VA Psychologists’ Role in Supporting BIPOC Veterans and Needed Advancements

Maurice Endsley, Jr. PhD.
Psychologist

Sonya Ebhotemen, CPS
Peer Support Specialist

Edward Hines, Jr. VA Hospital
2022 VAPL Conference
North America’s Native People—invaded
- Since 1776 1.5 BILLION acres of land stolen

Black Farmers
- 1910 collectively owned 16 million acres of farmland/14% of farmers
- Today 4.7 million acres/1% of farmers
- Largest discrimination lawsuit—black farmers and USDA
OBJECTIVES

- Describe impact of race-based stress on BIPOC Veterans
- Describe advancements in the practice of Psychology to better serve BIPOC Veterans
- Detail implementation of culturally sensitive interventions
A TRUE STORY
Black soldiers who served in the armed forces from the Civil War to World War II faced hatred and racial terrorism even in peacetime.
African Americans segregated into separate units and assigned White officers to command Black infantryman during World War II.
A 2019 Government Accountability Office report found that even when controlling for factors like rank and education, Black and Hispanic service members across the armed forces are more likely than white service members to be investigated, receive nonjudicial punishments such as an Article 15 or be court-martialed for alleged violations of the Uniform Code of Military Justice.
• From 2006 to 2015, black airmen were 1.71 times (71%) more likely to face court-martial or non-judicial punishment (NJP) than white airmen in an average year. This disparity ranged from 1.49 to 1.94 times more likely in a given year.

• Airmen of a race other than black or white, or whose race was unknown, had higher court-martial and NJP rates than white airmen. However, the inclusion of those whose race is unknown makes it difficult to draw specific conclusions.
From 2006 to 2015, black Marines were 1.32 times (32%) more likely to have a guilty finding at a courtmartial or NJP proceeding than white Marines in an average year. This disparity ranged from 1.23 to 1.48 times more likely in a given year.

The greatest disparities were generally seen for the most serious disciplinary proceedings. In an average year, black Marines were 2.61 times more likely than white Marines to receive a guilty finding at a general court-martial, while they were only 1.29 times more likely than white Marines to receive a guilty finding at an NJP proceeding.
From 2014 to 2015, the only complete years provided by the Navy, black sailors were 1.40 times (40%) more likely than white sailors to be referred to special or general court-martial and 1.37 times more likely to see action taken against them in the case in an average year.

The disparity between black and white service members nearly disappeared when considering only post-referral outcomes. Black sailors were about equally likely as white sailors to be diverted from harsher military justice action or to receive a conviction at special or general court-martial. However, because black sailors were initially referred at higher rates, they remain disproportionately impacted by the military justice system.
From 2006 to 2015, in an average year, black service members were 1.61 times (61%) more likely to face general or special court-martial compared to white service members.

- The disparity between black and white service members ranged from 1.34 to 1.82 times more likely in any one year.
• Mass shooting in Buffalo, New York
• Murder of George Floyd
• Trayvon Martin or Ahmaud Arbery Shootings
• Racial Profiling by Police
• Disparities in Healthcare
• Housing Discrimination
• Institutional Racism in the Workplace
Many Veterans were exposed to racial discrimination and race-based trauma in the military and in everyday life.

- I went to war to protect rights that I could not exercise at home.
- I entered the military naïve and thought that all that mattered was my unit and that I would be accepted, but the discrimination that I experienced really changed my thoughts about the military and I don’t encourage my children/family to serve.
- Veterans have discussed numerous times that these issues are not asked about in their care and/or they may not feel comfortable discussing with their providers.
ANOTHER TRUE STORY
Apology to People of Color for APA’s Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.

OCTOBER 2021

The American Psychological Association failed in its role leading the discipline of psychology, was complicit in contributing to systemic inequities, and hurt many through racism, racial discrimination, and denigration of people of color, thereby falling short on its mission to benefit society and improve lives. APA is profoundly sorry, accepts responsibility for, and owns the actions and inactions of APA itself, the discipline of psychology, and individual psychologists who stood as leaders for the organization and field.

The governing body within APA should have apologized to people of color before today. APA, and many in psychology, have long considered such an apology, but failed to accept responsibility. APA previously engaged in unsuccessful efforts to issue apologies in the past, including an apology to Indigenous peoples. The work term impact of our failures as an association, a discipline, and as individual psychologists.

