non-discriminatory manner within the boundaries of professional and personal competence and have a responsibility to abide by the ACA Code of Ethics. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling. Counselors advocate to promote change at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies. In addition, counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

Professional Competence

C.2.a. Boundaries of Competence Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

Section E: Evaluation, Assessment, and Interpretation

Introduction. Counselors use assessment instruments as one component of the counseling process, taking into account the client personal and cultural context. Counselors promote the well-being of individual clients or groups of clients by

developing and using appropriate educational, psychological, and career assessment instruments.

Diagnosis of Mental Disorders

E.5.b. Cultural Sensitivity Counselors recognize that culture affects the manner in which clients' problems are defined. Clients' socio-economic and cultural experiences are considered when diagnosing mental disorders.

The ACA Code of Ethics can be reproduced without permission for educational purposes. (A copy of the ACA Code of Ethics may be obtained on American Counseling Association website (www.counseling.org) From American Counseling Association. (2005). Code of Ethics. Retrieved from <http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>

Appendix C: Recruitment Letter

Dear Prospective Participant,

My name is Cladis V. Payne and I am a psychology student at Antioch University working to complete my dissertation project. I am conducting this project to explore how psychological attitudes and beliefs are expressed when working with a racial/culturally different client. The purpose of my dissertation project is to describe how the lived experience of the IMMERSIVE CULTURAL PLUNGE: HOW MENTAL HEALTH TRAINEES CAN EXERCISE CULTURAL COMPETENCE WITH AFRICAN AMERICAN DESCENDANTS OF CHATTEL SLAVES A QUALITATIVE STUDY affect the attitudes and beliefs of multicultural counseling sensitivity among psychologists in training toward African American Descendants of 'Chattel Slaves'.

All participants must meet the following requirements:

a) 22 to 65 years of age.

(b) currently enrolled in an academic mental health program; and

(c) have a personal computer and a personal email. As a participant you will be required to participate in an Immersive Cultural Plunge Experience in Los Angeles, CA that is approximately 12 - hours. During your time as a participant, you will be required to complete an informed consent form, a demographics survey, and reflective journal questions. In addition, you will be required to partake in a 2 - hour lecture on the psychological history of the African American Descendants of Chattel Slaves in North America, take a brief tour within the African American community, watch a live play, participate in audio focus group discussions, and complete five observational protocol forms. The entire project will require 12 hours or less of your time.

Your participation is completely voluntary and if you decide to terminate from the project, you may do so at any time. If you agree to participate, you will be entitled to full access of the results before the dissertation is completed and as a token of my appreciation, there will be a \$40.00 gas card issued to each participant who completes the Immersive Cultural Plunge Experience. All collected information will be held in strict confidence and your identity as a participant will be confidential and will not be revealed at any time.

As the researcher, I hope my dissertation project provides a demonstration of multicultural competency within the training of mental health personnel for the mental

health trainee to realize the assumptions, values, and bias within the context of the African American community. If you would like to be considered for participation in the study, please contact me at xxxxxxxx I would be happy to discuss the project in further detail.

Thank you for your consideration in this project,

Clandis V. Payne, MFA, LMFT

Antioch University Doctoral Candidate

Appendix D: Immersive Cultural Plunge Schedule

8:00 AM - Arrive at Primary Research Site

8:00 AM-8:40 AM: Orientation - During this time, participants will be required to complete an informed consent form, a demographics survey, orientation consisting of introductions the schedule for the day; demonstration of the protocols, and technical connections.

8:40 AM-9:00 AM-Observational protocol #1.

9:00 AM-10:00 AM: A 60 minute lecture on the history of African American Descendants of Chattel Slaves in North America.

10:00 AM-10:20 AM: Lecture questions.

10:20-10:40: 20 minutes to complete Protocol #2

10:40-10:50: Break

10:50 AM-11:50 AM: 60 minute lecture on of the psychological history of the African American Descendants of Chattel Slaves in North America and ways of healing.

