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Addressing Systemic Inequities: A Psychoeducational
Group for Advocating for African Americans

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A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

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Abstract

This paper will discuss and describe the development of an open psychoeducational group that will empower people of the community through education to advocate for African American/Black people within institutions that may perpetuate barriers. Acknowledging that one in four people struggle with mental health issues, it is imperative to consider an appropriate treatment modality that destigmatizes mental health and equips participants with information. This group is especially relevant as one in three African Americans, who struggle with mental health concerns, will never receive the appropriate care comparatively afforded to white populations. This thesis will concisely discuss the education system, the mental health system, and the legal system through a lens that describes the impact these institutions have on the criminalization of Black people. As well as emphasize how awareness, affordability, and access can impact a Black person's experience.

Introduction

People of Color, especially African Americans, experience discrimination at nearly every level of existence, according to the Pew Research Center (2020). African Americans may express concerns that proper care or attention will be neglected, attributable to equity concerns. The concerns about inequitable care are not without reason since life typically has been experienced through a mainstream lens. Healthcare, specifically mental health diagnosing, exists on a multifaceted spectrum that our education system is still exploring and expanding upon (Fazel et al., 2014). Counselors are trained to see a vast array of issues, yet when it comes to diagnosing or helping People of Color, their needs are not met through the monocultural lens (Gopalkrishnan, 2018). Clinicians may struggle with where to begin when acknowledging People of Color's experiences with a mental health concern. When clinicians do not know where to begin their abilities may reflect an etic approach instead of an emic one. One in three African Americans who struggle with mental health issues will never receive appropriate treatment (WHO, 2019). Systemic disparities in mental health diagnosing People of Color have detrimental effects through lack of awareness, accessibility, affordability.

According to the World Organization of Health (WHO), one in four people will struggle with mental illness during their life (2019). It is widely discussed that African American people may experience struggles when it comes to accessing mental health resources, due to a multitude of systemic failures. On top of the accessibility concern, African Americans are disproportionately diagnosed with highly stigmatized psychotic spectrum disorders relative to whites (Perry et al, 2013). African Americans and Black communities have been exploited by the United States government and the medical

community, therefore illuminating a general distrust of medical aid (2019). Taking note of the person diagnosed with a highly stigmatized diagnosis that may not be accurate to the experience of their mental health concern, the compounded impacts of systemic racism, and the overall distrust of systems, finding the next avenue that could restore hope could be challenging, especially, acknowledging the criminalization of African American behavior.

Historically, the justice system has a long history of disproportionately affecting African Americans, as evidenced by the National Association for the Advancement of Colored People (NAACP). Imagine being stuck behind bars when you need culturally responsive rehabilitative care and instead, behavioral health needs are criminalized.

As a collective, the United States continues to participate in constructs that are not a relic of antebellum or Jim Crow past but are part of the fabric of American existence, African American existence (Cusick et al., 2021). An example of systemic inequities or suppression of communities of color displaying what happens to African Americans behind bars is Korey Wise, from the Central Park Five. He experienced a conviction, stemmed in racism, inevitably causing him to experience violence and wrongful solitary confinement. He is just one person that needed help and did not receive the proper care nor was he widely discussed until the film *When They See Us* was released in 2019.

Acknowledging the continual effects, “other scholars found that an estimated 50 to 75% of urban community-dwelling African Americans in need of mental health care do not receive it” (Planey et al., 2019, p. 190), often because of affordability. For those trying to examine all the systems, having the ability to afford care is just one more layer that highlights the inconsistencies African American people experience, as it is costly.

With there being a critical shortage of clinicians, that disproportionately affects People of Color, resulting in prohibitive insurance and healthcare costs (Weiner, 2018). African Americans therefore have some of the lowest rates of healthcare insurance of any ethnic group, reports Ruth White (2019), and unless policies change that remove barriers and provide education around mental health change, this cycle of lack of appropriate care may continue to be challenging.

This project hopes to address the systemic inequities and exclusions in society because there are Black people walking through life misdiagnosed, experiencing improper treatment due to the resources available being rooted in structural racism (2019), which seemingly perpetuate failures in equity. This work hopes to address the disparities at multiple systemic layers, bring awareness to the impacts of the racial disparities, and introduce a program of early advocacy intervention through a psychoeducational group with hopes of removing stigma, informing the community, and raising awareness.

Early Systemic Failures and Black People

Historically, Black people have experienced intergenerational trauma and injustices long before many can remember. An example, in Carol Anderson's *White Rage: The Unspoken Truth of Our Racial Divide*, is a quote referring to the verdict of *Brown v Board of Education*, where six-year-old Ruby Bridges is famously standing on the steps pioneering the desegregation of schools walking along with, racial writing on the walls, that says:

None of that violence would have happened, however, and certainly would not have been given the broader societal stamp of approval if, the respected elements

in white society- governors, legislators, U.S. senators, congressman, and even, more tepidly, and the president of the United States- had not condoned complete defiance of and contempt for the Supreme Court and the constitutional provision that its decisions are the law of the land (pp. 75-76).

This quote is just one example of blatant racism in the 1950s that was a turning point for fighting against equality that highlighted how the bigger institutions are put in place to help yet are harmful simultaneously.

