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Naming the Pain:
A Model and Method for Therapeutically Assessing the Psychological Impact of Racism

Connesia Handford

A dissertation submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

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FACULTY COMMITTEE:

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Dedication

To my middle school self. While this work is the culmination of your wildest dreams, even you could not have imagined your aspirations coming to fruition this way. I will do my best to continue to give voice and light to all your experiences and enjoy creating the life you always wanted and knew you deserved.

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Abstract

This study is an exploratory applied research project piloting a therapeutic assessment model and method for addressing racial trauma. Therapeutic Assessment for the Psychological Impact of Racial Encounters (TAPIRE) hopes to illuminate the impact of racial trauma, process racial identity and experience, and explore effective intervention techniques to address a client's particular relationship with racial identity and distress. Four measures, in addition to a clinical interview, were used to assess different aspects of one's identity structure, racist experiences, and self-treatment. The four-session process concluded with each participant receiving an assessment report that included information gathered as well as an individualized recommendation section that matched their needs and experiences of racial trauma with an appropriate racial trauma therapy framework. The ultimate goal was to emphasize the need to assess racial injury when conceptualizing the developmental and life factors that may be impacting a client's distress and gain a better understanding of how then to address racial injury in a therapeutic setting. This study summarizes the TAPIRE process and provides narrative from each participant regarding the efficacy of the assessment. Data collected from participant feedback highlighted how therapeutic assessment can help clients gain more insight into the impact of their lived experiences as people of color and also will be used to refine this race-based model and method through future research and practice.

*“The victim who is able to articulate the situation of the victim has ceased to be victim:
he or she has become a threat” - James Baldwin*

Literature Review

On a global level, there has been increasingly more discussion and awareness surrounding the potentially distressing intersections between one's identity and lived experience. Media is often flooded with tragic stories and subsequent inquiries regarding whether a victim's identity markers were factors that should be considered when crimes, mishaps, or confusing events take place. Within psychology, the intersection between trauma and identity has been explored through the lens of event centrality. According to Berman, event centrality is defined as the extent to which “the traumatic event is central to one's identity or sense of self” (2016, p.1). The higher the event centrality, or the more related a traumatic experience is to how a person defines their own identity, the more severe the resulting distressing symptoms. From a culturally informed perspective, the concept of identity-centered experiences has the potential to manifest within the parameters of any cultural marker. As the event centrality of a traumatic experience increases, so does the likelihood that cultural trauma may be present. Cultural trauma occurs “when members of a collective feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways” (Onwuachi-Willig, 2016, p. 336). Such experiences may occur at macro or micro levels through person-to-person interactions as well as institutional or systemic oppression. In either case, conscious or unconscious interpersonal experiences all impact

individuals who ascribe to a less powerful group and may cause chronic and psychologically traumatizing feelings of hopelessness, powerlessness, invalidation, and rejection (Onwuachi-Willig, 2016). For those who occupy lesser positionality within certain cultural categories, this level of distress creates obstacles in achieving one's potential much less a harmonious sense of well-being.

Just as cultural influences such as gender and sexuality have garnered increased attention regarding the distressing experience of societal impositions on identity, with attendant clinical efforts to address these constructs, the distressing and confusing path of navigating racial identity and lived experience also warrants increased therapeutic attention. In the United States, people of color compared to White individuals have higher rates of PTSD, and some have theorized that persistent exposure to racism might be a causal factor of those higher rates. Black Americans in particular report experiencing racism and prejudice more frequently than other racial identities (Carter et al., 2013). This subsequent subset of cultural trauma that results from negative racial experiences is often discussed as racial trauma (as well as race-based stress, race-related distress, racial distress, or racial injury). Racial trauma refers to “the real or perceived experience of racial discrimination, threats of harm or injury, and humiliating and shaming events to oneself or others” (Comas-Díaz, 2016, p. 249). If racial discrimination is directly related to high rates of trauma symptoms, and Black Americans are experiencing racial distress more frequently, it stands to reason that there should be ways to understand the mental health effects Black clients are experiencing and how to address them in therapy.

The social media driven society that we live in today makes our exposure to the lived experience of others more accessible and certainly exacerbates the psychological

aftermath of negative racial experiences. As a result of current technology and the increasing need to broadcast happenings, individuals not only deal with their own direct race-based encounters, but also vicariously experience the racial trauma of others. In particular, body cam footage of unarmed Black individuals being shot and killed by police officers or videos capturing people of color being accosted or falsely accused of crimes is ubiquitous. Due to the auto play mechanism on most websites, further exposure often happens without permission and at a rate that increases the prevalence of racial trauma. As the above definition of racial trauma suggests, vicarious exposure to negative race-based experiences may be as instrumental to the development of trauma that results from direct exposure to racism. As such, the need to study how such phenomena affect self and identity has become imperative as has the concomitant need to develop and evaluate ameliorative models and methods in psychology and the mental health field writ large.

Mental health practitioners are potentially missing a huge gap in conceptualizing and treating the distress of clients of color if they are neither understanding nor evaluating how racial trauma may affect self and identity. That is because formative variables (i.e., the forces and factors that make us who we are) shape all aspects of intrapsychic and interpersonal functioning (e.g., Cummings, Davies, & Campbell, 2002). As such, understanding how and why racial trauma affects the structure and functioning of self is, or should be, of paramount concern to all practitioners in the helping professions. Without a clear conceptualization of nuanced experiences of racial trauma, victims may be unheard and/or disbelieved. If the premise that one's ethno-racial (i.e. ethnic and racial) makeup is a significant and impactful marker of identity, it then stands

to reason that racial trauma might create a ruptured, strained, or disordered relationship to one's own racial identity as well as the interaction with racial identity in others. In short, when conceptualizing and striving to obtain and maintain an optimal sense of self through mental health interventions, broadly defined, clinicians must be able to conceptualize and engage racial identity as a factor that may be core to understanding and ameliorating emotional pain.

Creation of Identity and Self.¹ To explore the impact of negative racial encounters, we must first establish an understanding of the etiology and nature of identity and self. Ironically, as much as these terms are used in mental health literature and therapy sessions, defining “the self” has proved to be an elusive feat for many healthcare professionals (e.g., it often is a vague term that is used without a shared and concrete conceptualization). Campbell's *Psychiatric Dictionary* (2009 p. 886) simply defines self as “the psychophysical total of the person at any given moment, including both conscious and unconscious attributes.” The *Dictionary of Psychology* provides six primary intentions of those that use the term (Reber, Allen, & Reber, 2009). Those intentions range from “inner agent or force with controlling and direction functions over motives, fears, and needs” to “abstract goal or end point on some personalistic dimension...the achievement of self thus being the final human expression or spiritualistic development” (p. 716). Leary and Tangney (2012) also provide a useful framework that identifies the five specific ways the term “self” is used by behavioral and social scientists, citing the following and common uses of this term: Self as the *Total Person*, Self as *Personality*,

¹ Because this dissertation is part of a larger program of ongoing research, and because of the need for coherence across multiple projects and studies, aspects of this manuscript (including, but not limited to, this section on “identity and self”) may have been adapted and/or excerpted from one or more presentations and publications of Craig N. Shealy, Ph.D.

Self as *Experiencing Subject*, Self as *Beliefs about Oneself*, and Self as *Executive Agent*.

While helpful, the discipline specific compartmentalization of these demarcations does not explain how and why self and identity become structured as they do, a necessary task for understanding the etiology and impact of racial trauma. One integrative model for understanding the impact of formative variables on identity and self, which also illuminates the impact of racial trauma on how and why we experience self, others, and the larger world as we do, is the Equilintegration or EI model (Shealy, 2016). This approach was developed to evaluate and facilitate local and global social transformation by embracing the notion that an optimal state of identity and self is achieved through an integrated psychological state. More specifically, the EI model articulates a four-part integrative definition of the human self as (p. 75):

1. A highly complex and interdependent system that is derivative of our acquisition of consciousness or awareness of our own existence as a species
2. Is experienced by each human being in both subjective (I) and objective (me) terms
3. Encompasses and organizes all aspects of human experience and functioning such as needs, feelings, thoughts, and behavior
4. Consists of at least six interacting dimensions
 - a. The formative dimension is the etiology and development of the self as innate and/or constructed
 - b. The regulatory dimension is the functioning and organization of the self as structures and/or processes

- c. The contextual dimension is the level of analysis at which the self is described and experienced as internal and/or external
- d. The perceptual dimension is the self's awareness of its own existence, structures, and functions as unconscious and/or conscious
- e. The experiential dimension is whether the self is experienced as existing within a three-dimensional and empirical or transcendent and spiritual world as physical and/or metaphysical
- f. The integrative dimension is how, whether, and to what degree the individual components of the self are integrated into a coherent gestalt as parts and/or whole

From the standpoint of the EI model, our understanding of the self must be sufficiently comprehensive and integrative because the self, like the stories we tell ourselves about ourselves (i.e., our identities), is an expression of a complex interaction between formative variables (e.g., life history, demographics, extant contingencies), adaptive potential (e.g., our genetic endowment), and core needs (e.g., attachment, awareness) (Shealy, 2016). More specifically, and deeply relevant to the impact of racial trauma, consider the nature and etiology of nine “core needs” – appetitive, attachment, affective, acknowledgment, activation, affiliative, actualizing, attunement, awareness – and how our access to, or facility with, them might be affected by how others experience us (e.g., through a racial or racist lens). Because our core human needs motivate us to pursue our deepest potential and aspirations, they are integral to the entire human experience, and are shaped by how we experience others who experience us. Such interactions further

manifest out into the world, mediating how we interact with and perceive self, others, and the larger world (e.g., our beliefs and values about what is real or false and good or bad).