12:00 PM-12:20 PM: Lecture questions

12:20-12:40 20 minutes for protocol # 3.

12:40 PM-12:50 Break then enter van.

12:50 PM-1:30 PM: Guided Tour to Leimert Park.

1:30 PM-2:15 PM: Lunch

2:15 PM-2:45 PM: 1st interview of (informant called specialist)

2:45 PM-3:05 PM: 1st interview Protocol # 4

3:05 PM-3:35 PM: 2nd interview of specialist

3:35 PM -3:55 PM: 2nd interview continue with Protocol #4

3:55 PM-4:25 PM: 3rd interview of specialist

4:25 PM-4:45 PM: 3rd interview continue with Protocol #4

4:45 PM-5:00 PM: Return to the Primary research site.

5:00 PM-5:10 PM: Break

5:10 PM-6:40 PM: *Birdsongs' Freedom* 90 minutes participating in a live play with an audience from the African American community (the informants will be called specialists) ending in a discussion with the cast and audience over a light meal.

6:40 PM-7:00 PM: Participants will complete protocol #5

7:00 PM- 7:50: The participants will engage in a 50 minute audio taped focus group discussion answering the research questions.

Appendix E: Informed Consent Form

Student participants

Project Title: IMMERSIVE CULTURAL PLUNGE:
HOW MENTAL HEALTH TRAINEES CAN EXERCISE
CULTURAL COMPETENCE WITH AFRICAN AMERICAN DESCENDANTS OF
CHattel SLAVES A QUALITATIVE STUDY

Project Researcher: Clandis V. Payne, MFA, LMFT
Dissertation Chair: Ronald Pilato, Psy.D.

Dear Potential Participant:

My name is Clandis Payne and I am a psychology student at Antioch University Santa Barbara working to complete my dissertation project. I am conducting this project to explore how psychological attitudes and beliefs are expressed when working with a racial/culturally different client. The purpose of my dissertation project is study is for mental health trainees to experience a shortened in vivo (live) experience of an African American Descendant of 'Chattel Slaves' (AADOCS) Immersive Cultural Plunge and as a result describe their psychological interpretation of the AADOCS community encountered by mental health trainee during the event.

As a participant, you will be required to participate in an Immersive Cultural Plunge (ICP) Experience in Los Angeles, CA that is approximately 12 - hours. During your time as a participant, you will be required to complete an informed consent form, a demographics survey, and reflective journal questions. In addition, you will be required to partake in a 2 hours lecture on the psychological history of the African American Descendants of Chattel Slaves in North America, take a brief tour/interaction within the African American community where participants will travel as a group in a van, watch a live play, participate in audio focus group discussions, and complete five observational protocol forms.

There will be a series of questions asked that will focus on cultural counseling. Two journal questions will be asked before the Immersive Cultural Plunge (ICP) experience and three focus group discussion questions will be asked after the completion of the ICP experience. There are no known risks and/or discomforts associated with this project. The expected benefits associated with your participation are growth in your experiences regarding cultural sensitivity and the opportunity to participate in an Immersive Cultural Plunge experience specifically focusing on African Americans. If you agree to participate, you will be entitled to full access of the results before the dissertation is completed and as a token of my appreciation, there will be a \$40.00 gas card issued to each participant who completes the Immersive Cultural Plunge Experience.

Your participation is completely voluntary and if you decide to terminate from the project, you may do so at any time. Participation in this project is also confidential, meaning all collected information will be held in strict confidence and your identity as a participant will not be revealed at any time. All transcripts, audio recordings, and background information will be identified only by number code, not by your actual name. The informed consent form will be kept separate in a sealed envelope and will not be associated with your name. Participation will last 12 hours or less. All information collected including recordings, transcripts, and field notes will be secured in a locked cabinet and kept for seven years. At completion of the seventh year, all recordings, field notes, and transcripts will be destroyed.

