



# **Working Effectively with Black Couples**

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# Agenda

- My Background
- Self of the therapist
- Racism as a public health issue
- Therapeutic trust
- Black couples in the room
- EFT study
- Questions

# My background

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- Licensed Couples & Sex Therapist in private practice in Washington, D.C.
- Adjunct faculty at Drexel, Virginia Tech, Jefferson Health & Counsel for Relationships.
- Doctoral candidate at Drexel with research focus on interventions for African American couples.
- Completed Externship (2013) and Core Skills (2017, 2018) at NYCEFT.
- Eight years of using EFT with Black couples in the community.
- Seventeen years as an attorney in Baltimore (child welfare/ divorce & custody).
- Six years directing community-oriented non-profits with marginalized populations.

# "The Receipts"

- Emotionally Focused Therapy: A Culturally Sensitive Approach for African American Heterosexual Couples (Nightingale, Awosan & Stavrianopoulos, 2019).
- Black American Couples' Perceptions of the Significance of Race and Racial Conversations in Therapy: A Qualitative Study (Nightingale, Jones & Smith, 2019).
- Currently, finishing dissertation examining the feasibility and acceptability of racial adaptation of EFT with African American couples.
- My current practice includes several African American couples, mixed race couples, and white couples, and of multiple different sexual orientations.

# Self of the therapist

1. What are the therapist's conceptualizations about Black people?
2. Is there an understanding about how race, power, privilege and subjugation impact one's own identity?
3. Why "colorblindness" is a problem.
4. Is there a discomfort when talking about issues of race or oppression?
5. Can the therapist facilitate the conversation with Black clients who don't see or understand how racism impacts them?
6. What work have you done to understand the Black experience?

# Racism and public health for Black people

- *Structural Racism is a Public Health Crisis: Impact on the Black Community* ( APHA, 2020)
  - “Structural racism as a fundamental cause of racial health inequities: Racism, particularly at the institutional/structural level is a fundamental social determinant of long-standing widespread racial disparities in population health.
  - This legacy of racial oppression has resulted in pervasive social inequalities and health inequalities across the life course.”

# Racism is a mental health trauma for Black People

- Dr. Joshua Gordon, Director of National Institute of Mental Health

“Persistent mental health disparities for African Americans cannot be eradicated without attention to the trauma of racism” (2020).

Racial trauma:

- higher levels of anxiety and depression
- may interfere with healthy brain development in children increasing the risk for cognitive issues in adulthood such as difficulty with emotional regulation (Crawford, 2020).

# Racial trauma impacts

- **Individual racial trauma** – compounded experiences of racial stressors that trigger symptoms resembling PTSD including triggering pervasive maladaptive avoidance behaviors, increased depression, anxiety, and negative self appraisals, increasing anger and aggression and having difficulty trusting others (Williams et al. 2018)
- **Community trauma aka vicarious racial trauma** – i.e.: George Floyd, Breonna Taylor and the “revolution”.

# The impact of racism on Black couples

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- 68% of African American households with married couples - 1970\*
- 28% African American households with a married couple - 2018\*
- African Americans - highest levels of divorce\*
- African Americans - highest levels of mental health disorders\*
- African Americans - lowest levels of generational wealth transmitted\*

(\*US Census Bureau, American Community Survey, 1960 to 2018)

# Two different realities: January 5, 2021

- Couple 1: White, heterosexual, both are early 30's, both have professional jobs in Washington, D.C. They live in Capitol Hill - a neighborhood blocks from downtown.
- Couple 2: Black, heterosexual, both are early 30's, employed in professional jobs in Washington, D.C. They live in Columbia Heights, about a mile from downtown.

# Therapeutic Trust is **EVERYTHING**

- African Americans historical mistrust of medical & mental health professionals (i.e.: Tuskegee, Henrietta Lacks, etc. )
- Therapist micro-aggressions in the room.
  - “Will you believe what I say is real?”
  - “Will you minimize or judge me and/or Black ‘ways of being’ if they are different from what you do?”
  - “Will you expect me to ‘teach you’ about my Blackness? (Why that is exhausting.)
  - Why I do not use video tape.

## **Black couples in the room:**

## **Opportunities for connection**

- Cumulative negative racial experiences
  - Understanding “the talk”
  - Bi-cultural – making it safe for White people
  - Microaggressions at work
  - Allies in public vs private spaces
  - African American resilience often results from constantly dealing with racial stress.
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# Black couples in the room: Assessment

- The power of a story - African American's and storytelling traditions.
- Listen, listen, listen!
- Validate, validate, validate!

# Black couples in the room: Vulnerability roadblocks

- Vulnerability it is the hardest thing to help Black couples establish - even with people they trust because it is not "safe".
- The organizing power of patriarchy and Black couples:
  - Gender roles expectations vs reality - especially for Black men.
  - Black women's assertive presence may be in conflict with expectations of her - even from other Black women.
  - These vulnerability roadblocks exist in Black queer couples as well.

# Black couples in the room: Are we better now?

- The importance of the “armor”.
- Termination: How do we equip Black couples for a world that has not changed?

# EFT for African Americans: An Exploratory Acceptability and Feasibility Study

- 10 couples
- 14 sessions, 90 minute each
- Revised Dyadic Adjustment Scale (RDAS) 14 questions, measures relationship distress.
- Perceived Anticipatory Activation of Race Related Stress (PARS) - 17 questions, measures continuous race related stress.
- Adjustments to the EFT model
  - Longer assessment period- Storytelling vs. Attachment oriented.
  - Particular attention to vulnerability is organized around and/or related to race/racial experiences

# Limitations & Opportunities

- No manualized way to talk about/ integrate racial conversations.
- Population in my EFT study mostly from church community, not generalizable.
- One therapist providing the treatment.
- Very limited research funding studies about African Americans and racism without attaching it to or adding on “other issues” (drug abuse, depression, incarceration, parenting, poverty, HIV, violence).
- Academic non-acceptance of race/racism as *the* issue for inquiry.



# Questions & Discussion

- Is it possible to operationalize addressing race in EFT treatment?
  - If so, what is gained or lost?
  - If so, who benefits? Who loses?
  - If not, how can we incorporate racial conversations meaningfully?

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