So, how does the self go about the business of pursuing the fulfillment of these core needs? To answer that question, we have to consider the structure of the self, which includes “external” and “internal” processes. More specifically, from an EI perspective, there are four layers of the self with distinct functions that facilitate the regulation of core needs that the self is created to maintain: the Exoself (“external self”), the Ectoself (“shell self”), the Mesoself (“mediational self”), and the Endoself (“core self”). Interactions among these four levels of self help explain “the process by which beliefs and values are acquired, maintained, and modified and how they are linked to the formative variables, core needs, and adaptive potential of the self” (Shealy, 2016, p. 96). Such explication is integral to the central premise of this study because it helps illuminate how formative variables (including, but by no means limited to, racial trauma) impact how we experience and express our core needs, the stories we tell ourselves and others about who we are (our identities), and the beliefs and values that subsequently are codified into actions, policies, and practices, for better or worse (Shealy, in press). As such, it may be helpful to explore these core levels of self in greater detail.

The Endoself is our core sense of self. It consists of the self’s adaptive potential or unique capacities, predispositions, and reflexes and houses our specific core needs. Since beliefs and values exist in the service of need (Shealy, 2016), it makes sense why the core self – where our core needs exist – is linked or tethered to the beliefs and values we hold to be true or false, which are further mediated by the formative variables we experience, such as racially-mediated actions, policies, and practices. For people of color, an

experience of self through another's racist lens inexorably leads to feelings of self-denigration and the denial and/or warping of core need and adaptive potential, and thus, the experience and expression of self, most explicitly through our own identities (i.e., the narrative the self tells the self, and others, about the self), racial and otherwise. Thus, experiences that tend to deny, negate, humiliate, devalue, or otherwise denigrate the self also impede its capacity to meet core needs and adaptive potential.

But the situation is even more complex since the processes of such self-denigration are mediated by affective and largely non-conscious processes at the Mesoself level. The Mesoself is the meditational self. Through screening, acquisition, storage, and maintenance, this level of self appraises to what degree forces that are external to the self (i.e., at the Exoself level, described below) are more or less likely to meet core need and allow for the fulfillment of adaptive potential, a process that is further determined by belief/value content that is internalized at the Ectoself level. The Ectoself, or our shell self, consists of our beliefs, which cluster into values, which cluster into schemas and attitudes (schemattitudes), which, taken as a whole, comprise our worldview.

From the above description, it may be clear that the individual self does not, and cannot, exist apart from the environment in which it is embedded (i.e., the formative variables such as life history and demographics), which is the Exoself ("external self"). In other words, from an EI perspective, the self is not confined within the parameters of an individual's physical being or presence, but extends into and is shaped by a larger experiential field that included multiple mediators and moderators (e.g., interpersonal, social, contextual, cultural). As such, to understand the etiology and nature of behavior,

or how the self expresses itself, we must account not only for the three-dimensional parameters of our physiognomy but the external factors and forces in which we exist. From an EI perspective, there are four types of formative variables that operate at the Exoself level, including 1) parental/caregiver, 2) sibling/peer, 3) relationships/partnerships, and 4) contextual, which include variables such as economic background, gender, sexual identity, appearance, life events, place, career, language, educational background, political background, religious background, sociocultural status, time, and ethnic background. Formative variables at the Exoself level must be considered when seeking to understand why and how we experience self, others, and the larger world as we do. By way of summary, then,

the thoughts and feelings we experience, on the basis of exposure to particular belief/value stimuli at the Exoself (external self), are not selected by us as thoughts and feelings that we will ourselves to experience, but largely are a determined outcome of a lifelong development interaction between the Ectoself (shell self) and Endoself (core self), which is mediated by the Mesoself (meditational self), within a particular context at a given moment in time (Shealy, 2016, p. 104).

To see how these interactions play out across different levels of the self, it may be helpful to view a pictographic representation of such processes called the EI Self, which is complemented by EI theory, to comprise the EI model (e.g., see <http://thebevi.com/about/eitheory/>).

As the EI model maintains, one's identity is defined as the self's narrative about itself. In other words, the beliefs and values we rely upon to declare "who we are" is the

inevitable culmination, and expression, of interactions between our core needs, adaptive potential, and formative variables, including the contingencies that shape us at any given moment in time. For Black Americans, racial identity – our narrative of why we are who we are as is relates to a specific ethno-racial group membership – is impacted greatly by the identities of others, all of which influence actions, policies, and practices vis-à-vis race and ethnicity. The linkage between this EI formulation, and the experience and expression of racial trauma, may now be more comprehensible. Put in the language of this system, when contemplating the impact of racial trauma, we need to nurture and protect core needs and adaptive potential, while clarifying how internalized beliefs and values are – and are not – likely to be congruent with or facilitative of such needs and potential.

Ethno-Racial Identity Development. If ethno-racial background is thought to be a formative variable that shapes how we see and experience the world, how is our ethno-racial identity created in the first place? This question is essential for many reasons, including how we go about assessing a client’s experience of racial trauma. In order to accurately assess and process the degree of event centrality present for a person of color when a racist event occurs (i.e., the impact of an identity-based rupture on optimal functioning), a therapist needs to conceptualize how each individual’s identity has emerged within a particularly sociocultural milieu. Just as the terms “identity” and “self” seem elusive and inconsistent in psychological literature at times, so too has the concept of ethno-racial identity within research related to the intersection of race, ethnicity, and psychology.

In part to address such matters, a group of scholars joined together in 2014 to form the “Ethnic and Racial Identity in the 21st Century Study Group” (Umaña-Taylor et. al, 2014). A main goal of this group was to synthesize and integrate theoretical works related to normative and adaptive development of youth of color. One outcome of their deliberations was the Ethnic and Racial Identity (ERI) developmental framework, which highlighted developmental milestones related to how individuals of color form a sense of identity. Similar to frameworks that seek to explain cognitive, socioemotional, and moral functioning across developmental processes, this model explores the dynamics at play when conceptualizing the interacting relationship between ethno-racial group membership and developmental periods. Content and process dimensions were both explored to account for the reality that ethno-racial identity emerges across the life span, assuming different meanings for different people at different stages of life.

This contention is congruent with Shealy’s (2016) point that the experience and expression of core needs results from how, when, and to what degree life events and personal characteristics (i.e., “formative variables”) are responsive to and facilitative of such needs. From an ERI perspective, theoretical resonance with the EI model also is evident vis-à-vis internalized attitudes and beliefs someone has about ethno-racial group membership and its positionality, or what they narrate about themselves to themselves, others and the world as it relates to race and ethnicity. Process refers to the exploration, formation, and maintenance of attitudes and beliefs, or in other words, how one develops their narrative. The ERI model is a useful framework because it is not rigid or assuming; such flexibility allows for the consideration of nuanced formative variables that may impact process and content aspects of one’s identity.

Because of their conceptual complementarity, it may be helpful to think about ERI and EI models in relation to 1) the content and process developmental milestones highlighted by the Ethnic and Racial Identity in the 21st Century Study Group as well as 2) core human needs and their expression along the nine types as described earlier, a framework known as the “continuum of need.” From this dual perspective, development during early to middle childhood is marked by differentiating one’s self from others, realizing that there are different ethno-racial groups, and forming belief systems about ethnic labeling of self and others. Knowledge of behaviors and information relevant to their ethno-racial identification, and ethnic constancy – or what patterns and information are enduring and unchanging in relation to ethno-racial culture – are helpful in terms of both assessment and intervention.

More specifically, as development progresses during childhood and adolescence, so does an increasing awareness of bias, social hierarchy, and one’s positionality as a member of a certain ethno-racial group. With increases in cognitive complexity, enhanced consciousness is possible regarding the relationship between life experience and racial identity. Autonomy and maturity also may be accompanied by increased exploration of one’s ethno-racial group. Engaging in critical thinking, processing with others, and participating in activities about ethno-racial identity may help answer the question “Who am I?” a cognitive-developmental process that often leads to more nuanced belief/value systems. Creating individualized beliefs surrounding content such as private and public regard are also processes during this life stage, which ERI conceptualizes as the young or emerging adulthood stage. It is during this phase that processes begun in adolescence (exploration, reflection, maturity, flexibility) deepen as

adults tend to create even more pronounced content related to their ethno-racial identity. It is also during this time that one's ethno-racial identity (or consciousness of it) starts to merge and integrate with other aspects of self to create the coherent and complex self that the EI model describes.

