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The Benefits of Multicultural Eclectic Service Delivery

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Abstract

To date, Blacks in America are often misdiagnosed or mistreated due to the failure of mental health practitioners to provide services from a multicultural eclectic purview. It is necessary to attend to the past and present influences of psychosocial variables related to real and perceived discrimination on minority achievement, behavior, and clinically health outcomes. When providers do not take into consideration these factors, they have a limited conceptualization of their clients' needs. Such psychosocial variables can exacerbate behaviors, symptoms, and at times be the antecedent that onset those symptoms. Thus, it is imperative that health providers learn methods to investigate and integrate the psychosocial experiences that Blacks encounter into case conceptualization, diagnosis, and methods of mental health service delivery.

Introduction

The prevalence rates of mental health illness in the Black community are comparable to their White counterparts. Yet, there exists clear disparities in the diagnosis and treatment of mental illness in the Black community (Atdjian & Vega, 2005; Dixon, Green-Paden, Delahanty, Lucksted, Postrado, & Hall, 2014; Alegria, Canino, Rios, Vera, Calderon, et. al. 2002). Blacks in America struggling with mental illness may be misdiagnosed, diagnosed with more severe psychiatric conditions, and/or treatment efforts may be deemed ineffective. Research has noted several potential factors to explain such disparities including barriers to accessing treatment, generational poverty, cognitive deficits, negative perceptions of medical/mental health professionals (often shared among minority groups) and preferences for providers of the same ethnic group (Malat & Hamilton, 2006; Wells, Klap, Koike, & Sherbourne, 2001; Jackson, Knight, & Rafferty, 2010). However, less consideration has been given to the potential impact of culturally specific psychosocial factors such as racial oppression and internalization of negative group experiences.

To address this concern, the workshop presented at the 2015 National Organization of Human Services (NOHS) conference highlighted the impact of racial oppression in understanding the mental health needs of Blacks. The workshop offered recommendations for students, practitioners, and training program directors to consider the utility of a culturally responsive approach that follows a biopsychosocial framework to case conceptualization, diagnosis, and treatment of the Black community. There were 13 attendees to this workshop including 4 Master's level students, 4 practitioners, 1 Educator, and 4 Program Directors. The biopsychosocial model was not a novice concept to the audience. However, the audience had not yet been exposed to the benefits of integrating the biopsychosocial model in case conceptualization and treatment of mental health outcomes in the Black community.

Significance

The workshop presented at the 2015 NOHS conference highlighted the importance of integrating a multicultural view in providing mental and interrelated health services. It is

essential that in early training, developing professionals begin to gain understanding of the relationship of varying cultural experiences to quality health, health care, diagnosis, and treatment. This helps to improve overall treatment and ultimately client health outcomes (e.g., mental health). There is an added benefit of supporting patient-practitioner relationships. The biopsychosocial model is but one avenue that can unlock barriers to quality and effective care for Blacks.

Theory

Historical Perspective of the Impact of Racial Stress

Racism has been conceptualized as a multifaceted systemic structure that is influenced by destructive cognitive processes resulting in discriminatory practices (Brondolo, Rieppi, Kelley, & Gerin, 2003; Sue, 2005; Unzueta & Lowery, 2008). It is governed by both financial power and policies to deny equitable opportunity and services to a specified group of people. In America, it has been a pervasive and persistent challenge for persons of color, including Blacks. Racism, or the perception of racism, continues to result in mental and physical health damages although many dismiss its influence (Bowen-Reid & Harrell, 2002; Pieterse, Todd, Neville, & Carter, 2012; Pascoe & Smart-Richman, 2009; Williams, Neighbors, & Jackson, 2003; Williams & Williams-Morris, 2000).