This project is by voluntary basis. If you feel you do not wish to complete the study you may stop at any time and completely withdraw from the study. If you should have any questions or concerns, do not hesitate to ask any questions about the project either before or after participation. You may also reach Ronald Pilato, Psy.D. (Dissertation Chair) who is the person in charge of this research project. His number is xxxxxxxxxx and email address is xxxxxxxxxx or you can reach Clandis V. Payne (researcher) at xxxxxxx or xxxxxxxxxx.

Please sign your name and date below to indicate that you fully understand the intent and purpose of this study.

I understand the terms and conditions of participation in this project dealing with multicultural counseling sensitivity. At no time was I forced or coerced into participation, and I am signing this document of my own free will.

Signature of Participant

Date:

Clandis V. Payne MFA, LMFT., Researcher

Date:

Informed Consent for Restaurant Participants

Project Title: IMMERSIVE CULTURAL PLUNGE:
HOW MENTAL HEALTH TRAINEES CAN EXERCISE
CULTURAL COMPETENCE WITH
AFRICAN AMERICAN DESCENDANTS OF CHATTEL SLAVES
A QUALITATIVE STUDY

Project Researcher: Clandis V. Payne, MFA, LMFT
Dissertation Chair: Ronald Pilato, Psy.D.

Dear Potential Participant:

My name is Clandis V. Payne and I am a psychology student at Antioch University Santa Barbara working to complete my dissertation project. I am conducting this project to explore how psychological attitudes and beliefs are expressed when working with a racial/culturally different client. The purpose of my dissertation project study is for psychologists in training to experience a shortened in vivo (live) experience of an African American Descendant of 'Chattel Slaves' (AADOCS) Immersive Cultural Plunge and as a result describe their psychological interpretation of the AADOCS community encountered by mental health trainees during the event.

As a participant, you will be required to participate in the tour/interaction portion of the Immersive Cultural Plunge Experience in Los Angeles, CA. During your time as a participant, you will be required to complete an informed consent form, allow for video/audio recording, and be willing to spend up to 20 minutes answering a question: "What does it mean to you to be African American in America?"

There are no known risks and/or discomforts associated with this project. The expected benefits associated with your participation are assisting psychotherapists to become culturally sensitive with people of color' and specifically, African Americans.

Your participation is completely voluntary and if you decide to terminate from the project, you may do so at any time. Participation in this project is also confidential, meaning all collected information will be held in strict confidence and your identity as a participant will not be revealed at any time. All transcripts, audio/video recordings will be identified only by number code. The informed consent form will be kept separate in a sealed envelope and will not be associated with your name. Participation will last 20/30 minutes. All information collected including recordings, transcripts, and field notes will be secured in a locked cabinet and kept for seven years. At completion of the seventh year, all recordings, field notes, and transcripts will be destroyed.

This project is by voluntary basis. If you feel you do not wish to complete the study you may stop at any time and completely withdraw from the study. If you should have any questions or concerns, do not hesitate to ask any questions about the project either before or after participation. You may also reach Ronald Pilato (Dissertation Chair) who is the

person in charge of this research project. His number is xxxxxxxxxxxx and his email address is xxxxxxxxxxxxxx or you can reach Clandis V. Payne (researcher) at xxxxxxxxxx or xxxxxxxx.

Please sign your name and date below to indicate that you fully understand the intent and purpose of this study.

I understand the terms and conditions of participation in this project dealing with multicultural counseling sensitivity. At no time was I forced or coerced into participation, and I am signing this document of my own free will.