From an EI perspective, beliefs and values exist in the service of core need, which drive the human self forward in an attempt to meet one's unique adaptive potential. An optimally organized self is therefore the functional result of getting one's own needs met in a "good enough" manner over a sufficiently long period of time, which results in a relatively clear linkage between what happens "out there" (the Exoself level), how such events are experienced and interpreted in relation to one's beliefs and values (at the Ectoself level), which are experienced in a non-distorted manner (at the Mesoself level), which means there is a relatively clean alignment with core needs (at the Endoself level). Such integrated alignment is what the EI model refers to as a "high optimal" self structure, a point that has received substantive empirical evidence via operationalization through the Beliefs, Events, and Values Inventory or BEVI with various populations and cultures around the world (Shealy, 2016).

Relatedly, ERI also posits that an optimal or achieved ethno-racial identity is realizable, a contention that is bolstered by Phinney's (1990) ethnic identity adaptation of Marcia's (1994) personal identity theoretical framework. Marcia created four identity statuses: achievement, moratorium, foreclosure, and diffusion. These statuses represent varying degrees of identity exploration and commitment. More specifically, Phinney adopted a culturally informed approach to develop this theory of ethnic identity development. By linking the extent to which someone actively pursues information about

their ethnic group and commitment as a marker of identity acceptance and membership, Phinney redefines the four statuses of ethnic identity through a cultural-developmental lens. So, diffusion is a state in which a person is not engaged in exploration or commitment related to their identity. Foreclosure is a status bestowed to someone who has committed to an identity but has not engaged in exploration. Moratorium identity status describes someone who has engaged in exploration but has not committed to an identity. An achieved status occurs when an individual has engaged in both high levels of exploration and has committed to their identity. According to Phinney, and expanded upon by the ERI group, optimal ethno-racial identity is an *achieved* ethno-racial identity. Remember from an EI perspective that “identity” does not connote an identification or label but rather one’s narrative of self to self, others, and the world. Therefore, an achieved ethno-racial identity becomes possible only when an individual has actively sought out and gathered information relative to their ethno-racial group. Such an individual also is able to synthesize such information, understand its meaning, and use such awareness to more effectively navigate real world challenges and opportunities.

Racial Trauma and the Impact on Identity. As may be clear by now, the experience of racism, or racial trauma, can negatively impact identity and identity development in at least two fundamental ways: 1) by impeding processes of psychological integration across different levels of self (e.g., to what degree are core needs integrated and accessible) and 2) by the internalization of negative beliefs and values about self, others, and the world (e.g., those that are prejudicial or otherwise denigrating of one’s own ethno-racial identity) (e.g., Aronson, 2012). For example, from an EI perspective, negative racial encounters or racism in all manner of forms (e.g., overt,

covert, institutional, interpersonal) can threaten processes by which all nine core needs are likely to be experienced, expressed, and met in a “good enough” manner across people, place, and time. As Shealy (in press) observes, one only has to glance at daily headlines to witness the individual and collective result of core needs (e.g., for acknowledgement, affiliation, actualization, attunement) not being met or recognized as legitimate for specific individuals or groups within society. Anger, despair, disturbance, and even violence toward self or others is an entirely predictable if not inevitable response to the abnegation of core human needs (e.g., Cummings, Davies, & Campbell, 2002; Shealy, Bhuyan, & Sternberger, 2012).

From an EI perspective, whatever one’s skin color, gender, economic or educational status, religious or political background, or any other defining attribute, *Homo sapiens* is born into the world not only with the moral right, but an evolutionarily-mediated imperative for core needs and adaptive potential to be met in a minimally sufficient manner. When these needs and potential are 1) arbitrarily or capriciously ignored, minimized, or denied, 2) seen as lesser or a threat by those in positions of relative power and control, or 3) systematically undermined via actions, policies, and practices that institutionalize such delegitimization, we are all diminished, and will reap what we sow, not only at the individual level for each soul denied their birthright, but for all who will bear the brunt of such wanton malfeasance by us toward ourselves.

From the standpoint of racial trauma, the implications of this perspective may be evident. Specifically, if events or experiences chronically and/or seriously impede a person of color’s ability or desire to express or meet their own needs and potential, the self as a whole is correspondingly bereft since its fundamental design, structure, and

purpose are negatively impacted. Since identity is the self's narration of itself, imagine the story people of color often learn to tell. In other words, racism not only impacts self-concept, but one's own story to oneself, others, and the world regarding what the possibilities and realities are for life and living. Since our identity represents how we see and navigate our experience, the potential impact of negative racial encounters can be severe and significant, both in everyday life and clinically (e.g., Aronson, 2012; Cummings et al., 2002).

When explicitly conceptualizing how racism interacts with core human need, it also is key to remember that these levels are interdependent, meaning that a lack of fulfillment or expression of one need type might impact another. For example, the appetitive level consists of our need to satisfy bodily needs. They are expressed through desires such as hunger, thirst, release, and stasis. Institutional or systematic racism as well as individual or interpersonal racism can threaten the ability of people of color to experience fulfillment of this most basic level of safety without the threat of harm. Whether it is school, housing, or other primary systems, minorities are disproportionately at a disadvantage when resources are allocated, which further impacts how, when, and whether needs and potential may be met in a minimally sufficient manner. Racism in the form of job discrimination can also impact one's ability to financially contribute to appetitive needs (Ziegert & Hanges, 2005; Stewart & Perlow, 2001; McConahay, 1983).

Consider attachment, one of the most well researched and understood of all the core needs (e.g., Cummings et al., 2002; Shealy et al., 2012). From an EI perspective, attachment refers to our need for deep emotional bond or connection with others and is expressed through desires for merger, touch, warmth, bonding, security, nurturance,

responsiveness, and predictability. Racism is “othering” at its core, using power to devalue and inflict subordination on “the other.” As such, negative racial encounters impede the ability of people of color to form stable and nurturing attachments because racists, by definition, are disinclined to recognize or acknowledge – much less meet – attachments needs in those perceived to be lesser or “the other.” Likewise, institutional or interpersonal racism also creates dynamics where even intrapersonal attachment within one’s ethno-racial group is threatened due to violence, incarceration, and disproportionate economic hardships that create financial burdens that demand the prioritization of work over attachment (e.g., Hart & Glick, 2016). Insidious negative racial encounters have the potential to create disturbances of attachment (e.g., avoidant, insecure) for those on the receiving end of such actions, policies, and practices. The constant threat of hate crimes or microaggressions can severely rupture security and predictability and create a valid but impairing hypervigilance that can rupture not only the experience of warmth and responsiveness but the belief that such experiences are even possible (e.g., Cummings, Davies, & Campbell, 2002).

At another level, consider affective needs, which are, from an EI perspective, experienced or expressed emotionally in terms of processes such as reciprocal empathy. If appetitive and attachment needs are not sufficiently met for the reasons noted above, imagine the corresponding challenges individuals of color may have regarding the ability and willingness to trust others, much less the cognitive or behavioral inclination to seek out interactions that might yield reciprocal empathy. If a person is unsafe or hungry, and has learned to mistrust those in their environment, they are correspondingly less likely to expend much effort to express or meet affective needs. Alternatively, individuals of color

may well be in tune with their affective needs only to experience negation of their legitimacy when expressed. By extension, if mental health professionals are not equipped to recognize the psychological impact of racism on emotional functioning, then the therapeutic means of aligning one's self and feelings, or in other words meeting affective needs, may be inadequate or absent.

Acknowledgement needs refer to being noticed or appreciated – to be seen – and are expressed through processes such as mirroring, recognition, and resonance. For a significant portion of U.S. history, Black individuals were thought of and treated as less than human. While slavery is over, Black people living in the United States are still treated as less than deserving of the same level of acknowledgement as White individuals, a reality that manifests across all manner of phenomena (Okazaki, 2009; Brondolo et. al., 2009; Utsey, 2008). This historical trauma created a context in which even after slavery, the acknowledgement of Black people, or the manner in which they were recognized by society was often through stereotypes or tropes that centered around negative images and concepts such as aggression, lack of intelligence, and ugliness despite pushback and protest (e.g., Gould, 1996). As a result, societal resonance (as it relates to positive images and emotions) is comparatively low. Low both in terms of how Black Americans resonate with society (e.g., through their experience of historical narratives, media portrayals, policy prescriptions, etc.) as well as how society resonates with people of color (e.g., due to racism, the needs and experiences of Black Americans may well be reflexively minimized or dismissed).