We know too well that history can repeat itself, that the past informs the present, and that many harms will continue to be perpetuated absent purposeful intervention. In offering an apology for these harms, APA acknowledges that recognition and apology only ring true when accompanied by action; by not only bringing awareness of the past into the present but in acting to ensure reconciliation, repair, and renewal. We stand committed to purposeful intervention, and to ensuring that APA, the field of psychology, and individual psychologists are leaders in both benefiting society and improving lives.
BIPOC EXPERIENCES WITH MENTAL HEALTH CARE

▪ End treatment early (Owen, et al., 2012)
▪ Go to the emergency room or primary care (Cook et al., 2014)
▪ Receive lower quality care than their White peers (Cook et al., 2014; Sorkin et al., 2010)
▪ Experience greater delays in care access (Sorkin et al., 2010)
▪ Have difficulty in securing specialty treatment (Sorkin et al., 2010)
▪ Not be offered the most advanced or state of the art treatments available (Sue et al., 2009; Hall et al., 2015)
▪ Report less satisfaction with the care received (perceived discrimination) (Sorkin et al., 2010)
▪ Experience language barriers (Sentell et al., 2007)
Mental Health Disparities for Racial/Ethnic Minority Veterans

- Research indicates that racial and ethnic minorities are more likely than white veterans to endorse symptoms of posttraumatic stress or screen positive for PTSD (Kulka et al., 1990; C’de Baca et al., 2016; Koo et al., 2016).
- Report more negative experiences with access through PCMH (Jones et al., 2016)
- Black Veterans less likely to receive C&P PTSD diagnosis or PTSD service connection (Marx et al., 2017)
Experiences of Veterans of Color

African American and Hispanic/Latinx Veterans have higher rates of PTSD and other MH diagnoses (Kulka et al., 1990; Koo, Hebenstreit, Madden, Seal, & Maguen, 2015)
* Also less likely to seek care

“Failure to assess race-related stressor experiences of Asian American/Pacific Islander Veterans could result in missing as much as 20% of the Veteran’s PTSD symptoms.”

Lower retention and initiation of treatment for African American and Hispanic or Latino (McClendon, Dean, and Galovski, 2020)

Some contradictory findings regarding symptom reduction in people of color in treatment but bulk does not support differences

Culturally adapted evidence-based treatments are needed and efficacious

Inadequate attention to unique cultural differences in these groups, as well as a history of maltreatment, abuse, and experimentation has contributed to mistrust, wariness, or avoidance of care
<table>
<thead>
<tr>
<th>Factors that Maintain Mental Health Disparities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implicit bias (Sue et al., 2009; Hall et al., 2015)</td>
</tr>
<tr>
<td>Mental health stigma and negative internalized beliefs (Alverson et al., 2007)</td>
</tr>
<tr>
<td>Silence gap in the comfort levels of mental health providers in addressing racism, and most specifically, racial trauma (Hemmings &amp; Evans, 2018)</td>
</tr>
<tr>
<td>Language barriers</td>
</tr>
<tr>
<td>Lack of diversity in treatment providers</td>
</tr>
<tr>
<td>Cultural beliefs regarding mental health/healing</td>
</tr>
<tr>
<td>Reduced economic resources</td>
</tr>
<tr>
<td>Inaccurate or inadequate diagnosis and treatments</td>
</tr>
</tbody>
</table>
- **THEREFORE, BE IT RESOLVED** that, consistent with the 2012 Final Report of the APA Presidential Task Force on Preventing Discrimination and Promoting Diversity, the 2017 APA Multicultural Guidelines, the 2019 Race and Ethnicity Guidelines, and the 2021 Resolution on Human Rights, APA will encourage psychologists and trainees to consider the limitations of White Western-oriented clinical practice, and gain awareness of other healing approaches emanating from Indigenous and other non-Western and cultural traditions. APA will continue to learn and update new information on racism in diagnosis and clinical practice, and on the pursuit of equity, diversity, and inclusion in health service psychology, including psychological testing and assessment, while fostering practice based in culturally relevant evidence.

- **THEREFORE, BE IT RESOLVED** that APA acknowledges that an apology absent ameliorative action is without impact, and thus commits to the following immediate actions of remedy and repair, in addition to long-term actions specified above. These actions are anchored in creating immediate and real structural change for the organization.