Signature of Participant

Date:

Clandis V. Payne, MFA, LMFT., Researcher

Date:

Informed Consent for Audience Participants

Project Title: IMMERSIVE CULTURAL PLUNGE:
HOW MENTAL HEALTH TRAINEES CAN EXERCISE
CULTURAL COMPETENCE WITH AFRICAN AMERICAN DESCENDANTS OF
CHattel SLAVES A QUALITATIVE STUDY

Project Researcher: Clandis V. Payne
Dissertation Chair: Ronald Pilato, PsyD

Dear Potential Participant:

My name is Clandis V. Payne and I am a psychology student at Antioch University Santa Barbara working to complete my dissertation project. I am conducting this project to explore how psychological attitudes and beliefs are expressed when working with a racial/culturally different client. The purpose of my dissertation project study is for mental health trainees to experience a shortened *in vivo* (live) experience of an African American Descendant of 'Chattel Slaves' (AADOCS) Immersive Cultural Plunge and as a result describe their psychological interpretation of the AADOCS community encountered by psychologists in training during the event.

As a participant, you will be required to participate in the *Birdsong's Freedom* presentation portion of the Immersive Cultural Plunge Experience in Los Angeles, CA. During your time as a participant, you will be required to complete an informed consent form and agree to be video/audio taped while you watch and participate in the presentation, then enter into a discussion, while communing over a small meal.

There are no known risks and/or discomforts associated with this project. The expected benefit associated with your participation is your assisting psychotherapists in training to become culturally sensitive with people of color specifically African Americans. If you agree to participate, you will be provided with a show and a small meal and to have your voice heard. Your participation is completely voluntary and if you decide to terminate from the project, you may do so at any time. Participation in this project is also confidential, meaning all collected information will be held in strict confidence and your identity as a participant will not be revealed at any time. All transcripts, audio/video recordings will be identified only by number code. The informed consent form will be kept separate in a sealed envelope and will not be associated with your name. Participation will last 2 hours or less. All information collected including recordings, transcripts, and field notes will be secured in a locked cabinet and kept for seven years. At completion of the seventh year, all recordings, field notes, and transcripts will be destroyed.

This project is by voluntary basis. If you feel you do not wish to complete the study you may stop at any time and completely withdraw from the study. If you should have any questions or concerns, do not hesitate to ask any questions about the project either before or after participation. You may also reach Ronald Pilato (Dissertation Chair) who is the

person in charge of this research project. His number is (xxx) xxxxxxxx and his email address is xxxxxxx or you can reach Clandis V. Payne (researcher) at xxxxxxxxxxxxx or xxxxxxxxxx.

Please sign your name and date below to indicate that you fully understand the intent and purpose of this study.

I understand the terms and conditions of participation in this project dealing with multicultural counseling sensitivity. At no time was I forced or coerced into participation, and I am signing this document of my own free will.

Signature of Participant

Date:

Clandis V Payne

Date:

Appendix F: Participation Reminder Notice

Dear Potential Participant,

This is a friendly reminder that in 7 days
IMMERSIVE CULTURAL PLUNGE:
HOW MENTAL HEALTH TRAINEES CAN EXERCISE CULTURAL
COMPETENCE WITH AFRICAN AMERICAN DESCENDANTS OF CHATTEL
SLAVES A QUALITATIVE STUDY

Please bring your personal computer device on the day of participation.

As a participant, you will be required to participate in an Immersive Cultural Plunge Experience in Los Angeles, CA that will take approximately 12 - hours. During this time, participants will be required to complete an informed consent form, a demographics survey, and reflective journal questions. In addition, participants will be required to partake in a 2 - hour lecture on the psychological history of the African American Descendants of Chattel Slaves in North America, take a brief tour within the African American community, watch a live play, participate in audio/videotaped focus group discussions, and complete five observational protocol forms.