Racism can take place at every level of life. For this project, it is important to start at early childhood and progress forward. But first, some terms need to be acknowledged, such as racism, discrimination, prejudice, and institutionalized racism. What is racism? Racism is based on prejudicial beliefs which maintain that racial groups other than one's own are inferior (Gladding & Newsome, 2018). Institutionalized racism is referring to the established use of policies, laws, customs, and norms that perpetuate discrimination, the unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age, or sexual orientation and prejudice, a negative bias toward a group of people (Gladding & Newsome, 2018). While these terms only scratch the surface, they are imperative for navigating through this body of work.

Looking directly at early childhood interactions it can be noted that play can elicit early anti-blackness that mirrors the criminalization of black males in society. For example, in the depiction of childhood play, Kinard et al. shared:

“We’ll be the good guys.” Six-year-old James points to himself and two other boys, Martin and Thomas. They are all white. James points to Alex and says, “And he’s the bad guy.” Alex is Black. The three white boys, runoff shouting, “Get away from

him! He's bad! Blasters out!!" Alex runs after them. The boys wield their "laser blasters" and "lightsabers" made of toilet paper rolls, cardboard, and bottle caps. As they sprint from space to space in the large yard, they periodically pause to duel or square off making "pew pew pew" sounds as they "shoot out" with the blasters (2021).

While this seems like harmless play, it is the beginning of Alex's remembered experience of racism. Here an educator could be trained to interject and use this as a space for learning about a just and unjust world, through a culturally responsive lens. Yet, educators can get in trouble for veering off "curriculum standards" (*Free Speech*, 2018). But that is part of the issue-the norm is Eurocentric and the "gold standard," which can be described as the "best" or "ideal" way to hold oneself. Alex is being told, at an early age, that he is inherently bad, and nothing is being done to stop the interaction nor was he given autonomy in this decision of characters. James automatically assumed the "power role" and everyone else followed behind revoking Alex's ability to imagine himself in a freer position.

Play-led classrooms are revered as beneficial because they are supposed to increase the child's developmental skills through exploration and creativity (Kinard et al., 2021). However, the education system contributes to the white-centered experience. Teachers need to do the work to create pro-black spaces and school districts must permit this to occur. But if primarily white school districts think teaching a culturally responsive space is, "...destructive and rejects the fundamental ideas in which our constitutional republic is based" (Sawchuk, 2021), then as a society we will continue to perpetuate systems of oppression. Equitable learning opportunities would be doomed from the start.

Factoring in Diagnosing/Assessment

Highlighting an additional part of the Black experience, let's introduce an observable mental health issue that needs further support outside of social support. The typical next step after encountering psychosocial stressors that cause distress is to seek out services like counseling, psychological assessment, or medical treatment. Already experiencing racial bias in the classroom at a young age, now there is a need for further assessment that may have gone unnoticed due to a cultural need for family privacy or other factors (Murray, 2017). However, the symptoms of the mental health issue are expressed in external settings, like the classroom or other extracurricular activities. The child, due to the need for help and consent from the family, willingly goes in for assessment, and rather than receiving a mood disorder diagnosis, the assessment comes back identifying the child is diagnosed with a highly stigmatized psychotic disorder. This is a large jump from behavioral classroom disruption.

Oftentimes when Black people seek out mental health services they are, “more often diagnosed with Schizophrenia and less often diagnosed with mood disorders compared to white people with the same symptoms” (Murray, 2017, p.3). While uncommon to be diagnosed with schizophrenia at a young age, this black child has been positioned for a life that will rely on a healthcare system where “physicians are 23% more verbally dominant and engaged in 33% less patient-centered communication with African American patients than with white patients” (Murray, 2017). This Black child will have to not only navigate growing up but will have to navigate the stigma associated with mental illness, a distrust of the system that can circle back to classroom observations, a lack of culturally diverse providers, and financial burdens.

The Pipeline

This same child who was freely playing in the classroom has now been given a diagnosis and may start to respond to things differently in class. He has been labeled as a “troubled child.” With over 80% of schools having a zero-tolerance policy, expanding into many other infractions besides weapons and drugs (Chen, 2020), this is a troubling recipe for this growing child. The purpose of the Zero-Tolerance Policy, introduced in the 90s, was to help with major offenses, like drugs and weapons, but with minimal flexibility in the policy, it has been shown to cause more harm to students than help protect. The policy which has now expanded to, “Zero tolerance refers to school discipline policies and practices that mandate predetermined consequences typically severe, punitive and exclusionary (e.g., out of school suspension and expulsion), in response to specific types of student misbehavior—regardless of the context or rationale for the behavior” (p.1), stated by The School Discipline Support Initiative (2020), is leading to more harm to individuals. An example would be when the “troubled student” stirs up commotion in school, there is an officer called to detain the student in question. Often, the student is arrested, depending on the infraction, and sent to an overpopulated juvenile facility, which in turn creates a juvenile record for this student. This student has become part of “the system.” -- “the system” where nationally, African American children represent 32% of children who are arrested, 42% of children who are detained, and 52% of children whose cases are judicially waived to criminal court, as reported by the NAACP (2021). But only comprise a small percentage of the population.

