

# TRAUMA MATTERS

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## TRAUMA IN AFRICAN AMERICAN COMMUNITIES

The African American community is not a massive homogeneous community. It is constructed of individuals from different ethnic and socioeconomic groups. When treating individuals from the African Diaspora, clinicians must remember to avoid stereotyping and generalizing members of this diverse community that includes people from Africa, the United States, Caribbean Islands, South America and other countries. There are a myriad of differences in socioeconomic status, religious practices, educational attainment, family size, child-rearing practices and language skills.

Consideration of the individual's social milieu is important to understand the context in which a client operates. For example, the belief that all African American families are matriarchal is a myth. Depending on class, cultural practices and origin of family; they can be patriarchal, egalitarian or matriarchal. Like their white counterparts, African American families are quite diverse and operate based on their beginnings; a family that has been poor for several generations may have a different lifestyle and outlook on life than a family that has been middle or upper class for generations.

Key cultural conflicts that may arise when working with African Americans are acknowledgment of oppression, coping resources, differences in worldview and acculturation issues. Contextual issues are kinship bonds, parent-child systems, family dynamics, gender roles and couple relationships, spirituality and religion, socialization processes and their view of mental health and the system in which it operates. The historical concept of geographical belonging that many groups identify with is virtually non-existent for African Americans. Few if any can trace their families back to a specific country in Africa or any other part of the world. This can create a sense of psychological homelessness that can manifest itself as anger, indifference or anti-social behavior.

*Complex trauma* refers to continuous severe traumatic experiences which can result in complex Post Traumatic Stress Disorder (PTSD). These experiences can include torture, ongoing violence and natural disasters. The presence of daily violence and the chronic stress that can come from daily experiences of overt or covert racism often create circumstances that are so difficult to integrate that a certain percentage of survivors will experience the symptoms of complex trauma or PTSD.

Impoverished African American families in urban neighborhoods are routinely subject to the chronic and traumatic stress of community violence which can result in complex PTSD. For many of these families the day to day experiences of discrimination, feeling alone, unsafe, disrespected, stereotyped, and undeserving of a better life; often lead to a profound sense of hopelessness. Yet during most mental health assessments, little attention is paid to the effects of trauma at the community level, on the family and most importantly on children. Repeated pressure to adjust to chronic stress and trauma in many African-Americans may result in an incorrect clinical assessment of oppositional defiant disorder, depression, anxiety disorder, bipolar disorder, conduct disorders, hyperactivity and attention deficit disorders.

Inaccurate or misdiagnosed assessments deny African Americans the treatment needed to address complex traumatic stress symptoms or post traumatic stress disorders that may be at the root of their problem. Any other approach is doomed to failure by its presumption that a therapeutic method that is adequate for one segment of the population is sufficient for everyone. One must consider how to respond to environmentally induced trauma, violence, inequities in opportunities, poverty, and general disenchantment—that describes many poor

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## TRAUMA IN AFRICAN AMERICAN COMMUNITIES (CONTINUED)

urban Black communities. Engaging African Americans in therapy begins with the therapist knowing how to develop empathy, unconditional positive regard, warmth, genuineness, trust and respect.

A therapist has to work with impoverished African Americans in the context of a multi-systemic approach that requires the person to maneuver several systems. For example, a client may be involved in judicial, legal, social service and child protective systems while trying to maintain full-time employment and handle family obligations. Communication is important when dealing with all groups but for African Americans it can open or close the door to successful engagement of the family. Take the time to examine your own worldview, stereotypes, biases and assumptions of others who are different from you. Acknowledge differences in communication style, treatment approach and be acutely aware of the power differential in the context of treatment.

When working with African American clients acknowledge and respect their culture, diverse value systems and validate their experiences of racism and prejudice. Do not apologize for their negative experiences or negate them because this may create a barrier or result in the client failing to return to treatment. For many African American clients, spirituality/religious practices as coping mechanisms may supplant western psychological treatment modalities. Whenever possible, try to identify and build on the client's coping mechanisms and integrate them within the sanctioned treatment using the client's support systems and healing mechanisms in the process of therapy.

Disparities in treatment access and outcomes for African Americans are well documented and should encourage therapists to move beyond the complacency that promotes ethnocentric mental health practices. Therapists who work with African American clients should be willing to adopt a strength-based context for engagement, assessment and intervention strategies and move beyond generalizations about African Americans and to share the client's experiences from the client's perception of the client's reality. Finally, therapist should recognize that African Americans experience varying levels of locus of control and locus of responsibility and the expectation that they should adopt a worldview of internal control and internal responsibility further oppresses them. It is important for the therapist to help the client to recover and preserve a sense of hope while assisting them in moving toward the changes that will enhance their well-being.

Submitted by  
Carol Huckaby, MACP  
CT Women's Consortium

## BOOK REVIEW

*Crashing Through* by Robert Kurson  
Copyright 2007 & published by Random House

*Crashing Through* is a powerful, true story about a man's journey from blindness to sight. Blinded at age 3, Mike May spent his life crashing through. He exceeded the expectations by breaking world records in downhill speed skiing and never yearned for sight.

