

# APA Resource Document

## How Psychiatrists Can Talk with Patients and Their Families About Race and Racism

Approved by the Joint Reference Committee, November 2020

"The findings, opinions, and conclusions of this report do not necessarily represent the views of the officers, trustees, or all members of the American Psychiatric Association. Views expressed are those of the authors." -- APA *Operations Manual*.

### Prepared by the APA Council on Children, Adolescents, and Their Families

This document supports the APA's goal of addressing structural racism in clinical practice by linking existing literature on the impact of race on patients' lives with race as experienced in the clinical encounter. It provides psychiatrists with the necessary tools to speak with patients about race in a sensitive and professional manner using clinical vignettes. Incorporating these tools should increase understanding of how race and racism impact patients' lives, decrease bias and enhance the therapeutic relationship. This document also encourages readers to seek to understand patients' cultural and linguistic backgrounds as the beginning of any conversation about race, racism and discrimination. The authors believe this is the bedrock of culturally competent care, whether with a French speaking African immigrant, a Spanish speaking Latinx, or a Black teenager raised in the American South now living in the Northeast, as reflected in the included vignettes. The authors also acknowledge that racial groups are not homogeneous and that the focus on culture and language is intended to help psychiatrists focus on the unique aspects of an individual's experiences in addition to talking about racial discrimination and bias.

### 1. DEFINITIONS

This document uses several terms that are defined in the APA Structural Racism Task Force Website in the section on "Glossary of Terms." Please refer to the website (see APA webpage "[Structural Racism Glossary of Terms](#)") for definitions of the following terms: race, racism, anti-Black racism, discrimination, microaggressions, racial bias, and institutional racism.

Term	Definition
<b>Anti-Black Racism</b>	Prejudice, attitudes, beliefs, stereotyping or discrimination that is directed at people of African descent and is rooted in their unique history and experience of enslavement and colonization. Source: <a href="https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/glossary">https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/glossary</a>
<b>Discrimination</b>	An action that is motivated by prejudice. Source: <a href="https://education.psychiatry.org/diweb/catalog/item?id=5913368">https://education.psychiatry.org/diweb/catalog/item?id=5913368</a>

<b>Institutional Racism</b>	Refers to the policies and practices within and across institutions that produce outcomes that chronically favor or put a racial group at a disadvantage. <i>Source: <a href="https://www.aspeninstitute.org/blog-posts/structural-racism-definition/">https://www.aspeninstitute.org/blog-posts/structural-racism-definition/</a></i>
<b>Microaggressions</b>	Brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional that communicate hostile derogatory or negative prejudicial slights and insults toward any group, particularly culturally marginalized groups.
<b>Race</b>	A social construct or creation of a social reality based on physical characteristics, such as skin color and hair texture. <i>Source: <a href="https://education.psychiatry.org/diweb/catalog/item?id=5913368">https://education.psychiatry.org/diweb/catalog/item?id=5913368</a></i>
<b>Racial Bias</b>	An implicit or explicit aversion to, stereotyping of, or discrimination against racial and ethnic groups.
<b>Racism</b>	A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"). A system of structuring opportunity and assigning value based on the social interpretation of how one looks (race). <i>Source: <a href="https://education.psychiatry.org/diweb/catalog/item?id=5913368">https://education.psychiatry.org/diweb/catalog/item?id=5913368</a></i>

## 2. BACKGROUND

Racism and racial discrimination have an adverse effect on mental health and worsen existing health care inequities. Whether individual, internalized or structural, exposure to racism is associated with poorer mental health outcomes (see APA policy [“Position Statement on Resolution Against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health”](#)).

Increased anxiety, psychological distress, depression and further traumatization are common. Experiences of racism cause stress regardless of whether this experience is externally verified or based on the individual's subjective report. Given the level of potential impact, psychiatrists should be comfortable discussing and exploring the effects of racism and racial discrimination on patients and their families and be able to recognize and examine their own biases. Frank discussions about race and racism can enhance therapeutic alliance, decrease mistrust, and create an atmosphere of openness. They may also address existing racial power imbalances in the therapeutic relationship and allow both patients and psychiatrists to acknowledge differences or similarities.