Incarceration of Black People

According to the NAACP (2021), there are 3 million people in jail or prison today. Black and African American people with mental health conditions, specifically those involving psychosis, are more likely to be in jail or prison than people of other races. Thirty two percent of the US population is represented by African Americans and Hispanics, compared to 56% of the US incarcerated population being represented by African Americans and Hispanics. This statistic suggests that there are racial biases within our justice system since Black and Hispanic people make up more than half the incarceration population yet represent less than half the US population (Nellis et al.,2021). Rather than implementing prevention efforts in educational systems or addressing community health concerns, the US government spends billions of dollars on correction facilities, according to the Bureau of Justice Statistics, that habitually fall short of offering rehabilitative services, like in the case of Korey.

Looking further into the correctional system where Black people are 5x more likely to be incarcerated than white people, according to the NAACP (2021), one might ask, how does this even happen? Or how does this get to a point that feels out of control? Racial bias. Racial bias is a personal and sometimes unreasoned judgment made solely on an individual's race (Williams, 2011). It can be a driving force in many of the disparities that People of Color experience, and not just in the justice or health system. The general public, that is majority white, operates under the assumption that there's always something that Black people could have done to prevent what happened to them and sometimes delay acknowledging issues within the system.

In addition to racial bias, there is another aspect at play which is racial profiling. Racial profiling, according to the American Civil Liberties Union is, “the discriminatory practice by law enforcement officials of targeting individuals for suspicion of crime based on the individual's race, ethnicity, religion or national origin” (p.1). If we look at the fact that there are issues with teaching cultural competency in schools and nearly 80% of law enforcement officials are White (Data Usa, 2019), this highlights another level of system failure. People placed in positions of power are, seemingly, ignorant of other cultural pitfalls because the dangers do not impact them negatively which channels the course of life taken (DeNicola, 2018).

Compounding Barriers

Noting the impact of the education system and the trickle-down effect it has on Black individuals, it appears the troubles continue. Black people may experience barriers that one person should never have to handle, like lack of affordability, recidivism, lack of access, and stigma (Russ, 2021). Once the person has identified their greatest troubles, in a bigger picture, the next step would be to figure out a way to make a change happen, but it is never that simple.

The first barrier mentioned is affordability and wealth. The average Black American household in 2021, according to the Department of Labor makes around 41,000 dollars annually. That is about 800 dollars a week. The average psychological test costs at least 100 dollars an hour. Sometimes fully testing an individual requires multiple visits, whether it's with the psychiatrist, medical doctor, or psychologist, and that bill can reach anywhere between \$1000-\$3500 (Staff, 2018). In addition to seeing those professionals, the average therapy session costs at least another 100 dollars. With these

services alone, this bill can reach thousands of dollars quickly. And approximately 11% of African Americans are not covered by health insurance (Murray, 2017) or are underinsured. Therefore, most of these expenses would come out of pocket.

Then, if the individual must go through the legal system, while there are court-appointed attorneys, the average cost of a lawyer on the low end, in Virginia, is \$120 an hour and on the high end of \$450 an hour, according to Marketplace Data (2021). If any other factors are put into this debt accrual like medication, transportation, additional opinions, food, cost of living, other bills, and so forth, this can inevitably carry a person into large amounts of debt spiraling into poverty levels and being dependent on the very system, financially, that got this person in this position in the first place. This is bolstered by fact that 27% of African Americans live below the poverty line, noted by the American Psychiatric Association.

The next barrier to be addressed is recidivism. “Recidivism is one of the most fundamental concepts in criminal justice. It refers to a person's relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime (p.1),” according to the National Institute of Justice. The reason why this needs to be addressed as a barrier is that more than 50% of individuals that are released, within three years are incarcerated again (Brito et al., 2021). Imagine being incarcerated, not necessarily always a fault of your own, being released, then winding up back in prison or jail because the support systems on the outside neglected to assist your needs. Most jobs upon identifying a felony record will not hire a felon based on preconceived notions. In turn, this person is without a job, suffering mentally, and back in prison or jail because they were institutionally cornered from the beginning.

One last barrier, but not an exhaustive barrier would be access to care. Even though the system has shown time and time again that it is not set up for black people, black people are still suggested to use it, as it is what is supposed to help. Despite that, in recent years 12.3% of Black and African American adults who had a doctor's office or clinic visit had difficulty getting needed care, tests, or treatment compared to 6.8% of white adults (Healthcare Quality, 2018). And in 2018, 58.2% of Black and African American young adults 18-25 and 50.1 % of adults 26-49 with serious mental illness did not receive treatment (Healthcare Stats, 2018). With statistics like these it makes sense why there is large strife around seeking help. It seems like it is not there and when it is there, it is provided through a biased lens.

Yes, there are stigmas within the community as some Black social circles deem mental health issues as "crazy." But if there is no one to advocate in the healthcare, justice, or educational spaces, with only 2% of practitioners, according to the American Psychological Association, being Black or African American, 12% being law enforcement officers (Data Usa, 2019), and 7% of black public-school educators (Terada, 2021) then there is no mass eruption of advocacy within to recognize the specific cultural concerns or the very pointed issues that come up.