Appendix G: List of all potential participants

Project Title: IMMERSIVE CULTURAL PLUNGE:
 HOW MENTAL HEALTH TRAINEES CAN EXERCISE CULTURAL
 COMPETENCE WITH AFRICAN AMERICAN DESCENDANTS OF CHATTEL
 SLAVES
 A QUALITATIVE STUDY

Project Researcher: Clandis V Payne xxx xxxx

Dissertation Chair: Ronald Pilato, PsyD xxxxx

Name of Participant	Email Address	ID Code	Informed Consent	Present Day of Plunge
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Appendix H: Observational Forms

First Observational Protocols Activity -Orientation	
EVENT: Time: Date:	
JOT Bodily Sensations and Emotional Reaction Thoughts	Process Journal

Second Observational Protocols Activity –Lecture 1	
EVENT: Time: Date:	
JOT Bodily Sensations and Emotional Reaction Thoughts	Process Journal

Third Observational Protocols Activity –Lecture 2	
EVENT: Time: Date:	
JOT Bodily Sensations and Emotional Reaction Thoughts	Process Journal

Fourth Observational Protocols Activity -Interviews	
EVENT: Interviews	
Time: Date:	
Interview 1: JOT Bodily Sensations and Emotional Reaction Thoughts	Process Journal

Fourth Observational Protocols Activity -Interviews	
EVENT: Interviews	
Time: Date:	
Interview 2: JOT Bodily Sensations and Emotional Reaction Thoughts	Process Journal

Fourth Observational Protocols Activity -Interviews	
EVENT: Interviews	
Time: Date:	
Interview 3: JOT Bodily Sensations and Emotional Reaction Thoughts	Process Journal

Fifth Observational Protocols
Activity after ICP

How does the skill of cultural sensitivity toward AADOCS in treatment look?

Time:

Date:

**JOT Bodily Sensations and Emotional
Reaction Thoughts**

Process Journal

Appendix I: Demographic Screening Questionnaire

Your Code Name: _____

1. Do you have a personal computer?

Yes

No

2. Do you have a personal email?

Yes

No

3. What is your gender?

Male

Female

4. What is your age:

Under 22

23-25

26-35

36-45

46-51

5. Name of your School:

6. Type of Degree Program

Psy D

Ph. D

7. How many years of graduate school did you complete or have completed? Please enter total. _____

8. Your Field of Interest

Child Psychology

Clinical Psychology

Cognitive Psychology

Developmental Psychology

Health Psychology

Educational Psychology

Forensic Psychology

General Psychology

Organizational Psychology

Social Psychology

Sports Psychology

9. Highest level of training _____
10. Current License(s) _____
11. Please state how you identify racially/ethnically.
- African American-Black
 - Asian American
 - Hispanic /Latino
 - Caucasian/White American
 - Native American/ First Nations
 - Not listed, please state _____
12. In what country/state were you born? _____
13. In what country/state did you grow up? _____
14. Which represents your Greatest Total Household Income to Date
- Less than \$15,000
 - \$15,000 to \$24,999
 - \$25,000 to \$50,000
 - \$51,000 to \$74,999

- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 to \$300, 00
- \$301,000 and greater

15. Employment Status

- Employed FT
- Employed PT
- Unemployed
- Self-employed
- Other _____

16. How would you rate your overall satisfaction with the multicultural coursework (i.e., separate courses, general curses with topics infused throughout) specifically related to racial/ethnic minority issues?

- Very Dissatisfied
- Somewhat Dissatisfied

Somewhat Satisfied

Very Satisfied

Not enrolled in a multicultural class

17. How many multicultural counseling course(s) have you completed where the entire single course was devoted to topics specifically related to racial/ethnic minority issues? Please enter total number. _____

18. What proportion of the general courses that you are currently completing were topics specifically related to racial/ethnic minority issues?

0%

60%

10%

70%

20%

80%

30%

90%

40%

100%

50%

19. During practicum and/or internship(s) combined, what percentage of your client caseload included/currently includes clients from the following racial/ethnic groups? In other words, how many clients from these racial/ethnic groups did you provide direct clinical services?