When offered the chance to try a new revolutionary stem cell transplant surgery that would restore his sight, he began to contemplate a world with sight. The procedure was full of risks and so few had regained sight worldwide. Each of those people suffered desperate consequences that are hard to imagine. *Crashing Through* is a journey into the mysteries of vision and the brain. It gives an account of one man's choice to explore what it means to see and change how to live.

Submitted by,  
Colette Anderson, L.C.S.W.  
Western CT Mental Health Network

## Taking the Trauma Out of Blindness

Blindness is the condition of lacking visual perception due to physiological or neurological factors. Various scales have been developed to describe the extent of vision loss and define "blindness." It may be caused by injury, by lesions of the brain or optic nerve, by disease of the cornea or retina, by pathological changes originating in systemic disorders. Total blindness is the complete lack of form and visual light perception and is clinically recorded as "NLP," an abbreviation for "no light perception." Some individuals are born blind, others lose their sight gradually over time due to illness, and some are struck suddenly with the loss of sight. All of these individuals must adapt to a seeing world without sight, but the experience is a unique journey for that person. How resilient a person is may depend on that person's support system.

Alan Gunzburg, President of the Greenwich, CT Lions lost his sight gradually. He feels he has to live up to the expectation of those individuals who provide a positive support system for him. In his words, "When the reality sets in and you need to admit that you really are blind and that you can't do the visual things that everyone can do" reflect the changing point in his life. Although Alan is blind, he does have limited sight which he describes as "looking through a hole the size of a straw and seeing a small, but vivid picture."

The definition of blindness is not the same around the world. The perception exists that blind people can't see. For those who have partial sight, there is the question of how you fit into the perceptions of blindness for others. For example, when Alan took his guide dog on a train to New York, he felt uncomfortable taking out the newspaper to read. "Where do you belong if you are blind AND sighted?" Could you imagine being embarrassed by the ability to see limited things? Another blind person I spoke with who has a similar problem said people treat her different because she has partial sight. As a youngster, she remembers being teased and as an adult it was difficult to seek and find employment. People made her uncomfortable about the need for an accommodation. Both individuals said that the weather plays a part in how much they see when they are outside.

When it comes to sudden blindness, an individual's life is completely turned inside out and the adjustment is different than for someone who suffers gradual blindness. An acquaintance of mine, George Salpietro, Executive Director of Fidelco Guide Dog Foundation, Inc. talks openly about his sudden loss of vision. He has become an advocate for blind people all over the country and lives his life having adjusted to this traumatic event in his life. He is a true role model for others. Blindness is not always a traumatic event, but it does cause some people to seek out counseling and support from others. There are many organizations available to assist those who are blind or those who work with blind individuals. A few are listed below:

The National Federation for the Blind of Connecticut  
477 Connecticut Boulevard, Suite 217  
East Hartford, CT 06108  
Telephone 860-289-1971 [www.nfbct.org](http://www.nfbct.org)

Connecticut State Library  
231 Capitol Avenue  
Hartford, CT 06106  
Telephone: 860-757-6500

Board of Education & Services for the Blind  
184 Windsor Avenue  
Windsor, CT 06095  
Telephone: 860-602-4000

CT Institute for the Blind (Oak Hill Programs)  
120 Holcomb Street  
Hartford, CT 06112  
Telephone 860-242-2274

The Fidelco Guide Dog Foundation, Inc.  
103 Old Iron Ore Road  
Bloomfield, CT 06002  
Telephone 860-243-5300

<http://www.fidelco.org/index.html>

Submitted by,  
Colette Anderson, L.C.S.W.  
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## CULTURAL TRAUMA RESOURCES

### African American Trauma

#### Books

Black Families in Therapy: Understanding the African American Experience by [Nancy Boyd-Franklin](#),

Ethnicity and Family Therapy by [Monica McGoldrick](#) (Editor), [Joe Giordano](#), [Nydia Garcia-Preto](#), [Joseph Giordano](#) (Editor), [Joe Giordano](#) (Editors)

Cultural Trauma: Slavery and the Formation of African American Identity Series: [Cambridge Cultural Social Studies](#) [Ron Eyerman](#). Yale University, New Haven, Connecticut

#### Websites

<http://www.dvinstitute.org/>

<http://www.joydegruy.com/home.php>

<http://www.cincinnati.library.org/booklists/?id=africanamericanfamilycommunity>

<http://ajp.psychiatryonline.org/cgi/content/abstract/165/12/1566>

#### Getting into Trauma Matters

- You can access an electronic version of the "Trauma Matters" Newsletter at [www.traumamatters.org](http://www.traumamatters.org); [www.dmhas.state.ct.us](http://www.dmhas.state.ct.us); or [www.womensconsortium.org](http://www.womensconsortium.org)
- Do you want to be placed on our mailing list or is there an event or topic you would like covered in this newsletter? Please call "Trauma Matters" editor Carol Huckaby at 203.498.4184, x25 or e-mail her at [chuckaby@womensconsortium.org](mailto:chuckaby@womensconsortium.org).

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