As a result of racism, some Blacks experience internalized oppression. Internalized oppression is the acceptance of negative race group experiences, including physical and verbal aggressive acts, unequal opportunities, devaluing messages communicated via media or other incidents of prejudice and discrimination as deserving and warranted. *In other words, some may believe that because they are Black, they are deserving of mistreatment and disparities within the community. Moreover, this internalized oppression lends itself to negative self-perspectives regarding limitations of opportunity because of race and discriminatory acts* (Griffin, 2012). From a psychosocial purview, the negative impact of years of racial discrimination (including educational disparity, brutality, job inequality, and derogatory media portrayal), has been significant on the Black community (Taylor, & Stanton, 2007; Pascoe & Smart-Richman, 2009). Many have resolved to believe that such treatment is a deserving reality. Within the Black community, many pursue lives that are that are short of their potential because of perceived limitations in opportunity. This perception of limited opportunity is often influenced by continued discriminatory acts, which deflate and devalue the Black community. Given this internalized state of oppression, many within the Black community subscribe to a subconscious cyclical and generational pattern of thinking that maintains a devalued sense of self and limited scope of opportunity (Harley & Stansbury, 2011; Griffin, 2012). Living life based on limitations can result in internalized anger directed at self and external anger at community members who somehow seemed to have overcome the limitations.

Developing a Culturally Responsive Pedagogy

In providing mental health services to Blacks, it is important that case conceptualization and treatment consider the influence of past and present psychosocial stressors, such as racial stress and its internalization, on the client's behavioral presentation and psyche. The biopsychosocial model can be instrumental in understanding the etiology of symptoms, which can contribute to the onset and/or exacerbation of mental health problems. Such instruction

should include an exploration and teachings of the influence of psychosocial stressor, such as discrimination, on brain chemistry (under or over secretion of neurotransmitters) and endocrinology (under or over activity of glands & hormones secreted), which may mimic the onset or the clinical course of mental health outcomes. Often case conceptualization is devoid of considerations such as these. The audience to the workshop worked through the following case scenario:

> African American Male. 8 years 2 months old. Lives with, and is being raised by his paternal grandmother. He is in the 3rd grade. His father is in prison for selling illegal drugs. There are no other siblings within the home. However, he has 2 younger siblings, ages 3 and 2, who live with his biological mother. Male youth was sent for evaluation for allegedly attempting to sell his grandmother's high blood pressure medicine to fellow schoolmates.

Often as students and practitioners brief information is provided, which prematurely guides the entire assessment process if one is not cautious. Based on this brief information, as expected, initial diagnostic consideration included thoughts of a behavioral disorder (e.g. Conduct Disorder--early onset, Unspecified Disruptive, Impulse-Control, or Conduct Disorder). However, connecting the biopsychosocial aspects of this case helped guide assessment to uncover diagnostic impressions that more accurately describe the client's functioning. From a psychosocial purview, consider the fact that parents are separated; the father reportedly engages in illegal activity. One must consider how the father's behavior is conceptualized by this youth. Considering the impact of internalized oppression, a few within this oppressed group develop a life based on how society represents them via media and other facets of display to the world. Too often individuals engage in demeaning and degrading behaviors based on what society has coined to be their potential opportunity and reality which gives them a false sense of purpose. Blacks continue to be portrayed as having less intellect and capacity to be business owners and law-abiding citizens and are more frequently portrayed as gangsters and criminals, particularly the Black male (Beaudoin & Thorson, 2006; Dixon, 2006; Welch, 2007). The ideologies and practices of racial oppression governed by society supports a schema of maladaptive potential with regard to achievement, social behaviors, and overall ability for persons within the Black community, particularly the Black male. These ideologies are often depicted within the media on multiple levels which continues to support the negative perceptions and community outcomes as a result of years of racial oppression. Such platforms have the ability to indoctrinate the psyches of a people by displaying negative images of them, offering indirect teachings of how they should behave.