African American _____

Asian American _____

Caucasian, White _____

Hispanic/Latino _____

Native American/

Alaskan Native _____

Bi-Racial _____

Other _____

20. Aside from the multicultural coursework and clinical fieldwork training experiences specifically related to racial/ethnic minority issues, what was the proportion of other types of multicultural training experiences that your graduate program provided/is currently providing for you?

Workshops

Seminars

Conferences

21. During all your practicum and internship(s) placements combined, what percentage of your clinical supervision focused on discussing issues specifically related to working with racial/ethnic minority clients?

African American _____

Asian American _____

Caucasian, White _____

Hispanic/Latino _____

Native American/

Alaskan Native _____

Bi-Racial _____

Other _____

22. During your graduate training, what was the proportion of multicultural training experiences specifically related to racial/ethnic minority issues that you obtained, that were not provided by your graduate program which you sought out on your own outside of what was required for your degree?

- 0% 60%
- 10% 70%
- 20% 80%
- 30% 90%
- 40% 100%
- 50%

23. What proportion of student body and faculty in your graduate program consisted/consists of individuals who are racial/ethnic minorities?

- 0% 60%
- 10% 70%
- 20% 80%
- 30% 90%
- 40% 100%
- 50%

24. How many of these specific racial/ethnic students were in any of your classes.
- African American _____
- Asian American _____
- Hispanic/Latino _____
- Native American/
Alaskan Native _____
- Bi-Racial _____
- Other _____
25. How would you rate the general proportion of cross-cultural experiences outside of your graduate training and/or professional practice?
- 0% 60%
- 10% 70%
- 20% 80%
- 30% 90%
- 40% 100%
- 50%

26. What proportion of your current personal relationships (i.e., family, friends, acquaintances, etc.)-outside of your graduate training and/or professional practice are with individuals who are racial/ethnic minorities? (I.e. African-American, Hispanic or Latino, Asian-American, or Pacific Islander, American Indian or Alaskan Native, and Bi-racial, or Multi-racial)?

- | | |
|------------------------------|-------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 60% |
| <input type="checkbox"/> 10% | <input type="checkbox"/> 70% |
| <input type="checkbox"/> 20% | <input type="checkbox"/> 80% |
| <input type="checkbox"/> 30% | <input type="checkbox"/> 90% |
| <input type="checkbox"/> 40% | <input type="checkbox"/> 100% |
| <input type="checkbox"/> 50% | |

27. How would you rate your cultural sensitivity towards African Americans?
(Cultural sensitivity)

- | | |
|------------------------------|-------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 60% |
| <input type="checkbox"/> 10% | <input type="checkbox"/> 70% |
| <input type="checkbox"/> 20% | <input type="checkbox"/> 80% |
| <input type="checkbox"/> 30% | <input type="checkbox"/> 90% |
| <input type="checkbox"/> 40% | <input type="checkbox"/> 100% |

50%

28. To what percent would you like to deepen your cultural sensitivity toward African Americans?

0%

60%

10%

70%

20%

80%

30%

90%

40%

100%

50%

Appendix J: Research Questions

Central question: how does the 12 hour *in vivo* (live) experience of the Immersive Cultural Plunge affect the attitudes, beliefs, and sensitivity of mental health trainees toward African American Descendants of ‘Chattel Slaves’? Within the context of the central question are five related questions:

RQ1: How is multicultural counseling sensitivity toward African American Descendants of Chattel Slaves expressed in counseling?

RQ2: How are attitudes and beliefs toward African American Descendants of Chattel Slaves expressed in counseling?

RQ3: How has the live experience of the Immersive Cultural Plunge affected attitudes and beliefs toward African American Descendants of Chattel Slaves in counseling?

RQ4: How has the live experience of the Immersive Cultural Plunge Experience affected your multicultural counseling sensitivity toward African Americans Descendants of Chattel Slaves?

RQ5: What implications does the live experience of the Immersive Cultural Plunge have on your future career regarding cultural sensitivity toward African Americans Descendants of Chattel Slaves?