- **THEREFORE, BE IT RESOLVED** that future APA actions could also include targeted interventions to benefit other groups that have experienced systems of oppression, including those based on religion, sex, class, sexual orientation and gender diversity, and disability identity.
It is important to recognize that western and white, male norms were used to establish conceptualizations of mental health (e.g. Katz, 1985, Hindriks et al., 2014; Howard & Sommers, 2017; Liu et al., 2019, APA 2021)

Vital the psychologists understand the broad detrimental impact of microaggressions, discrimination, and racial trauma and develop supportive interventions to enhance resilience (Liu et al., 2019)

- Explore impact on identity
- Use of microaggressions to assert white dominance and promote racist ideas (Douglass et al., 2016)

Assisting people of color to navigate interactions across race

Help with healthy connection to intersectional identities and empower to choose when to engage in resistance based on their wishes
Racial trauma can be defined as a traumatic response to race-related experiences that are collectively characterized as racism, including acts of prejudice, discrimination, or violence against a subordinate racial group based on attitudes of superiority held by the dominant group. Racial trauma can be caused by overt or covert actions carried out by individuals or society (e.g., aversive racism, modern/ symbolic racism, racial microaggressions, etc.).” Williams, 2018
PTSD diagnosis has traditionally focused on European approaches to understanding trauma and mental health and may not address culturally relevant issues for POC (Bryant-Davis & Ocampo, 2016; Hinton & Good, 2015; Hinton & Lewis-Fernandez, 2011).

It is important to understand the impact of racism and discrimination on PTSD onset and course (Sibrava et al., 2019).

Experiences that do not meet criterion A can lead to PTSD or PTSD-like symptoms, including racial discrimination (Carter, 2007).

Meta-analysis highlights how BIPOC reactions to perceived racism are similar to trauma reactions (Pieterse, Todd, Neville & Carter, 2010; Carter & Forsyth, 2010).

Researchers and clinicians need to make sure adaptations are made to fit the context of POC who present with race-based trauma and traumatic stress (Helms et al., 2012).

Threatening experiences are a moving target.

Vicarious trauma from media images, events that impact loved ones, historical knowledge of past injustices.
The impact of real or perceived racial discrimination that is emotionally painful, sudden, and unexpected can be assessed a single event or cumulative experiences.

- Also may experience hyperarousal and hypervigilance, intrusion, and avoidance and/or numbing.
- Depression, anger, anxiety, and low self esteem are other common reactions.
- Physical reactions (e.g. HPA axis activation).
- Hard to forget the incident(s) and are often triggered by similar events.
- Maladaptive coping (e.g. alcohol and drug use, nicotine use, and aggression).
- Isolation due to avoidance and potential social costs of disclosure.
Breakdown of Conflict resolution & Problem Solving:

Problem Solving - the ability to assess ways of resolving a conflict

- Problem solving skills decrease with exposure to violence in school aged children. (McMahon et al, 2009)

Moral Disengagement - to separate moral reactions from inhumane conduct.

- “social problem-solving skills have an indirect effect on the relationship between traumatic stress and moral disengagement.” Coker et al, 2014
Battered Community Syndrome

BCS Features
Buildup of Psychological Stressors
Community is largely controlled by non-reflective individuals
Chronic RBST and insults

Communal helplessness/Psychological paralysis/Racist Cognitive Schema’s
Powder Keg
BCS Behavioral Consequences
Moral Disengagement/Problem Solving

Allostatic Load
Community Apathy
Inclusive Assessment

- Starts with assessment and including questions regarding Veteran’s identity and experiences with discrimination.
- Don’t assume identity and honor how Veteran chooses to identify. Ask Veterans how they identify both for visible identities or those that are not visible.
  - It is important to use the terms and ways in which the Veteran identifies and avoid placing your labels on their identity, as this may recreate experiences with discrimination and marginalization.
- Example of culturally sensitive assessment – Williams, 2021
Assessment

- Ask about experiences
  - Have you have had a time where you felt that you were treated differently or unfairly? Do you feel this was due to race/ethnicity?
  - Have you ever had a time where you felt as though you had to be very alert because of your racial identity?
  - Were there times you felt that you were put in harms way compared to others of a different race?
  - Have you ever had to make a choice between honoring your racial identity and instrumental needs?

- Understanding their narrative - creating a place to be heard
- Assess the effects of oppression
Race-Based Trauma

- Experiences of events that could meet criterion A are not included in measures or examples of trauma (Malcoun, Williams, & Bahojb-Nouri, 2015)
  - Examples from Williams, Printz, Ching, and Wetterneck, 2018
  - Overt racial threats and slurs
  - Police assault, body search, and harassment
  - Workplace discrimination
  - Community violence
  - Distressing medical experiences/fears of medical mistreatment
  - Incarceration
  - Immigration difficulties and traumas associated with these vulnerabilities
  - Deportation and violent enforcement actions
Considerations for Intervention

Acknowledge impact of oppression and racism (Comas-Diaz, 2006; Munoz & Mendelson, 2005)