On top of dealing with racial bias in many systems, racial profiling, limited access to care, difficulties with affordability, limited culturally competent professionals, high recidivism rates, and a never-ending cycle of trying to find answers, it seems inevitable that these situations only get worse as they are compounded onto each other. Collectively they create even more issues within a Black person's success in America because everything seems punitive or stunted based on their skin color.

Further Impact of Disparities on Black Existence: Additional Factors

On top of the previously described systemic and institutional barriers, African Americans may internally experience these issues through the presentation of race-based trauma and intergenerational trauma. Distinct from environmentally imposed challenges, race-based trauma and intergenerational trauma can be internalized and/or experienced interpersonally, institutional, and/or socio-politically. From a healthcare perspective, the impact of these traumas on the body can lead to health impairments including early mortality (Evans, et al., 2021).

Race-Based Trauma and Stress

Race-based trauma is a term used by researchers and clinicians to describe the emotional, psychological, and physical reactions to personal experiences with harassment and discrimination (Hemmings & Evans, 2018). It can be noted that these experiences of discrimination through healthcare systems and institutionalized racism can cause individual undue harm. The experiences can lead to a wide variety of psychological problems, including denigration of one's sociocultural in-groups, feelings of helplessness, numbing, paranoid-like guardedness, medical illnesses, anxiety, fear, and the development of posttraumatic stress disorder (Hemmings & Evans, 2018); oftentimes mirroring similar symptoms of posttraumatic stress.

With this awareness and identification of the impact race-based stress has on Black people, specifically, clinically it needs to be addressed because it can cycle through the body as other diagnoses or manifest into other health conditions (Mulligan, 2021). And healthcare professionals need to have a better understanding of the care Black people receive, race-based trauma is not too far behind or even more of an accurate

diagnosis. Through understanding race-based trauma, it makes sense to suggest intergenerational and historical trauma to be ever-present in the black community.

Intergenerational Trauma

Addressing Black families, specifically, intergenerational trauma can be linked back to the enslavement of black people. Intergenerational trauma is a discrete process and form of psychological trauma transmitted within families and communities (Isobel et al., 2018). Intergenerational trauma can be transmitted through attachment relationships where the parent has experienced relational trauma and have significant impacts upon individuals across the lifespan, including predisposition to further trauma (Isobel et al., 2018). Some have referred to the specific types of traumas as a result of centuries of enslavement and oppression as Post-Traumatic Slave Syndrome, which helps create a foundation about understanding that repeated traumas shift African American attitudes, views, and assumptions (DeGruy, 2017).

Black people of older generations were brutalized by systems of society and blatant racism. And the effects of that have lingered in today's generation of people. Present-day Black people are tired of being beaten up, at every level. The pain from all of the trauma is seeping into the genetic makeup contributing to epigenetic changes because racism is persistent (Mulligan, 2021). Looking further into intergenerational trauma, highlighting members of the black community going to jail at a higher rate, this trauma fuels the abominable impact the justice system has on family members, individuals, and their communities. The nonrehabilitative effects of being in jail or prison on a person's mental and physical health are layered on top of immediate family members reporting a substantially lower level of life well-being (Sundaresh et al., 2021). Ultimately, the

wrongdoings of one person tend to have an impact on those vicariously affected through the system.

Identification of an Improved Method of Responsive Care

The idea for this project is to create an open psychoeducational group that will last from 8-15 weeks and allow members of the community to participate in learning about the systems that impact them, as well as have members of the larger institution come and listen/learn about their impacts on the members of their specific community (see Appendix A). These members of the institutions will also curate plans with the information they've received to be better advocates for Black Americans who are navigating the many systems. The group will be identified as successful with repeat attendance, spread across multiple locations, and group members verbalizing an increased new set of skills for advocacy. The group is meant to inform, be open, and continual.

Facilitator(s) and Attendees

This proposed psychoeducational group is also meant to be flexible enough to be tailored to the attendees that show up on each given week. Depending on the space that is used pre-teens, adolescents, transitional youth and adults would be in their respective rooms. The group will be facilitated by a qualified clinician that is well informed about the community being discussed, an expert in their particular intervention approach, trained to identify ethical concerns, with group counseling training. Other guest speakers may be involved who will be well-versed about their role and trained to be a co-facilitator of groups. The facilitator(s) will spend an hour or more planning before each group meeting to discuss the topic for the week, develop the lesson for the group, complete any necessary documentation related to that week, construct any activities necessary,

purchase needed materials, and debrief about their strategies used within the group that week or upcoming approaches.

Additionally, all attendees of the group will be provided an informed consent handout to protect other members of the group that may share sensitive information or vice versa. The handout will explain the expectations of the group and identify how the rules of the group will be applied, as well as discuss the purpose of informed consent. The attendees will also be expected to follow the set of group rules curated by them as well as the facilitator(s). These rules will be constructed to be personalized and flexible as the group grows and changes. There will be a brief group screening process that will identify if the person(s) can participate in the group or if the group will need to be tailored for different age ranges, as the idea is to involve the community. This would be conducted through an online survey or paper survey, provided shortly before the group started. The facilitator(s) of the group will be able to provide resources to the local people as well as other methods of advocacy if people are unable to attend the group.