Discussing race and racism can be uncomfortable. This guide outlines a framework for psychiatrists to actively engage patients in dialogue on racism. It is based on the premise that it helps to ask questions rather than make assumptions or rely on stereotypes, which can lead to negative outcomes in treatment.

### 3. GUIDELINES FOR CLINICAL WORK WITH ALL GROUPS

Some ways to provide culturally competent and culturally humble clinical care are:

**A. Create and maintain a safe and welcoming environment for patients and their families that conveys understanding, empathy and acceptance. Learn about the patient's culture and practice cultural humility.**

1. Provide treatment in the patient's preferred language
2. Recognize the patient's individuality even as you acknowledge their preferred racial identity
3. Utilize key components of the cultural formulation interview to provide culturally sensitive care individualized to the patient's unique racial, ethnic, and other identities (CFI, APA)
  - a) Cultural definition of the problem
  - b) Cultural perceptions of the cause, context, and support; Cultural identity
  - c) Cultural factors that affect self-coping and past help-seeking
  - d) Cultural factors that affect current help seeking; Clinician-Patient relationship

**B. Educate yourself about race and racism and how they influence your work. Pay particular attention to anti-Black racism given how entrenched and pervasive it is. The Structural Racism Task Force website has an exhaustive list of resources to educate psychiatrists on these issues, including activities that provide CME.**

1. Learn about the long history of racism against Blacks in the United States, beginning with their arrival into this country as part of the transatlantic slave trade
2. Know your own implicit and explicit biases about Black people
3. Ask informal questions and use formal screening tools to explore racism and discrimination with patients
4. Reflect on your encounters with patients
  - a) Ask yourself questions like: What stereotypes do I have about my patients? How do these stereotypes affect my clinical interactions with specific patients? How do these stereotypes affect me? How do I treat patients differently based on their race?

**C. Recognize the role structural factors have on patients' lives and how their current struggles and stressors determine the course of their mental illness**

1. Understand environmental factors that contributed to trauma, substance use, legal issues, unemployment and poor educational status
2. Provide resources to address structural barriers to recovery - like legal issues, housing insecurity, food insecurity, physical health, employment, educational opportunities
3. Ask about the impact of racial discrimination on patients' lives

**D. Support patients by validating and acknowledging their experiences with racism. Consider incorporating a formal tool to measure racial discrimination (below).**

1. Allow patients the space to candidly express emotional responses to racism and investigate symptoms of internalized racism.
2. When appropriate, bring up the subject of race proactively with patients; Therapists need not, and should not, be “colorblind.”
3. Do not ignore, reject or avoid discussing racial issues.
4. Validate experiences of discrimination and explore their impact.
5. Connect patients to resources in the community and encourage them to build a strong social support group.
6. Empower young people with coping strategies to deal with discrimination and microaggressions.
7. Help young people identify and build an external support system to deal with their experiences of racism. Address patients’ tendencies to self-blame and help them recognize negative self-talk.
8. Be kind and loving to yourself.

**E. Advocate for policies that combat racism, promote diversity and inclusion, economic and housing equity and improve access to healthcare and educational opportunities.**

#### **4. STARTING A DIALOGUE WITH PATIENT’S ABOUT RACE/RACISM**

Below are some informal questions that can help prompt a discussion about race/racism

- Have you experienced racism?
- Have you ever felt targeted or negatively treated because of your race?
- Have you seen someone else experience racism?
- How does racism affect you (physically and mentally)?
- How have experiences of racism shaped you?
- What did you do when someone acted in a racist way towards you?
- Did you feel like your race affected the outcome in that situation?
- Have you treated someone unkindly because of their race?
- What is it like for you to have a therapist who is (maybe) the same race as you? Who is a different race?