Activation needs manifest in exploration, engagement, and mastery, and are expressed through phenomena such as novelty seeking, ascertaining casual relations, and

the experience of personal efficacy. The very idea of venturing out to seek stimulation or novel experiences implies the privilege of safety, a privilege that historically has not been given to or perceived by many people of color in certain environments (e.g., casual relations are often difficult to ascertain when negative racial experiences – explicit or under the guise of acceptance and well intentions – lead to mistrust).

The affiliative level consists of our need to form social and emotional bonds with others. It is often expressed through belongingness, connection, interdependence, relatedness, and social exchange. Racism can cause one to internalize a sense of devaluation and unworthiness in relation to affiliative pursuits, which may be rejected outright. A Black individual living in an area that cultivates a culture of microaggressions, microassaults, and hate crimes against people of color is constantly being inundated with messages that affiliation is unlikely or will be fraught with peril.

The actualizing level consists of our need for growth and fulfillment and is expressed through differentiation, achievement, influence, consistency, congruence, coherence, esteem and identity. To consider just a couple of facets of such need, to achieve influence, one must have access or opportunity to such aspirations. Racism can manifest in a manner that strips a person of color of their perceived power, opportunity, and access across situations and contexts. Negative racial experiences are devaluing in a way that may hinder the esteem and subsequent behavior that would otherwise naturally pursue achievement. Relatedly, negative racial stereotypes and generalizations that perpetuate racism make the achievement and recognition of one's potential that much harder for people of color.

The attunement level consists of our need to be reactive and responsive to another's emotional needs and moods. It manifests as attunement regarding the human condition (e.g., expressed through altruism, community, compassion, fairness, justice, protection, and responsiveness) as well as attunement regarding the natural world (e.g., expressed through balance, sustainability, and interconnectedness). Enduring racism may make it more difficult to engage and support the emotional experience of others, or even the natural world, especially if people in one's environment are the perpetrators of negative racial experiences that demonstrate the opposite of attunement and/or the "natural world" (e.g., as defined by harsh or ubiquitous deprivation).

Lastly, the awareness level consists of our need to reflect upon "higher" existential considerations regarding self, other, and the larger world, which manifest as one's relative tendency to reflect upon life place, life purpose, meaning making, morality, transcendence, transformation, and the like. A person of color's ability and inclination to explore such matters may not be an accessible privilege, particularly if consumed by the pursuit of other more basic needs (e.g., appetitive, affiliative). In particular, enduring insidious racism may skew an individual's meaning making system in the form of internalized racism that impedes reflection on matters such as life purpose or the experience of transcendence.

Although touched upon above, recall also that the EI model includes four interrelated levels of self: Endoself, Mesoself, Ectoself, and Exoself. From this standpoint, an individual's identity or narration of self is contingent upon the formative variables that impact self structures and processes, including access to core needs and the ability to pursue one's adaptive potential. At the Exoself (i.e., external self) level, a

person of color likely endures more distress regarding negative societal beliefs and values surrounding race. As a result, at the level of the Ectoself (i.e., the shell self, where beliefs/values are internalized), a person of color is especially vulnerable to negative beliefs and values expressed toward, or about, members of particular ethno-racial groups. Likewise, at the Mesoself (i.e., the mediational self) level, a person of color must engage in filtering processes to a degree that may be higher or more aversive than non-minority individuals, particularly in relation to the likelihood that this or that encounter, or potential opportunity, is likely to be responsive to one's core need and adaptive potential at the Endoself (i.e., core self) level. In short, racism represents an entire field of affectively laden dynamics and processes that represent an added challenge for people of color to navigate. Is it any wonder, therefore, that such individuals may hesitate to engage with, or be skeptical of, the motives or intentions of others?

The ERI framework offers a complementary perspective to the EI model, in its contention that racism has the potential to impact one's ability to engage in the exploration and commitment necessary to experience a fully realized ethno-racial narrative. In other words, as with the EI model, the ERI framework also holds that racism can negatively impact a person of color's ability to realize and experience an achieved identity. For example, according to Umaña-Taylor et. al., "salience" is one component of the ERI model, which may be defined as:

the extent to which one's ethnicity-race is relevant to one's self concept in a particular situation...and is determined by the interface of the context of the situation and the individual's tendency to define himself or herself in terms of

ethnicity-race. Thus, salience of ethnicity-race varies across individuals within the same situation and will vary within individuals across different situations. (p. 26)

By extension, the impact of negative racial encounters is going to vary from person to person because everyone has a different relationship, and degree of salience, when it comes to their ethno-racial identity. More specifically, the greater a Black person's salience at the time a negative racial encounter occurs – or the greater their salience when they process and address the encounter – the more severe the impact of racial distress will be to their sense of identity as well as attendant processes of identity development.

Important to keep in mind here is that salience is ever-changing for each individual, so one cannot presume to know, or generalize, regarding the impact of a particular racial trauma experience upon ethno-racial identity. That is why engaging in therapeutic assessment (e.g., Cozen et al., 2016) vis-à-vis racial trauma is so important as it allows for the evaluation and engagement of an individual's actual nuanced racial experience and identity in order to inform assessment processes and treatment. In this regard, it is worth noting that individuals who express the highest level of salience in various contexts, also reported an achieved identity as a result of high commitment and exploration levels (Umaña-Taylor et. al, 2014). Likewise, higher salience can yield desirable results in the form of a more adaptive or optimal sense of identity, a perspective that is aligned with an EI-related assessment of “high optimal” functioning. However, higher levels of salience also likely mean there will be a higher level of event centrality if something racially traumatic occurs. Such predispositions could result in greater psychological impacts due a deeper rupture of the self and its expression as well as the understandable tendency (based upon past experience) to interpret new experiences

through a racial lens, in whole or in part, and for better or worse, for all of the reasons noted above (i.e., a person of color's own needs and potential may have been experienced negatively by others with greater power and control).

Positive affect, positive affirmation, or group esteem are also central themes in an achieved identity from the ERI perspective. The more positive affirmation an individual ascribes to their ethno-racial identity, the more positively they will adjust during various developmental stages, thus increasing the likelihood that they will have an achieved identity (Umaña-Taylor et. al, 2014). When contemplating the impact racial trauma may have on one's identity, the experience of affirmation and esteem are particularly vulnerable. Demeaning, humiliating, or threatening acts against an individual can negatively impact self-concept, which would impact their ERI development and the aforementioned positive adjustment. Affect, affirmation, and esteem mediate how we narrate the story of ourselves to ourselves as well as how we think the world narrates us. An individual's public regard, or the positive or negative views they believe others ascribe to their ethno-racial group membership, is therefore important when appraising or facilitating the achievement of identity. By living in a racist environment, not only would a person of color likely have stifled opportunities to engage in such self-exploration but also would have relatively low public regard which might yield lower commitment as it relates to the pursuit, much less achievement, of their own ethno-racial identity.

Low commitment may also be conceptualized as a factor related to identity self-denial, which may be defined as "an attempt to hide or minimize one's ethnic-racial background, including being afraid to express feelings about the in-group" (Umaña-Taylor et. al, 2014, p. 28). Such a state is thought to result from low positive affect, low

private regard, and low centrality when an increased awareness of negative public regard compels one to engage in identity self-denial (Umaña-Taylor et. al, 2014). In other words, as autonomy and awareness increase – if one becomes aware that society or others in their environment think negatively of their ethno-racial group – it is less likely that they will make ethno-racial group membership a prominent part of their identity, much less to express that identity to others. Being in an environment in which membership in a certain ethno-racial group could threaten your life or well-being could certainly increase identity self-denial as a means of protection. As a result, identity self-denial may be a self-preservation tactic and undesired or non-optimal state of being instead of internalized racism.

Both the EI and the ERI model concur that an individual's social environmental context or formative variables warrant attention when conceptualizing identity and self. Therefore, to truly understand the impact of racial trauma on a person's identity, it is necessary to understand the sociocultural factors and forces in which they have been embedded. Only then is it possible truly to comprehend how identity has developed vis-à-vis racial experiences and how such interactions may inform mental health assessments and interventions. An identity that is misaligned or curtailed – essentially a self that has not sufficiently had the experience of having needs or potential seen and supported – affects all aspects of existence. By extension, then, as mental health and social service practitioners, educators, and scholars, it is incumbent upon us to “name the pain” from exposure to racial trauma, in all of its varied manifestations.

Integrated Therapeutic Approach for Racial Trauma. Both the ERI and EI models help us see the potential impact that negative racial experiences can have on the

experience of identity, sense of self, and fulfillment of core needs for people of color. These impacts may manifest in psychological distress that would lead some to seek help. As efforts continue to reduce the stigma in communities of color related to seeking therapeutic services, and the number of psychologists of color increases, the question of how to address clinical race-related distress is becoming more prominent. Unfortunately, this need is not being consistently reflected in traditional psychology training or practice. For example, Hemmings (2016) conducted a study in which 106 licensed or certified professionals in the field of counseling answered a series of questions to examine their experience with race-based trauma. Results indicated that 67% of participants stated that they had not received training to identify race-based trauma; 81% of participants stated that they had not received training to treat race-based trauma; and, 87.7% of participants stated that their professional practice did not include professional resources on race-based trauma such as treatment recommendations. While this study looked at a small sample of professionals relative to the entire mental health community, it illuminates a gap in the field and profession of psychology regarding this specific form of distress, which likely would be of relevance to a significant percentage of this population.