Learning Differences and Structure

Additionally, the group facilitator(s) will provide activities for learning and adapting to new ways of advocating by utilizing an integrative intervention approach that addresses the wide variety of learning styles like visual, audio, a combination of the two, or even subgroup work. Content will be delivered, as outlined in Appendix A, and activities will be included during each session where a person can either complete the activity by themselves, with a partner or in a small group. Breaks and mood checks will be provided throughout the sessions to allow for reflection and space to process. These different breakdowns in the activity work are meant to address how people learn

differently and how content can be delivered effectively through different mediums while maintaining the group structure.

Clinical Implications

The clinical implications of this developing group would be that the information needed for a person to be successful navigating systems would be in one place rather than having to search for information that may not be readily accessible. For example, many people do not have access to internet or scholarly subscriptions. The group process could also help highlight bias within people that they would not know about otherwise.

Limitations

It is important to note some of the limitations of this psychoeducational group, (see Appendix A). For one it would need to be determined where the group would be held and how it would be funded. The space needs to be safe for exploration as well as equipped with the proper technologies to spread information. This can be hard to obtain if not properly funded/supported. Ideally, the group would run in tandem with the school year since educational discussions will take place. However, the group can only run in tandem or at all if the space is available and the additional resources needed to operate the group are available. The additional resources could possibly involve bringing in an interpreter, finding the appropriate technologies for the different learning styles, or even identifying safety concerns that would require further outside support.

Another limitation would be adapting the group for appropriate ages. It is vital that children be a part of this experience as early intervention is a great way to build early consciousness to racial and ethnic differences, yet children do not receive information the same way adults do. Additionally, allowing children to be a part of the group would

ideally aid in the intergenerational trauma concern as the hope would be to disrupt that cycle by informing people when they are young. And if issues/other traumas come up in between group meetings this group will be in place for the members to return and process what occurred. While this is not an exhaustive list of limitations or implications, they offer an open conversation for change to take place and a step in a different direction for further equitable practices to develop.

Conclusion

The purpose of this project was to develop and describe a psychoeducational group for African Americans to be assisted and advocated for through the many institutions that compound their access to success. As described in the body of work, many institutional barriers are within the mental health system, the legal system, and the education system. Each of them described has a long history of disproportionately impacting People of Color, in their own right, from the criminalization of Black behavior to prohibitive insurance and other health costs.

Black people deserve equitable care, no matter the system. With one in four people struggling with mental health concerns, according to the WHO (2019), the hope is that this body of work will be a catalyst for increased advocacy to take place for people who are systemically oppressed. Another hope through the group is to empower people to have conversations about change, whether that change is within policies through the states or local district conversations. All in all, the goal is for people to be well-informed about these crucial systems to increase advocacy, awareness, and move toward more affordable practices to help reduce the impact of the institutional barriers.

Appendix A: Proposed Group Outline

Early Intervention Advocacy Group Proposed Outline

Purpose and core objective: This open psychoeducational group would be a resource for the community to learn how to advocate for its Black community members and communicate/identify how to be an additional support for *black people.

**I recognize this group will not have all the answers or change everything. But currently, a great deal of the information necessary seems to be spread out in many locations. Therefore, these sessions are a starting point for understanding. Each group experience would be tailored to the appropriate district to acknowledge the differences that occur across counties, towns, and communities.*

Duration: The group will run anywhere between 8 – 15 weeks, meeting weekly for one and one-half hour. Where each week that is outlined below the facilitator (s) will cover the topics listed, include activities, and space for processing questions.

Materials Needed: Computer, Projector, Paper, Pens, Pre group lesson structure, Survey for feedback

Group Session Overview:

Week 1: Introduction-A folder will contain the information covered in these weeks

- a. Introduce speaker (s)/Facilitator (s)
- b. Forms/Paperwork
 1. Group Screening Survey
 2. Consent Forms
 3. Contact Information
 4. Pre-group evaluation form to understand a baseline of information that the members know
 5. Group rules to ensure the safety and well-being of the group members
- c. Overview of the group purpose and discuss future sessions
 - i. Discuss structure of what the group will look like on a weekly basis
- d. A brief overview of terms used throughout
 - i. The sensitivity of terms used
 - ii. The continual impact of racism in society
- e. Multicultural Information
 - i. Relevant for understanding the topics that will be discussed throughout the sessions
 - ii. Identifying the importance of advocating through a multicultural approach
 - iii. Acknowledging intersecting identities in group and in the community

- f. Questions & Answers with an ice breaker

Week 2-4: Brief Understanding US Education System- A booklet will be provided with detailed with the information below.