Below are some formal tools for assessing experiences of racial groups/discrimination. Please note that these are not meant to replace interviews and discussions about racism but rather are tools to aid with the process, as needed. The Cultural Formulation Interview and the racial identity development frameworks are useful in conceptualizing a cultural formulation and exploring aspects of a patient's racial/cultural identity that are important to them. The other tools listed are surveys that have been used in research to measure patient's perception of racism and discrimination.

- Cultural Formulation Interview (CFI)**  
<https://www.multiculturalmentalhealth.ca/en/clinical-tools/cultural-formulation/>

- Racial identity development frameworks** (these are frameworks, rather than quantitative measures)  
[https://www.racialequitytools.org/resourcefiles/Compilation\\_of\\_Racial\\_Identity\\_Models\\_7\\_15\\_11.pdf](https://www.racialequitytools.org/resourcefiles/Compilation_of_Racial_Identity_Models_7_15_11.pdf)
- Perceived Discrimination Scale** <http://sparqtools.org/mobility-measure/perceived-discrimination-scale/>
- Everyday Discrimination Scale**  
<https://scholar.harvard.edu/davidrwilliams/node/32397>
- Racial Microaggressions Scale**  
[https://psychology.umbc.edu/files/2016/10/The-Racial-Microaggressions-Scale\\_Torres-Harding-2012.pdf](https://psychology.umbc.edu/files/2016/10/The-Racial-Microaggressions-Scale_Torres-Harding-2012.pdf)
- Schedule of Racist Events (Landrine & Konoff 1996)**  
Landrine H, Klonoff EA. The Schedule of Racist Events: A Measure of Racial Discrimination and a Study of Its Negative Physical and Mental Health Consequences. *Journal of Black Psychology*. 1996;22(2):144-168. doi:[10.1177/00957984960222002](https://doi.org/10.1177/00957984960222002)

## 5. CASE VIGNETTES AND REFLECTIONS

For each of the following vignettes, ask yourself the following questions and talk about them with your colleagues: What racial/cultural tensions exist in this situation? What are some important considerations in this situation? What are the clinician's next steps? Several reflection points are included for your reference.

### **Child and Adolescent Psychiatry Case Vignettes:**

Approaches to the kindergarten age, school age, middle school aged and high school aged vary depending on their developmental stages.

#### **CHILD CASE VIGNETTE #1: Psychiatrist's microaggression towards a patient and their family**

During the initial assessment of an 8-year-old boy, the boy names a long list of American Presidents. The psychiatrist remarks, "he is so articulate and smart, so different from the other Black boys I see. Good job mom!" The college graduate mother has enrolled her son in a charter school, reads nightly with him and is actively involved in his education. She is incredulous at the psychiatrist's comments, believing that the psychiatrist did not expect her son capable of being smart and articulate due to their race.

**Reflection:** *At times, comments that seem complimentary are biased because they stem from racial stereotypes. A different approach may be to say, "Your son obviously knows his presidents! Mom, tell me how he came to know so much about this topic?"*

## CHILD CASE VIGNETTE #2: A young patient experiences racism from a peer

A 4-year-old boy comes home from school and tells his mother that he needs to take a longer bath tonight. The mother asks why. The boy says that one of his new friends at his mixed-race preschool told him he needed to “scrub off the dirt” from his skin. His mother is seeking guidance from the boy’s psychiatrist on what to do next.

**Reflection:** *Children learn to distinguish race at an early age. This can lead to uncomfortable feelings on how to address issues relating to difference. A helpful response might be “How do you feel about what your son said?” Emphasize developmentally informed approaches to racism when dealing with children.*

## CHILD CASE VIGNETTE #3: A young patient with a history of depression

A 15-year-old African American girl with a 3-year history of depression and multiple psychiatric hospitalizations for suicidal behaviors is brought in by her mother for treatment. One month ago she heard her late grandmother's voice telling her to kill herself. Since that time, she has complained of feeling tired all the time, stopped doing her schoolwork and admitted to thoughts of killing herself. Her mother said that she no longer brushed her teeth, wasn't taking showers and didn't finish meals. When the school called recently saying they found the girl in the bathroom with cuts on her forearms, her mother grew worried because her cousin had killed himself a few months ago. The evaluating emergency room physician diagnosed her with Schizophrenia and discharged her with a prescription for chlorpromazine.