In that regard, the onus is on the field of psychology to create tools, frameworks, and interventions to assess, conceptualize, and treat these mental health concerns with the same focus and vigor as any other facet of psychological experience. Fortunately, emerging efforts are seeking to address race-based distress in a more intentional manner, resulting in a number of racial trauma frameworks to conceptualize and implement treatments for race-based distress (Comas-Díaz, 2016; Bryant-Davis & Ocampo, 2008). Despite such positive advances, such frameworks may manifest as one-size-fits-all

models (e.g., step-by-step interventions which are generally useful, but may not apply to specific racial trauma presentations). Although there are definite benefits to describing general signs and symptoms of racial trauma, as well as relevant approaches to treatment, it also is necessary to provide guidance regarding how to assess and intervene around inevitable individual differences (i.e., a model or method is only as good as its ability to address nuanced experiences of distress and varied symptoms clusters). In short, while there are many commendable and general racial trauma frameworks, there is a relative dearth of therapeutic assessment models and methods which are explicitly designed to help clinicians match and tailor their approaches to the specific assessment and intervention needs of their clients.

Current Study. The ability to appropriately pair treatment with the client's specific needs through assessment is a collaborative and engaged approach that is known overall as "therapeutic assessment" (e.g., see Cozen et al., 2016). At the most basic level, therapeutic assessment facilitates integrative approaches to assessment in which clients and clinicians work together to identify and consider the implications and applications of assessment processes and results for the therapeutic enterprise. When this approach is juxtaposed with the clinical inclusion of racial trauma – a field that is still in its relative infancy – the possibilities for addressing anxiety-based and historically-mediated concerns become clear. Likewise, the assessment of racial trauma in itself remains a relatively new practice horizon (Carter, 2007). As such, the model and method described here – Therapeutic Assessment for the Psychological Impact of Racial Encounters (TAPIRE) – offers one way to address these issues and needs through research and practice, which are only now gaining overdue recognition. In short, the hope of the

present study is to provide a comprehensive and integrative “therapeutic assessment” approach that clinicians may use both to appraise racial trauma while using such information to intervene in an effective manner.

Overall, clinical tools for assessing racial trauma typically fall into one of two categories. Racial trauma assessment measures that do exist – although generally thoughtful and helpful – tend to assess 1) the frequency of negative racial encounters (Kershaw, et. al., 2016; Waelde, et. al. 2010; Bergman, Palmieri, Drasgow, & Ormerod, 2012) or 2) distress experienced from racial encounters without linking such results to the holistic and unique structures or symptoms specific to the client (e.g., emotional, cognitive, behavioral, interpersonal) (Huynh, 2012; Alvarez, Juang, & Liang, 2006; Landrine & Klonoff, 1996). Although informative, such approaches are different from the TAPIRE’s therapeutic assessment model and method, which is designed to assess specific aspects of an individual’s life history, experience, and presentation, provide specific implications for attendant interventions through comprehensive evaluation, and facilitate client collaboration and engagement through a therapeutic assessment paradigm and approach.

More specifically – and mindful of perspectives and guidelines offered in related literatures – the TAPIRE is designed as a comprehensive and integrative approach to therapeutic assessment that 1) addresses the frequency and type of unique racial encounters, 2) ascertains the origin and nature of various incidents that the client perceives as racially injurious, 3) gathers additional assessment data (e.g., life history, psychological functioning) to help contextualize and comprehend the relative impact of racially traumatic experiences, 4) translates such information into specific processes and

plans that help guide treatment, and 5) includes the client in the entire process per guiding principles and best practices of therapeutic assessment.

In addition to developing and delivering an empirically grounded, depth-based, and mixed methods approach to treatment planning, the TAPIRE model and method strives also to match and/or integrate racial trauma interventions to the specific features of each unique client. In so doing, the approach is designed to be process-oriented and exploratory, in order to deepen the client's understanding of the nature, scope, and origins of their distress. That is because it may be empowering to develop a language and narrative regarding one's own distress with depth and direction (Comas-Díaz, 2016). At a complementary level, TAPIRE also includes psychoeducation regarding relevant phenomena such as microaggressions or different psychological reactions to stress, which acknowledges and illuminates the extent to which racism can permeate a person's life, a topic that should be included prominently within the therapeutic milieu when relevant.

Along the way, the goal is to balance goal planning for the future with the need to process racial distress, a feature that helps empower clients to identify and pursue their own core needs and life potential. Ultimately, the purpose of creating such a therapeutic assessment space is to help clients deeply consider how their identity, psychological functioning, experiences with, or reactions to, negative racial events, and their goals for the future are all intertwined and worth analyzing together vis-à-vis their experience as a person of color. In short, the TAPIRE model and method is informed by relevant literatures (e.g., on the interface between human identity, need, and racial trauma), which have been translated into a mixed methods approach with a specific population, using the principles and practices of therapeutic assessment, with an overarching commitment to

multiple levels of analysis and application. In this way, TAPIRE helps clinicians work with clients to create a shared therapeutic map that addresses a client's nuanced experience of race-related distress while forging and navigating a new sense of identity that is more congruent with, and responsive to, core needs, adaptive potential, and life aspirations.

Methods

Purpose of the study

This study is an exploratory applied research design from a small and intensive case study methodology to understand how Black individuals may benefit from an assessment of their psychological experience of racism. Following guidance from Kenny's (2020) model and method for therapeutically assessing couples, and consistent with a therapeutic assessment approach (Cozen et al., 2016), this mixed methods pilot study identified emergent themes from participant feedback to develop and refine a model and method for the therapeutic assessment of racial trauma.

Participant selection

A reviewed and approved email was sent to every Black undergraduate and graduate student at a comprehensive and mid-sized university in Virginia detailing the study aims, describing the procedure, and asking for volunteer participants. Flyers were also placed in the multicultural student services center and the counseling center. Counseling center staff also agreed to offer the study as a referral option for any student who would benefit therapeutically, met criteria, and was interested in participating. Eligibility criteria were met if volunteers were an undergraduate or graduate student of the university, identified as Black (i.e. through self-reported group membership), and had

experienced race-related distress. Researcher scheduled individual phone calls with volunteers to further discuss the process and answer any questions or concerns. Once volunteers consented to completing all the measures, were eligible for participation, and attended the phone orientation process, they were chosen as participants.

Description of participants

The participants in this study were four students total with one undergraduate student and three graduate students who all were currently enrolled in the university. Participants' ages ranged from 22 years to 36 years old. All four participants racially identified as Black. Regarding ethnicity, two identified as American, one as African, and one as Bahamian. All four participants identified as female. The socioeconomic status of the participants included two participants that self-identified as lower class and two participants that self-identified as middle class.

Data collection

This piloted TAPIRE model included four two-hour sessions, a reflections handout completed by participant, and a psychological assessment report that included the following: data gathered through sessions, results of the measures completed by the participant, and recommendations for racial trauma focused treatment based on participant's presentation. The participant's experience of the TAPIRE was assessed through feedback surveys at the end of each session and at the completion of the TAPIRE program. After obtaining the participant's address and consent to be in the study, the clinician-researcher mailed the TAPIRE packet, which included an introduction letter and the measures to be completed. Upon completion of the packet, each participant emailed the clinician-researcher who then scheduled the first session. During the first session,

after confirming consent for treatment, a semi-structured clinical interview was conducted to understand the participant's current and past experiences with race-related distress, their racial socialization process, and their expectations or hopes for the therapeutic process. The second session included processing the participant's scores on their completed measures, subsequent interpretations made by the clinician-researcher, and participant reactions. The third session addressed participant responses to the reflections handout, which included prompts for thinking about insights gained thus far, which might be applied to future goals and aspirations. This session also included a discussion of tentative recommendations that had emerged from the evaluative process. The fourth and final session included reviewing the TAPIRE report that the clinician-researcher completed based on the information gathered during the prior sessions. The clinician-researcher and participant reviewed the report, which included an opportunity for collaborative editing of the report depending upon participant input. With supervisor feedback, the clinician-researcher then created a final version of the TAPIRE report that reflected the collaborative editing process. As agreed with the participant, the TAPIRE report was then marked confidential and sent to the participant via mail.