- a. Introduce a check in process each week
- b. Include activity each week relevant to the education system
- c. Include time and space for breaks and reflection each week
- d. Provide survey for weekly feedback
- e. Elementary School, Middle School, High School
 - 1. Important milestones for each grade level
 - 2. Discussing bias in the system
- f. Teachers Role
 - 1. General Curriculum
 - 1. Tailored to the specific school district requirements where the group is being held
- g. Student & Parent Role
 - 1. What are my rights as a parent?
 - 2. What are my rights as a student?
- h. Higher Education
 - 1. Discuss the options available in seeking higher education (e.g., community college, first generation support, and other plans available)
 - 2. The resources available in grade school that prepares students/as well as out of school
 - 3. Funding higher education options
 - 1. Loans, grants, scholarships, fellowships
- i. Additional School Resources-Description of Role and how to contact them
 - 1. Principal/Asst. Principal
 - 2. School Counselor
 - 3. School Psychologist
 - 4. Resource Officer

Week 5-7: Brief Understanding the Mental Health System- There will be a packet of information that describes everything that will be discussed over these next few weeks

- a. Allow a group check-in to process each week
- b. Include activity each week relevant to the mental health system
- c. Include time and space for breaks and reflection each week
- d. Provide survey for weekly feedback
- e. Brief description of the layout of the system
- f. Discussing bias in the system
- g. Mental Illness
 - 1. What is mental illness?
 - 1. Mental illness impact on people/families
 - 2. Is it real/true?

2. Different Disorders and Diagnoses-
 1. Common Disorders-How they present?
 2. Uncommon Disorders-How they present?
3. Costs-Including the individual handouts there will be a collective handout covering common costs of the assessments, medications, and additional treatments discussed
 1. Assessments (There will be a handout with common assessments discussed in further detail)
 1. Types
 2. Purpose
 2. Medication
 1. Types
 1. There will be a handout/pamphlet that lists common medications and their purpose
 2. Side Effects
 3. Additional Treatment (s)- There will be a resource guide for local services
 1. Therapy (Talk)
 1. Individual
 2. Family
4. Additional Clinical Aspects
 1. Counselors, Psychiatrists, Psychologists, Social Workers, etc
 1. Describing each of their roles and what they are responsible for completing
 2. Treatment/Care
 1. Purpose of treatment and care
 1. Discuss Stigma
 2. Trauma-informed Care
 1. What is it?
 2. Why is it necessary?
 3. Multicultural Responsive Care
 1. What is multicultural responsive care and why does it matter?
 2. What to look for?
 3. Clinical Settings- varying based on need of individual
 1. Mental Health Hospitals-Inpatient
 1. Juvenile
 2. Adult
 2. Outpatient Services-describe each and what purpose they serve in the system
 1. Social Services
 2. Community Services
 3. Nursing Homes
 4. Rehabilitation Facilities
 5. Group Homes

Week 8-10: Brief Understanding of the Legal System –with handout and additional information available at the group

- a. Allow a group check in process each week
- b. Include activity each week relevant to the legal system
- c. Include time and space for breaks and reflection
- d. Provide survey for weekly feedback
- e. Brief Description of the purpose of the system
 1. Statistics including demographics of people imprisoned, what they are in prison for, and additional break downs relevant to the district presenting the group, as well as the United States
 2. What is jail/prison?
 1. A detailed difference
 3. A Person's Rights
 1. A child vs an adult
 4. Costs
 1. How much is an attorney?
 2. What is a bond? And how could I get one?
 5. Common language used in the legal system
 1. Identifying jargon used by court officials and important terms used regarding a case
 6. How do people get in/out?
 1. What is a plea?
 2. What is sentencing? What should I do?
 3. What is an arraignment?
 4. When do I get to go to court?
 7. Life After Imprisonment
 1. Job searching and identifying places that may or may not accept people with a record
 2. Resume Writing-resources available for help
 3. Housing Options
 4. Is it possible to remain out of jail?
- f. Roles
 1. Judges
 1. What is a state judge vs a federal judge?
 2. Appellate Judge
 3. Supreme Court Judge
 2. Attorneys
 1. Guardian ad litem-A guardian appointed by a judge to investigate solutions for the person's best interest
 3. Police Officers
 4. Plaintiff/Defendant
- g. Discussing Bias in the Legal System
- h. Impact of the Legal System
 1. Funding
 2. Families

3. Community
4. Individuals

Week 11-15: What to do next? (Accompanied with a compiled list of resources)

- a. Allow a group check in process each week
- b. Include activity that prepares the group for termination each week
- c. Include time and space for breaks and reflection
- d. Understanding your role
 1. What is my purpose?
 2. Defining levels of support
- e. What is advocacy?
 1. Strategies
 2. Decision-making
 1. When to intervene?
 2. Is it helpful?
- f. Who to contact?
 1. School resource information
 2. Legal resource information
 3. Mental health resource information
- g. Closing discussion questions/answers
- h. Provide post group evaluation form

References

- American Psychological Association. (n.d.). *Discrimination: What it is, and how to Cope*.
American Psychological Association. Retrieved November 2021, from
<https://www.apa.org/topics/racism-bias-discrimination/types-stress>.
- Anderson, C. (2020). *White rage: The unspoken truth of our racial divide*. Bloomsbury, an imprint of Bloomsbury Publishing Plc.
- Brito, A., Obasi, C., Lee, E., Paul, E., Miller, J., Kataja, R., Duncan, C., Hyman, E., Ferreira, A., Cohen, I., & Benecchi, L. (2021, August 8). *Recidivism imprisons american progress*. Harvard Political Review. Retrieved November 2021, from
<https://harvardpolitics.com/recidivism-american-progress/#:~:text=Within%20three%20years%20of%20their,clogs%20the%20criminal%20justice%20system>.
- Chen, G. (2020). *Zero tolerance policies: A path to safer schools or recipe for disaster?* Public School Review. Retrieved November 22, 2021, from
<https://www.publicschoolreview.com/blog/zero-tolerance-policies-a-path-to-safer-schools-or-recipe-for-disaster>.
- Condon, E. M., Barcelona, V., Ibrahim, B. B., Crusto, C. A., & Taylor, J. Y. (2021). Racial discrimination, mental health, and parenting among African American mothers of preschool-aged children. *Journal of the American Academy of Child & Adolescent Psychiatry*. <https://doi.org/10.1016/j.jaac.2021.05.023>.