**Reflection:** *The patient's prior diagnosis of depression, multiple suicidal attempts and family history of suicide suggest an underlying major depressive episode with psychotic features rather than Schizophrenia. How would you understand the patient's symptoms in the context of her life and race, knowing that African Americans are more likely to be diagnosed with psychotic disorders as compared to other groups?*

### General Psychiatry Case Vignettes:

## CASE VIGNETTE #1: A patient opens up about their past racist attitudes

A 65-year-old White patient in treatment for anxiety, finds themselves moved by the Black Lives Matter protests and the videos of police brutality. They feel the evidence is strong that perhaps Blacks are victims of racial bias and an unfair legal system. They start to discuss the ways in which they might have stereotyped their friends and colleagues and acted in biased ways towards them. They remember their parents using racist language in their childhood home. They begin to feel anxious and remorseful, unclear how to move forward.

**Reflection:** *When a person has new experiences and information that challenge their previous conception of the world, the person often experiences feelings of guilt and shame. The person may also feel anger and resentment towards others who do not share their new perspective. The psychiatrist can help patients recognize their privilege, explore feelings of ambivalence and channel them in a positive direction.*

## CASE VIGNETTE #2: A psychiatrist's microaggression towards a patient

A psychiatrist in a busy clinic is frequently double-booked, in part due to the high no-show rate in the clinic. On this particularly busy morning, one African American patient was 30-minutes late for their appointment and was feeling frustrated. They expressed their distress at being unnecessarily searched at the department store due to their race, contributing to their delay. The doctor responded, "I just wish people came on time and kept their appointments, I don't know why this is so hard for you people." The patient asked for their prescription and left.

**Reflection:** *Implicit biases are particularly obvious during times of stress or cognitive overwhelm. In this case, a group bias directed at one patient resulted in a microaggression. The psychiatrist communicated a lack of regard for the patient as a person or their unique experiences. This can thwart the alliance and increase barriers to care.*

## CASE VIGNETTE #3: A patient's experience of racism

A 25-year-old Asian American man being treated for depression in an urban area, was physically attacked by a group of Black boys who said that he brought the coronavirus to America. They taunted him and called him demeaning names. He feels fearful and traumatized but doesn't want to hold on to negative views of Black youths.

**Reflection:** *Race based trauma, whether real or perceived, can have a lasting impact on an individual. While this case may represent an acute stress reaction to a traumatic situation, a psychiatrist should not steer away from the racial dynamics. Consider inquiring about past experiences with race-based prejudice as this may also influence the processing of the current situation.*

## CASE VIGNETTE #4: A patient with explicitly held racist views requests a change in clinician

A 37-year-old White man is seeking treatment at a rural clinic for insomnia. He is assigned a Black psychiatrist and appears shocked to meet his new doctor. He even says "I do not want you to be my doctor. I can't be treated by a Black person."

**Reflection:** *Discuss with a colleague; discuss need to be anti-racist in a treatment setting.*

## CASE VIGNETTE #5: A Black patient encounters a White psychiatrist for the initial assessment

A 50-year-old Black man is seeking treatment at a rural clinic for insomnia. He is assigned a White psychiatrist and is withdrawn during his assessment and shuts down after 45 minutes. The psychiatrist feels uncomfortable and uncertain why the patient has been so withdrawn and tense during the session. Suspecting discomfort with the racial dynamic in the room, the psychiatrist decides to hold off on any more questions and returns to alliance building. The psychiatrist wonders whether they offended the patient by calling him Thomas, despite the patient introducing himself as Mr. Williams. They then disclose that they have been living in the rural community for a long time and while addressing the patient as Mr. Williams this time, asks him how long he has been in the community and how he learned about the clinic. Mr. Williams makes eye contact and recounts that his wife suggested he come in.

**Reflection:** Black patients often have non-Black mental health treatment providers. In this case, cultural differences based on race may have inhibited the treatment alliance. Psychiatrists' willingness to acknowledge cultural differences and reassess and prioritize the therapeutic alliance can help facilitate treatment.