Measures

Beliefs, Events, and Values Inventory

The Beliefs, Events and Values Inventory (BEVI) is an online analytic tool designed to assess an individual's beliefs and values about themselves, others, and the world at large, while facilitating reflection upon how such beliefs and values inform personal growth, relationships, and the pursuit of life goals (Shealy, 2016). This measure consists of multiple demographic and background information items and 185 likert scale

items. Responders are presented with questions related to beliefs across different topics and asked to answer strongly agree, agree, disagree, or strongly disagree. Standardized scores are presented in percentiles between 1 and 100 across 17 scales. Regarding reliability, the BEVI demonstrates a high reliability across scales with the following Cronbach alpha reliability coefficients: 0.862 for Negative Life Events, 0.712 for Needs Closure, 0.882 for Needs Fulfillment, 0.610 for Identity Diffusion, 0.809 for Basic Openness, 0.755 for Basic Determinism, 0.760 for Ecological Resonance, 0.761 for Self Certitude, 0.903 for Religious Traditionalism, 0.814 for Emotional Attunement, 0.719 for Physical Resonance, 0.810 Self Awareness, 0.877 for Socioemotional Convergence, 0.798 for Sociocultural Openness, 0.828 for Global Resonance, 0.828 for Gender Traditionalism, and 0.831 for Meaning Quest (Shealy, 2016). Two validity scales are present to ensure consistency across responses and scales as well as congruency related to predictability. The lack of face validity helps protect the underlying structure and purpose of the measure from being identified and subject to response set confounds. The BEVI evaluates a range of interacting cognitive, developmental, and emotional processes. For this study, the BEVI was used to explore how scale variables and formative variables interact and impact participant's capacity for emotional and attributional meaning making as it relates to the psychological impact of negative racial events (see www.thebevi.com for more information).

Structural Analysis and Social Behavior (SASB) Intrex

The Intrex is a paper measure designed to give insight into an individual's functioning and relationship with themselves when at their best and at their worst. This study used the Introjective portion of this measure, which consists of 32 items total with

the same 16 items used for both the “at best” and “at worst” sections. Responders are presented with statements and asked to rate how often their behavior aligns with the statement on a scale of 0 (never, not at all) to 100 (always, perfectly) in 10-point increments when at their respective best and then respective worst in the past few months. Scores for this 32 item inventory are presented across 8 domains (self-empower, self-affirm, self-love, self-protect, self-control, self-blame, self-attack, and self-neglect) for an “at best” profile and an “at worst” profile. Higher scores on each domain represent a higher level of engagement in that type of self-treatment. Regarding reliability, the Cronbach alpha for college students is .71 for ratings of introjective self-treatment at best and worst (Critchfield & Benjamin, 2010). Studies indicate good predictive and concurrent validity. This study used the measure to give the researcher insight into how the participant treats themselves when at their worst and at their best. Subsequently, this measure provided information related to how the participant might treat himself or herself when dealing with the psychological aftermath of a negative racial event.

Inventory of Microaggressions Against Black Individuals

The Inventory of Microaggressions Against Black Individuals (IMABI) is used to assess an individual’s experience of microaggressions, specifically microinsults and microinvalidations. Responders are presented with 14 items and asked to indicate whether they have experienced each event during the last year and how much the event upset them if experienced. Likert scale responses included: this has never happened to me (0), this event happened but I was not upset (1), this event happened and I was slightly upset (2), this event happened and I was moderately upset (3), and this event happened

and I was extremely upset (4). Responses are used to explore frequency and impact of events. Regarding reliability, the 14 items have a high estimate of internal consistency ($\alpha=.94$). Validity of this measure is supported by its correlation with measures related to race related stress, anticipated racial discrimination, and psychological stress (Keilman, 2018). This study used the IMABI to quantify a participant's experience with specific types of microaggressions and explore the insidious traumatic effects that continuous exposure to subtypes of microaggressions can have on the participant's psychological functioning.

Race Based Traumatic Stress Symptom Scale

The Race Based Traumatic Stress Symptom Scale (RBTSSS) is used to assess the presence of stress and traumatic stress reactions to racial discrimination and racism. Responders are asked to describe up to three of the most memorable events of racism they have experienced and then asked to pick one of the events to rate and describe their reactions. 52 items are then presented and responders are asked to describe their reaction up to one month after the event and most recently using the following likert scale responses: does not describe my reactions (0), had this reaction infrequently (1), had this reaction sometimes (2), had this reaction frequently (3), and this reaction would not go away (4). They also respond yes or no to the prompt "did others notice a change in you?" for each item. Standardized scores are then created and reflect across the following scales: Depression Immediately After, Depression Recently, Anger Immediately After, Anger Recently, Physical Immediately After, Physical Recently, Avoidance Immediately After, Avoidance Recently, Hypervigilance Immediately After, Hypervigilance Recently, Intrusion Immediately After, Intrusion Recently, Low Self Esteem Immediately After,

and Low Self Esteem Recently. Cronbach alpha's for the seven Immediately After reaction scales are as following: Depression (.90), Intrusion (.88), Anger (.88), Hypervigilance (.89), Physical (.91), Low Self Esteem (.86), and Avoidance (.84). Alpha values for the Most Recent reaction scales are as follows: Depression (.92), Intrusion (.91), Anger (.90), Hypervigilance (.91), Physical (.84), Low Self Esteem (.90), and Avoidance (.84) (Carter, 2018). Each of the RBTSSS scales has been positively correlated to depression, anxiety, and loss of emotional/behavioral control and inversely correlated with positive affect and emotional ties (Carter, 2018). This study used the RBTSSS because this measure does not assert racial events but instead assesses the psychological impact of specific negative racial events that the participant deems distressful. It provided insight into what the participant deemed as negative racial events as well as how impacted they can become as a result of negative racial events.

Life Information Survey

The Life Information Survey is a tool used to gather clinically significant information from an individual. Yes and no as well as free response questions are included to cover information across the following sections: background information, family history, personal history, school/career information, relationship history, personal safety, SCID screening, substance use, and goals and expectations. This study used this measure to gather contextual and relevant background information about the participant in hopes of gaining a holistic view of who they are and how they experience self, others, and the larger world.

Results

Data analysis

As this was a pilot study used to explore the potential of the TAPIRE, data was derived from the measures described above along with feedback obtained at the conclusion of each session and the entire TAPIRE program. Thematic analysis was used to extract themes or patterns of meaning from participants' feedback in an effort to identify how the TAPIRE might be utilized to address racial trauma in clinical practice. More specifically, Reflective Thematic Analysis (RTA) was used to extract themes. Developed by Braun and Clarke (2019), RTA is defined as “a theoretically flexible approach where themes are conceptualized as analytic outputs created from codes determined after analyzing data instead of finding data related to theoretically driven themes” (see <https://www.psych.auckland.ac.nz/en/about/thematic-analysis.html>). This approach views analysis as “an active processing of developing themes through our interaction with data” (see <https://www.psych.auckland.ac.nz/en/about/thematic-analysis.html>). RTA does not claim inter-rater reliability, but rather conceptualizes coding as a flexible and evolving process that is the result of the researcher's reflective analysis of the data, which subsequently is shared and reviewed by others.

This thematic approach was appropriate for this particular study for several reasons. The sample size of four participants is small (thematic analysis often requires larger sample sizes). The case study format, and small sample size, lent itself better to this flexible analytic approach for an exploratory and pilot study of this nature (Braun & Clark, 2019). For example, RTA emphasizes reflective journaling by the lead researcher, who is required to become extremely familiar with the data through repeated reading,

analysis, and processing of participant feedback. Truly understanding what the four participants gained from this experience, complemented by a reconciliation between participant and researcher experience, are core features of this analytic approach.

Moreover, RTA allows for research questions to be created after data collection and analysis instead of creating questions and themes that might influence the data collection process. This feature was important for this particular study because there is no similar therapeutic assessment in existence. Likewise, no specific research question was asked in this pilot study. Instead, the purpose of this study and concomitant approach to coding were to identify information that could be used to refine the TAPIRE model and method with an expectation for a larger study in the future.

The aforementioned point also highlights the exploratory nature of this study, which focused on what experiences emerged from the TAPIRE process rather than seeking to measure quantifiable change. Likewise, the emphasis here was on data-reflection and assumption checking, to include external review (e.g., by supervisors and committee members), in order to evaluate any biases that may need to be examined. Such processes also included each participant, who served as a vital check on the preliminary conclusions or recommendations that were derived, an approach that is consistent with the principles and practices of therapeutic assessment (Cozen et al., 2016).

Derived Themes

After reviewing the survey feedback from participants, seven themes were initially identified. Through subsequent and iterative processes of reflection and review as describe above, these themes were merged and reorganized into four final themes. In

the following section the criteria and patterns within each theme are described along with examples of responses for each theme (participant responses are identified by P for participant and a number – e.g., P1 – to indicate which participant provided which response).