Address internalization of the oppressor

Encourage ways to express themselves in areas they feel they have power

Their voice is primary

Integrate holistic and mindfulness approaches to connect mind and body (Cane, 2000; Comas-Diaz, 2006)
Considerations for Intervention

Assist in development of pride in identity (Adapted from Singh, 2019)

• Reconnection with heritage culture, and sources of group resilience
• Engage in culturally relevant coping mechanisms and supports
• Explore impact of negative and positive messages about identity
• Discuss and explore emotions related to identity
• Acknowledge and understand the effects of discrimination and maltreatment related to marginalized identity
• Assist in integration of identities

Mutually empathetic relationships (Van Voorhis & Morrison, 1998)
## Empowering Veterans

<table>
<thead>
<tr>
<th>Build on</th>
<th>Help</th>
<th>Advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build on Veteran strengths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Discuss ways in which Veteran has been resilient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identify culturally relevant approaches to coping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help Veteran to use power and mobilize resources in self and community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ask where Veteran feels empowered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Problem-solve areas where Veteran may feel powerless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocate for change for Veteran</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Use position to assist in removing institutional or systemic barriers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Van Voorhis & Morrison (1998)
Resilience is “the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors. As much as resilience involves “bouncing back” from these difficult experiences, it can also involve profound personal growth.” - American Psychological Association
Despite race related stress, it is essential to understand the powerful resilience that many communities of color and people of color individually possess.

Many veterans of color to endure, succeed, and excel and the military.

Taking advantage of the inherent resilience and empowering veterans of color to use those sources are resilience to assist them in coping with racism is essential.
Social support
- Connection with important others in their life
- Build new support networks
- Deepen relationships with others

Religious/spiritual engagement
- Can be a powerful source of resilience
- Connection with community
- Culturally relevant spiritual practices
- Prayer

Reduce cues and increase distraction as needed
- Limiting viewing of news
- Reduce social media consumption

Advocacy/Social Justice/Civil Action

Education (defying myths of inferiority)
Race Based Stress and Trauma And Empowerment (RBSTE)

- Balanced veteran needs for processing experiences and skill building/problem-solving
- Psychoeducation on discrimination and the related effects on mental and physical health,
- Healthy and unhealthy approaches
  - Veterans were encouraged to bring in projects, artwork or discuss other coping strategies, as a way to focus on resiliency and empowerment.
  - A value-based decision-making in conjunction with incorporating mindfulness practices were also added to the group structure and received positive feedback from the veterans.
- Culturally Adapted Mindfulness
Core Objectives of RBSTE

- Healing, self-care, enhancing adaptive coping & resilience, positive racial identity, empowerment & community engagement.
- Empirically supported principles and techniques from CBT, ACT, DBT, & positive psychology interwoven and adapted
- Empowerment of veterans through adapting group based on veteran input and focusing on resiliency and peer-driven problem-solving
- Create a safe space for veterans to discuss difficult experiences, promote growth, and engage in culturally relevant and values consistent coping
Increase diversity of staff

• Several studies highlight the role of diversity in increasing trust and increase likelihood of disclosure of race based traumatic events
• Increasing likelihood of follow recommendations
• Providers of color are more likely work in higher needs with people of color

Review the influence of culture within medical systems

• Color-blind ideology is problematic; change culture to appreciate and celebrate cultural differences
• Increase metrics by which health disparities can be identified and tracked in a useful way
• Increase efforts of outreach to marginalized Veterans
What you can do (Hardeman, Medina, Kozhlmannil, 2016)

1) Learn, understand and accept America’s history of racism
   - Continue to learn about racism and how it affects health and health disparities

2) Understand how racism has shaped the disparities narrative
   - What structural pieces are influencing adherence or engagement? Avoid implicit bias? Focus on collective action

3) Define and name racism;
   - Call it out when you see it - even when it shows up in hidden ways

4) Recognize racism, not just race
   - Can even show up in algorithms
   - Look beyond just statistics on race - measuring race versus exposure to racism

5) Center at the margins, using critical self-consciousness to give voice and power to those who are voiceless or disempowered.
   - Changing our view of normal (which has been focused on the majority group) and understanding impact of society and history
   - See through lenses of marginalized groups
   - Patient-centered communication to better understand Veteran perspective
Do your work!

- In what ways might you sustain an oppressive system? Where do you fit?
- How can you advocate for change in your area? What efforts to assess the impact of race-based trauma and discrimination are included in your area or field? Have you ever engaged in a protest?
- There are many poems, stories, books on the topic try to pick one or two to start. Read and digest.
- What are your reactions throughout this talk and when race is brought up? Why?
- Keep the conversation going. Educate others!
References


References


References


References


References