Criminal justice fact sheet. NAACP. (2021, May 24). Retrieved November 2021, from

<https://www.naacp.org/criminal-justice-fact-sheet/>.

Cusick, J., Hananel, S., Oduyeru, L., Gordon, P., Shepherd, M., Parshall, J., Weller, C. E., Solomon, D., Ndumele, N. L., Zessoules, D., Adhikari, J., Vargas, E. W., Harris, T., & Sozan, M. (2021, November 9). *Systematic inequality and American democracy*. Center for American Progress. Retrieved March 2022, from

<https://www.americanprogress.org/article/systematic-inequality-american-democracy/>

DeGruy, J. (2017). *Post traumatic slave syndrome: America's legacy of enduring injury and healing. revised edition*. Joy DeGruy Publications.

DeNicola, D. R. (2018). *Understanding ignorance: The surprising impact of what we don't know*. The MIT Press. Retrieved 2022.

Evans, A.M., Hemmings, C., Seaner-Ramsay, K., & Barnett, J. (2021). Perceived racism and discrimination amongst individuals of color: An ethnographic content analysis. *Journal of Multicultural Counseling and Development*, 49. 152-164.

doi.org/10.1002/jmcd.12221

Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry*, 1(5), 377–387.

[https://doi.org/10.1016/s2215-0366\(14\)70312-8](https://doi.org/10.1016/s2215-0366(14)70312-8)

Free speech rights of public school teachers in Washington State. ACLU of Washington.

(2018, January). Retrieved March 2022, from <https://www.aclu-wa.org/docs/free-speech-rights-public-school-teachers-washington-state>

- Gaines, T. L. (2017, October 18). *Black, Latino kids less likely to get early help for developmental delays, study finds*. NBCNews.com. Retrieved November 2021, from <https://www.nbcnews.com/news/nbcblk/black-latino-kids-less-likely-get-early-help-developmental-delays-n811141>.
- Gladding, S. T., & Newsome, D. W. (2018). *Clinical Mental Health Counseling in community and agency settings* (5th ed.). Pearson.
- Gopalkrishnan, N. (2018). Cultural diversity and mental health: Considerations for policy and practice. *Frontiers in Public Health*, 6. <https://doi.org/10.3389/fpubh.2018.00179>
- Hemmings, C., & Evans, A. M. (2018). Identifying and treating race-based trauma in counseling. *Journal of Multicultural Counseling and Development*, 46(1), 20–39. <https://doi.org/10.1002/jmcd.12090>
- How much do lawyers cost: Fees broken down by State (2021)*. (2021). (2021, August). Retrieved November 2021, from <https://www.contractscounsel.com/b/how-much-do-lawyers-cost>.
- Isobel, S., Goodyear, M., Furness, T., & Foster, K. (2018). Preventing intergenerational trauma transmission: A critical interpretive synthesis. *Journal of Clinical Nursing*. <https://doi.org/10.1111/jocn.14735>
- Kinard, T., Gainer, J., Valdez-Gainer, N., Volk, D., & Long, S. (2021). Interrogating the “Gold standard”: Play-based Early Childhood Education and perpetuating white supremacy. *Theory Into Practice*, 60(3), 322–332. <https://doi.org/10.1080/00405841.2021.1911587>

Kuhn, C. (2021, April 7). *The U.S. spends billions to lock people up, but very little to help them once they're released*. PBS. Retrieved February 2022, from <https://www.pbs.org/newshour/economy/the-u-s-spends-billions-to-lock-people-up-but-very-little-to-help-them-once-theyre-released#:~:text=The%20U.S.%20spends%20%2481%20billion,families%20is%20roughly%20%24182%20billion.>

Mulligan, C. J. (2021). Systemic racism can get under our skin and into our genes. *American Journal of Physical Anthropology*, 175(2), 399–405. <https://doi.org/10.1002/ajpa.24290>

Murray, P. (2017). *Black and African American communities and Mental Health*. Mental Health America. Retrieved November 2021, from <https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health>.

National Health Center for Statistics, Table A-7a. Age-adjusted percentages (with standard errors) of feelings of sadness, hopelessness, worthlessness, and that everything is an effort among adults aged 18 and over, by selected characteristics: United States (2018). Retrieved 2021.

National Healthcare Quality and Disparities Report . (2018). *Agency for Healthcare Research and Quality*. [Www.ahrq.gov](http://www.ahrq.gov). Retrieved November 2021, from <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/2017qdr.pdf?amp;amp>.