Theme 1: Increased Awareness

This theme refers to the insight gained related to one's cognitive, emotional, or behavioral relationship with racial trauma and subsequent desired changes after engaging in the TAPIRE program. Responses within this theme include:

I was able to see these complex parts of me that felt disjointed as a cohesive part of me. Understanding the background context, allowed me to understand how to change my behavior. (P1)

Through the process I gained insight on my views of race, how I respond to discrimination, microaggressions, and other anxieties and stressors. I learned about how the self-talk that I engage in when I am feeling at my best and worse is directly influenced by the messages I received as a child. Most importantly I learned that I can always change my self-talk to be what I need it to be and that I do not have to maintain negative habits that I have engaged in throughout my life. (P1)

I felt a sense of relief knowing that some of my negative thinking was linked to the racial disparities I experienced growing up. (P2)

I learned that I can add stress and anxiety to myself by self-blaming. I also learned that because of my lifestyle, I'm often not in touch with my body and "catching" up with my feelings and surroundings. (P3)

The biggest takeaway point that I received from Connesia was 'There is no such thing as being a better Black person.' That statement has literally blessed my life in so many aspects because I always felt like I was doing something wrong or when I encountered an unpleasant event, it was my fault – not knowing that I can decide if I want my contributions to be negatively or positively impactful. In the past, I use to blame myself for any outcomes and expect negative results to occur in my life (because of the pain, hurt, and suffering that I have endured). (P4)

In other words, showing compassion towards oneself. I was unaware of this notion and, as a result, I suppressed my feelings due to believing that I did not matter and I did not have a purpose. (P4)

This theme enforces the idea that confusion creates chaos. In other words, when clients do not understand how different experiences are intertwined and interconnected, additional layers of distress may emerge. Along these lines, participants often reported that prior to engaging in this intervention, they did not know how much of their lived experience was impacted by their trauma. Most importantly, a common report was that this intervention changed the way they treat or regard themselves. In particular, the TAPIRE process seemed to reduce participant self-blame and guilt.

Theme 2: Empowerment

The theme refers to an increased sense of agency after finishing the TAPIRE.

Some of the responses within this theme include:

Provided me with language to articulate my feelings. (P3)

I was able to be vulnerable about my past experiences without feeling judged but more so, understood and appreciated. (P4)

I am grateful for the program, itself, because I felt like someone heard my cries and felt my pain while being enrolled in a predominantly white university. I had lost hope because the university's culture dynamic indicated that no one cared about the African American student body and; therefore, I often found myself questioning my existence on campus. When I received the email about the TAPIRE program, I was relieved, hopeful, and thankful. (P4)

The TAPIRE program has informed me that I must continue to walk in my truth AND love myself while doing so – meaning that I have a right to my feelings and I have a right to feel the way I do. (P4)

This theme illuminates the power of having a language to articulate one's own experience. Reports indicated that participants often felt unheard before this process; the TAPIRE program helped them feel validated and that their pain and voice mattered. Common disclosures in this regard demonstrated how this process helped them know that

their feelings, thoughts, and behaviors related to racial trauma were not abnormal, infrequent, or pathological, but rather a normal response to an unjust dynamic. The TAPIRE process seemed to cultivate a space in which having a language to articulate one's experience, whether good or bad, increased agency and empowerment while decreasing helplessness.

Theme 3: Assessment Structure

This theme refers to the efficacy of using the paradigm and methodology of therapeutic assessment to address racial trauma. Some of the responses within this theme include:

This is a hard topic to talk about and that is why it is so crucial that we are able to have open dialogue about these encounters. Especially in a counseling session, having the tools to talk about this and for the client to have understanding and their experiences be validated is a game changer. This will allow for further conversation, growth, and understanding. (P1)

The assessments chosen really addressed various crucial aspects of trauma and the impact on worldviews and perspectives. (P1)

I enjoyed that it was a therapeutic assessment; assessments are often conducted during one session, and rapport is not established. The design of the TAPIRE allowed me to get to know the examiner and unpack more about my issues. I do not think I would have benefited if it were just one session. (P3)

It's an excellent program and I just wish that every person of color could have the opportunity to discuss their experiences, socialization, and trauma in a safe and therapeutic space. TAPIRE was holistic. (P3)

The individualized recommendations based on the findings really catered to my strengths and areas of growth. This allowed me to leave the last session with tools to continue the progress attained from the sessions. (P1)

The suggestions she made of several books to read were very beneficial since I was clueless to the various books that address my concern as a black woman. (P2)

This theme reinforces the idea that assessments can facilitate therapeutic change or insight in a manner that is consistent with the goals of depth-based and longer-term therapy. Aspects of the TAPIRE process that participants found particularly helpful were the psychoeducation intertwined within the session, the specific information gathered from each measure, the fact that multiple sessions occurred, and the nuanced treatment plan that was developed, reviewed, and finalized. The pace and phases of the TAPIRE seemed to facilitate the process of addressing racial trauma that each participant was hoping to engage in.

Theme 4: Clinician Qualities

This theme refers to the characteristics demonstrated by the clinician that influenced the TAPIRE process. Some of the responses within this theme included:

The analysis that the counselor made and the way she was able to use the data to paint a clear picture was so powerful. (P1)

Connesia was phenomenal!! She was so intuitive and gentle and empathetic yet strong and reliable. She is so wise and I am incredibly grateful to her for working for me and showing me how valuable I am. (P1)

Connesia made the greatest impact on me because she made me feel at ease throughout the entire process. She was attentive to my needs as well as patient.

Due to her being a woman of color who is a clinician. (P4)

This theme reflects the idea that an intervention is only as good as the clinician implementing it. Sharing salient cultural identity markers with one's clinician appeared to be helpful in building trust, rapport, and honesty, which in turn helped facilitate a deeper process of assessment and intervention. Creating concise and individualized ways for each participant to understand and use the information given along with reliability and flexibility also were qualities the participants appreciated.

Discussion

Upon reviewing the data derived from each participant after the TAPIRE was completed, and based upon the clinician-researcher's experience, the following

discussion focuses on preliminary implications and applications of this study, each of which is considered in turn.

Data derived questions for further research

Overall, two overarching questions emerged from this process, which may be helpful in future research of this nature:

1. Does the TAPIRE model and method help clients a) understand their experience of race related distress and b) facilitate a process of empowerment?
2. Does the TAPIRE model and method help in a) the development of a treatment plan that b) accurately accounts for race-related distress and is c) endorsed by the client as meaningful and relevant?

By way of further explication regarding the formulation of the above two questions, participants reported an increase in understanding, and newfound ability and sense of power, to articulate their experiences of race-related distress. Such insight seemed to create more agency related to enhanced self-treatment and self-regard following negative racial experiences. More specifically, participants indicated that the process itself, and the specific recommendations that followed, resonated with their nuanced experience of race-related distress, the value of a racial trauma therapy framework, and the importance of insight gained regarding their unique experience. Similarly, participants reported that they gained coping skills that were individualized to

their presentation and life circumstances and were not simply generic attributions that could be applied to anyone.

Another substantive and emergent perspective was that participants felt the processes, measures, and results were applicable to more than their burgeoning attempts to cope with racial trauma. In particular, the tools and conversations allowed participants to take away information that helped them with many facets of functioning, including their responses to difficult circumstances, racial and otherwise. As such, participants gained deeper insight into multiple layers of their own identity, what their core needs were and how they might better be met, how their identity impacted their response to racism, and how racism has impacted their identity structure.

Tangibly, participants departed the process with a consensus-based report that concisely summarized their experiences and provided many recommendations that could help them thrive over the short- and long-term. For example, now that a more nuanced understanding of their own racial trauma had been identified, and subsequently matched to an appropriate racial trauma therapeutic framework, they felt more empowered to go to any clinician in the future to consider further engagement with report recommendations.

Although the TAPIRE appeared to provide multiple benefits for participants, a most salient outcome seemed to be the TAPIRE's tendency to create a space where the pain of a Black individual impacted by racism was not dismissed, or treated as a generic monolith, but rather was heard, validated, and addressed on its own unique terms.

In short, consistent with the two overarching questions above, it does appear that the TAPIRE offers a number of benefits to clients who report an experience of racial trauma. Although tentative, and subject to more research, preliminary findings suggest

that the treatment of clients may be improved if an exploration of racial trauma is included as part of the assessment and treatment regimen, as long as the goal includes insight and empowerment, and if the clinician is able and willing to tailor their approach to the specific etiology and nature of each client's unique experience.

Clinical experience of administering the TAPIRE

When reflecting upon clinical sequelae of the TAPIRE, it may be helpful to describe the experience of administration from a personal and professional standpoint. At the outset, any clinician doing this type of identity processes and evaluation work would need to be aware of their own identity, comfort, and bias. As an emerging Black female psychologist who has experienced racial trauma – working with and attempting to help a sample population of Black females who also have experienced racial trauma – the entire experience was challenging to say the least. Learning to identify, articulate, and balance my own experiences, potential projections, and the participant's experience proved to be key. Addressing anger regarding what the participants had to endure – and grappling with how to hold such intense levels of injustice and complex trauma in the therapeutic space – turned out to be pivotal aspects of personal and professional self-care needed to administer this deep form of therapeutic assessment.