From a biological purview, emotional distress and poor social behavior have been associated with lower levels of serotonin (Hariri & Holmes, 2006; Krawkoswi, 2003; Taylor, & Stanton, 2007), which is often transmitted from parent to offspring. The policies and procedures that continue to deny equitable services onset chronic distress causing the adrenal cortex of the adrenal gland to release cortisol, which research suggest if released in excessive amounts contributes to immune dysfunction (Fries, Hesse, Hellhammer, et. al. (2005) and mood variability (Checkley, 1996; Daban, Vieta, Daban, Vieta, Mackin, & Young, 2005; McEwen, 2005) if released in excessive amounts. Being that racism has been, and continues to be, a

chronic stressor for the Black community, it is very possible that there is an innate generationally transmitted neurobiological component to the etiology and exacerbation of mental health symptoms within this population as a result of the chronic stress of racial oppression, both real and perceived.

Additionally, at 8.2 years of age the frontal lobe is underdeveloped and can cause impulsive and immature behaviors (Gurung, 2010). This period of development can be influenced by the potential low levels of serotonin resulting from years of generational oppression. Thus, we have a youth who is in the nascent stages of developing the capacity to make adaptive decisions while emotionally distraught. The question becomes, is he a depressed child? Is he a child who had a predisposition to mood variability resulting from a lineage of subconscious distress due to years of racial oppression maintaining societal disadvantages, coupled with an underdeveloped prefrontal cortex which impacts adaptive decision making?

Having education and encouragement to use a biopsychosocial framework that incorporates psychosocial variables, including the influence of internalized oppression on the oppressed group's psyche helps an aspiring mental health clinician consider all possible aspects of the spectrum of rationales for symptoms displayed. In applying the biopsychosocial model to the above referenced case, clinicians may begin to assess whether the client is engaging in behaviors as an unhealthy way of acquiring attention. Clinicians also can ask if the client's behaviors are a way of idolizing his absent father in order to have a connection with the father. Is the client emulating the negative images portrayed via mass media regarding the Black male? Has the client become the product of a community who has been disenfranchised and has he has witnessed not only the unhealthy mechanisms to obtain money, but also the false sense of clout and connections to other males? What role does a predisposition to mood variability have as it relates to the chronic stress of generational racial oppression? How does the resulting potential lineage of imbalance serotonin levels interplay in the symptoms manifested? Would a mood disorder better explain this client's behaviors and functioning? The answer to these questions may result in very different treatment plans and outcomes for similar Black clients.

Conclusion

To conclude, although each member of the audience was taught to be culturally sensitive in approach/counseling technique, none applied consideration of the impact of racial oppression on the development and/or exacerbation of mental health outcomes. Furthermore, use of the biopsychosocial model to engage in a comprehensive case conceptualization was never used. However, once exposed to the integration of the biopsychosocial model to case conceptualization, each attendee agreed to its benefit and presented a willingness to learn more about it to use appropriately. As the field of mental health continues to grow and clientele continues to diversify, the use of the biopsychosocial model to comprehensively understand symptom etiology is best practice. The consideration of the impact of psychosocial stress is important for Blacks in America, as the institutional structure of racism remains a chronic and daily stressor. It adds additional information to the understanding of the etiology of mental health outcomes, which can be used in conjunction with the Diagnostic & Statistical Manual (DSM-5). The understanding of such can yield opportunities to effectively determine mental health needs and develop innovative treatment options.

Integrating the biopsychosocial model early in training will allow aspiring mental health professionals to learn a comprehensive and culturally sensitive assessment framework that provides a holistic purview case conceptualization. This will in turn create and promote treatment plans that address multiple needs including those associated with racial oppression and group internalization. For instance, treatment can focus on self-esteem/value from a race standpoint, coping with perceived limitations, identifying support for racial stress, and establishing community enhancement interventions for youth and future generations. The experience for the individual client would be more growth-oriented, in addition to providing opportunities for individual and communal healing. This can potentially foster an increase in ethnocentricism and decrease the ongoing maladies associated with internalized oppression currently evidenced.

To continue to discuss multiculturalism and cultural sensitivity without true methods for implementation does the health field a disservice. Treatment often focuses on improving outcomes versus addressing the etiology of the symptoms. By incorporating the biopsychosocial model to case conceptualization and treatment, mental health practitioners will be able to address broader social issues that influence outcomes of people of color.

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