- Nellis, A., & Nicole D. Porter and Ashley Nellis. (2021, November). *The Color of Justice: Racial and ethnic disparity in state prisons*. The Sentencing Project. Retrieved March 2022, from <https://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/>
- Netflix. (2019). *When They See Us*.
- NIJ. (n.d.). *Recidivism*. National Institute of Justice. Retrieved November 23, 2021, from <https://nij.ojp.gov/topics/corrections/recidivism>.
- Perry, B. L., Neltner, M., & Allen, T. (2013). A paradox of bias: Racial differences in forensic psychiatric diagnosis and determinations of criminal responsibility. *Race and Social Problems*, 5(4), 239–249. <https://doi.org/10.1007/s12552-013-9100-3>
- Pew Research Center. (2020, August). *On views of race and inequality, blacks and Whites Are Worlds Apart*. Pew Research Center's Social & Demographic Trends Project. Retrieved March 2022, from <https://www.pewresearch.org/social-trends/2016/06/27/on-views-of-race-and-inequality-blacks-and-whites-are-worlds-apart/>
- Planey, A. M., Smith, S. M. N., Moore, S., & Walker, T. D. (2019). Barriers and facilitators to mental health help-seeking among African American youth and their families: A systematic review study. *Children and Youth Services Review*, 101, 190–200. <https://doi.org/10.1016/j.chilyouth.2019.04.001>
- Polanco-Roman, L., Danies, A., & Anglin, D. M. (2016). Racial discrimination as race-based trauma, Coping Strategies, and dissociative symptoms among emerging adults.

Psychological Trauma: Theory, Research, Practice, and Policy, 8(5), 609–617.

<https://doi.org/10.1037/tra0000125>

Police officers. Data USA. (2019). Retrieved November 2021, from

<https://datausa.io/profile/soc/police-officers#demographics>.

Racial profiling: Definition. American Civil Liberties Union. (n.d.). Retrieved November

2021, from <https://www.aclu.org/other/racial-profiling-definition>.

Russ, E. (2021, October). *Prison and jail reentry and health: Health affairs brief*. Health

Affairs. Retrieved March 2022, from

<https://www.healthaffairs.org/doi/10.1377/hpb20210928.343531/>

Sawchuk, S. (2021, September 21). *What is critical race theory, and why is it under attack?*

Education Week. Retrieved November 2021, from

<https://www.edweek.org/leadership/what-is-critical-race-theory-and-why-is-it-under-attack/2021/05>.

Staff, H. (2018, August). *How much does psychological testing cost? What is the Price How*

Much Does Psychological Testing Cost Comments. Retrieved November 2021, from

<https://www.howmuchisit.org/psychological-testing-cost/>.

Sundaresh, R., Yi, Y., Harvey, T. D., Roy, B., Riley, C., Lee, H., Wildeman, C., & Wang, E.

A. (2021). Exposure to family member incarceration and adult well-being in the United States. *JAMA Network Open*, 4(5).

<https://doi.org/10.1001/jamanetworkopen.2021.11821>

Terada, Y. (2021, March 26). *Why black teachers walk away*. Edutopia. Retrieved November 2021, from <https://www.edutopia.org/article/why-black-teachers-walk-away>.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. (2018). *Health, United States, 2017: With special feature on mortality*. *cdc.gov*. Retrieved 2021, from <https://www.cdc.gov/nchs/data/hs/hs17.pdf>.

USUAL WEEKLY EARNINGS OF WAGE AND SALARY WORKERS. (2021, October). Retrieved 2021, from <https://www.bls.gov/news.release/pdf/wkyeng.pdf>.

Walsh, E. (2018). *A Tale of Two Schools*. Engaged Sociology. photograph. Retrieved 2021, from <https://engagedsociology.com/2018/05/14/a-sociological-perspective-on-the-school-to-prison-pipeline/>.

Weiner, S. (2018, February 12). *Addressing the escalating psychiatrist shortage*. AAMC. Retrieved March 2022, from <https://www.aamc.org/news-insights/addressing-escalating-psychiatrist-shortage>

Why mental health care is stigmatized in black communities. USC Suzanne Dworak-Peck School of Social Work. (2019). Retrieved March 2022, from <https://dworakpeck.usc.edu/news/why-mental-health-care-stigmatized-black-communities>

Williams. (2011). Encyclopedia of child behavior and development. <https://doi.org/10.1007/978-0-387-79061-9>.

Zero tolerance: School discipline support initiative. Zero Tolerance | School Discipline

Support Initiative. (n.d.). Retrieved February 2022, from

[https://supportiveschooldiscipline.org/zero-tolerance-](https://supportiveschooldiscipline.org/zero-tolerance-policy#:~:text=Zero%20tolerance%20refers%20to%20school,or%20rationale%20for%20the%20behavior.)

[policy#:~:text=Zero%20tolerance%20refers%20to%20school,or%20rationale%20for%2](https://supportiveschooldiscipline.org/zero-tolerance-policy#:~:text=Zero%20tolerance%20refers%20to%20school,or%20rationale%20for%20the%20behavior.)

[0the%20behavior.](https://supportiveschooldiscipline.org/zero-tolerance-policy#:~:text=Zero%20tolerance%20refers%20to%20school,or%20rationale%20for%20the%20behavior.)