Similar to other types of trauma work, addressing decompensation related to the racially traumatic experiences, while also instilling hope, requires a collaborative rhythm between clinician and client. In particular, finding and fine-tuning such rhythmic and iterative processes allowed this journey to become both inspiring and powerful, for client and clinician alike. Witnessing each participant open up to the idea of finding hope – when it may be easier to fall into a hopeless spiral – was core to finding the way forward

from a clinical perspective. The more I sat with each participant, the more deeply I understood how racial trauma is not a monolithic experience but can manifest in a myriad of ways. Racial trauma is complex. Just as there is not one way for a Black individual to thrive, there is no one way to experience race-related pain as a Black person. Every story is different. As such, clinical interventions need to address each unique form of distress with depth and commitment, goals that the TAPIRE model and method helped to pursue.

Toward best practices

Regarding proposed best practices for TAPIRE administration, there are many issues to consider. At its core, the discussion of who is best to administer the TAPIRE is akin to determining who may best facilitate the treatment of racial trauma with all the attendant clinical sequelae (e.g., interactions between core identity, personal history, and life aspirations). Most important is client comfort. Specifically, any clinician would need to process and explore client comfort in relation to completing the TAPIRE process. Among other topics to broach, it would be necessary to consider how one's own ethno-racial identity may in fact trigger a client vis-à-vis their own nuanced experience of racial trauma. Likewise, it is important to be prepared for the client's comfort level to change as you both delve deeper into the particulars of their own racial trauma.

If a Black client does consent to working with someone of a different ethno-racial group, that clinician must understand their own relationship with ethno-racial issues. Such self-awareness is paramount to the therapeutic process not being ruptured or re-traumatizing for the client. To engage in this level of race-based therapy without understanding your own honest and visceral ideations about racial issues, concerns, systems, and dynamics leaves you vulnerable to invalidating the client's racial trauma

narrative and skewing the process to fit your own bias. That is because transference and countertransference are highly likely with this work. As such, in order to track and attend to shifts in therapeutic process, the clinician must understand how their vulnerability and beliefs can help or hinder a client's growth process.

Similarly, if a Black client does not consent to engaging in the TAPIRE process with you as the clinician, you obviously should refer the client to someone who represents a better match. Fundamentally, the role of the therapist is to help the client achieve the most fulfilled, aligned, and integrated version of themselves. That competency is more relevant than ever when engaging in racial trauma work. Whether you will or will not be the psychologist to work with a client's racial trauma, you should know enough to identify or discuss racial trauma with your client (e.g., to help them become aware of how it may be addressed if race-based distress is a significant component of their presentation).

At the same time, it is also important to recognize that racial trauma experiences may involve perpetrators from different ethno-racial groups than your client, or of the same ethno-racial group, as is the case with many incidents of colorism. One should never presume that a client will want to enter into this race-based exploration with you because of shared cultural identities. Racial trauma is complex, complicated, and nuanced. Therefore, there is no "right" person to engage in such work, because until you process with your client, there is no way to anticipate the intersectionality of client and clinician. At the very least, the clinician, of any ethno-racial background, should 1) focus on being trained in identifying racial trauma, 2) be aware of their how own formative variables (e.g., life history, culture, context) shaped their perceptions and experiences vis-

à-vis ethno-racial identity, 3) create a therapeutic space where topics can be safely addressed and processed, and 4) explore how next steps related to the TAPIRE should be contemplated and pursued. Racism emerges from different sources and in different ways, which means that racial trauma, or the psychological impact of racism, may manifest through different expressive forms. As such, any clinician doing this work needs to be open to understanding, and genuinely curious, about the complexities that underly any client's presentation of racial trauma.

As may be clear, bi-directionality between racial trauma and self-structure is integral to the process of engaging in such work. That is because one's structured self impacts one's experience of racially activating events and attendant coping processes. One's identity and accompanying self-narration are mediated by internalized protective factors and the formative and contextual variables that gave rise to them. On the other hand, experiencing racially traumatic events impacts one's structured self (i.e., insidious exposure to racism impacts one's experience of self, others, and the world). That is because community-based and intergenerational racial trauma potentially create an environment that will shape the trajectory of every self that emerges into such a context along with any protective factors that may be accessible and integrated during development. Because this relationship truly is bi-directional, it is not possible to compartmentalize self from other in work of this nature.

Function of the TAPIRE

The Therapeutic Assessment for the Psychological Impact of Racial Encounters was created to fill a gap in racial trauma clinical interventions. While there are assessment instruments that address each of these individually, there has yet to be a

clinical intervention in which all of these aspects of racial trauma are combined and used to create a holistic picture of a client's distress to inform treatment, while also attending to specifics of racial trauma frequency, trauma narrative, identity diffusion, and self-treatment. Relatedly, there is a corresponding need to match a client's nuanced experience of racial trauma with tailored therapeutic approaches and frameworks.

As the racial trauma therapy movement grows as expected, it will be more necessary to identify which framework will be optimally useful for which client. By utilizing a therapeutic assessment paradigm, the likelihood of unchecked clinician bias is further attenuated. Toward such means and ends, the TAPIRE appears to bring the client's lived experience to the foreground, which helps in the development and modification of therapeutic formulations and interventions. That goal is especially important since race-related distress is not a topic that the mental health field has historically prioritized. Combined with already prevalent stigma of therapy in communities of color, it is especially important that clinicians are equipped both conceptually and methodologically with approaches that can address these deep-seated, complex, and often shame-based experiences. Ultimately, the fundamental hope of TAPIRE is to illuminate and make accessible these underlying dynamics that can profoundly affect the course of one's life.

Limitations

This study has limitations that should be considered. First, the sample size was small. A larger sample size would allow more information to be gathered to refine this model and method. More participants also would have allowed more insight into the nature and form of racial trauma presentations and their treatment. Second, all

participants were female. Having male, transgender, gender non-confirming, or gender non-binary participants would undoubtedly have resulted in greater understanding of the intersectionality among such core formative variables. While efforts were made to contact all potential students who self-identify as Black, perhaps it would have been possible to more intentionally recruit clinically underrepresented or underserved groups within the larger Black diaspora. Third and finally, the length of sessions may have also been a limitation. While meeting for four, two-hour sessions was useful for information-gathering, and the cultivation of deeply therapeutic assessment experiences, practical exigencies also will have to be considered in the future (e.g., insurance coverage, prescribed session numbers).

In conclusion: Implications for research and practice

The current exploratory study has a number of implications for future research and practice. Based upon all that was learned through this project, and by way of concluding, six implications are described next with a focus on the core question(s) or issue(s) that seem most salient.

First, as described above, the two following and overarching questions seem foundational to how this work may precede in the future.

1. Does the TAPIRE model and method help clients a) understand their experience of race related distress and b) facilitate a process of empowerment?
2. Does the TAPIRE model and method help in a) the development of a treatment plan that b) accurately accounts for race-related distress and is c) endorsed by

the client as meaningful and relevant?

In light of these questions, it would be useful to utilize the TAPIRE with different subgroups in the Black diaspora; such engagement certainly would help refine the conceptualization and application of the current model and method.

Second, from a theoretical and empirical standpoint, intersectionality is a core dynamic that makes racial distress such a complex form of trauma. As such, future research could focus on salient cultural markers (age, disability, socioeconomic status, sexual orientation, gender etc.) in order to understand better how such formative variables may mediate and moderate one's experience of racial trauma. Likewise, from an applied standpoint, it also would be necessary to evaluate how, and to what degree, intersectionality emerges as a specific dimension of therapeutic processes and outcomes (i.e., what is the best balance between focusing on racial trauma as well as the relevance of other life events), with a particular focus on translating such perspectives into relevant and mutually-developed recommendations.

Third, in terms of matching, it would be useful to evaluate client and clinician perspectives in this regard, not only to "course correct" as processes unfold, but to understand what variables are most salient in finding the right "fit" at the outset of the therapeutic assessment enterprise. Because trust, awareness of trauma, and vulnerability all appear to be integral to such interventions, it would be useful to examine in greater detail what factors appear most salient in that regard to client and clinician alike.

Fourth, a related variable of relevance would be how, whether, and to what degree rapport may be effectively established if clinician and client are of different ethno-racial groups, particularly if the clinician's racial identity triggers the client's racial trauma.

Fifth, across all of the above variables, through longitudinal studies or clinical application over time, it would be useful to understand how effective the tailored recommendations of the TAPIRE were to the long-term changes and functioning reported by the client.

Sixth and finally, the current approach has the potential to extend to other cultures and contexts. That is because ethno-racial trauma, in its broadest form, exists all around the world. While the TAPIRE was created to work within the Black American experience, it could be used with Black people all over the world as well as other persons of color who are grappling with ethno-racially traumatic events. Even further, the skeleton or formula of the TAPIRE could be adapted to address identity-based trauma in general. That is because the experience of being “otherized” typically tends to be distressing for human beings in general. Since a fundamental goal of TAPIRE is to illuminate and ameliorate the impact of injustice on the developing self, it would seem there is no limit to the populations that could benefit from this form of depth-based and individually-tailored therapeutic assessment.

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