#### **CASE VIGNETTE #6: A patient expresses frustration with discrimination at work**

A 40-year-old Native American lawyer in treatment for anxiety feels she was passed up for a partner position at her job in favor of a less experienced White man despite being just as qualified. She feels discriminated against and says, "that's how it is in this world. The White man always gets ahead." The psychiatrist feeling uncomfortable and unsure, responds by changing the subject of conversation.

**Reflection:** Psychiatrists should engage, not avoid topics of discrimination and intersectionality

#### **CASE VIGNETTE #7: A patient expresses symptoms that reflect socioeconomic and racial realities**

A 33-year-old Latinx patient residing in low-income housing is in treatment for depression and symptoms of posttraumatic stress (from seeing a deceased victim of a gunshot wound in the common area of her complex). Her symptoms are exacerbated by a recent job loss and hearing gunshots at night. She is afraid of arriving home after dark due to fears for her safety. The psychiatrist asks her why she doesn't just move and feels helpless in their approach to the patient.

**Reflection:** Psychiatrist should explore, not shy away from structural factors in patients' lives.

#### **CASE VIGNETTE #8: A patient is uncomfortable with a change in treatment providers**

A 70-year-old White man presents to the outpatient resident clinic for follow-up. The patient has been followed in the clinic for four years for Major Depressive Disorder. The psychiatrist, a third year resident on her first day of outpatient clinic meets the patient who tells her, "You're very different from my other doctors and I'm not sure if this is going to work out." The resident asks, "Different?" The patient reflects that he has never worked with a Black woman and when he was growing up, "Black women weren't even allowed to go to medical school. It seems that everyone in the world has advanced and I am stuck."

**Reflection:** Patients often have mixed feelings when transitioning to a new provider. Negative feelings like anger and abandonment are displaced on to the new treatment provider. In approaching this patient, understand his experience of the transition and what role race plays. Begin by validating his fear and concerns about working with a new provider or anger about feeling like he is not progressing. Consider exploring how race limits his ability to form connections with others. Ask about previous instances when such feelings came up, in an attempt to further understand the patient's worries.

## 6. RESOURCES

The following are resources that may serve to educate psychiatrists about the topics of race, racism, structural racism, and clinical applications. In addition, resources for children and families.

### **Resources for Providers:**

- (1) APA Presidential task force to address structural racism throughout psychiatry: Recommended reading. Accessed November 10, 2020. <https://www.psychiatry.org/psychiatrists/structural-racism-task-force>
- (2) APA Stress and trauma toolkit for treating special populations in a changing political environment. Accessed November 10, 2020. <https://www.psychiatry.org/psychiatrists/cultural-competency/education/stress-and-trauma>
- (3) Pumariega AJ, Rothe E, Mian A, et al. Practice parameter for cultural competence in child and adolescent psychiatric practice. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2013; 52(10):1101-1115. doi:10.1016/j.jaac.2013.06.019 [https://www.jaacap.org/article/S0890-8567\(13\)00479-6/fulltext](https://www.jaacap.org/article/S0890-8567(13)00479-6/fulltext)
- (4) Video: Creating a safe space in therapy to talk about racial trauma - YouTube. Accessed November 10, 2020. <https://www.youtube.com/watch?v=wh-s7Gbcz6k>
- (5) Video: Talking race in psychotherapy - YouTube. Accessed November 10, 2020. <https://www.youtube.com/watch?v=QBHuKnQF-vo&feature=youtu.be>

### **Resources for Children and Families:**

- (1) A kids book about racism. A Kids Book About™. Accessed November 10, 2020. <https://akidsbookabout.com/products/a-kids-book-about-racism>
- (2) Kendi, I.X. *Antiracist Baby* Board Book. Penguin Young Readers Group. 2020.
- (3) Understanding race: A family guide to talking about race (American Anthropological Association). Accessed November 10, 2020. <https://understandingrace.org/index.html?section=4&subsection=3>