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Addressing Clients' Experiences of Racism: A Model for Clinical Practice

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This article synthesizes the literature relevant to coping with racism to provide a 4-stage model for addressing clients' discriminatory experiences. Major suggestions drawn from the literature include applying frameworks with a contextual lens, using broaching and eliciting skills to promote client exploration of racism and the effects of racism on persons of color, enhancing client racial and ethnic identities, and tailoring interventions to the clients' culture and preferred coping strategies.

Keywords: racism, social justice, coping, broaching, multicultural counseling

Racism has been defined as a system of oppression, whereby persons of a dominant racial group (Whites, in the United States) exercise power or privilege over those in nondominant groups. Such actions may be made out of bias or in an effort to maintain advantaged access to social, economic, and educational resources (Horton & Sykes, 2008; Jones, 1997). Forms of racism vary by context and exist at both micro (individual) and macro (structural/societal) levels (Horton & Sykes, 2008). As laws and social standards in the United States have changed, expressions of racism have become less obvious (e.g., Sue, Torino, Capodilupo, Rivera, & Lin, 2009). Microaggressions, which are subtle and often unconscious acts of racism, are perpetrated by Whites in everyday encounters (Sue et al., 2009). Because of racism's varied and often covert formations, scholars have described the phenomenon as insidious, systematic, and pervasive, capable of affecting people of color in all areas of their lives (J. Miller & Garran, 2007).

Researchers across various disciplines have noted the physical, emotional, and economic effects of racism on persons of color. Harmful effects include, but are not limited to, hypertension, altered cardiovascular functioning (Brondolo, Rieppi, Kelly, & Gerin, 2003), poorer self-rated health status (Clark & Gochett, 2006), reduced marital quality (Trail, Goff, Bradbury, & Karney, 2012), multiple manifestations of psychological distress (Moradi & Risco, 2006; O'Brien Caughy, O'Campo, & Muntaner, 2004; Paradies, 2006; Sue et al., 2008), depressive and anxiety symptoms (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014), reduced mental well-being (Schneider, Hitlan, & Radhakrishnan, 2000), reduced academic performance (Wang & Huguley, 2012), and numerous symptoms associated with trauma (Bryant-Davis & Ocampo, 2005a; Helms, Nicolas, & Green, 2010).

At the institutional level, racial disparities in mental health and health care services have produced harmful outcomes for people of color (Becker et al., 2011; Smiles & Roach, 2002). Housing and school segregation, coupled with a tax-allocation system that adversely affects schools populated with youth of color, lead to underfunded schools that promote racial achievement gaps, as well as higher rates of school dropout and lowered rates of college attendance for youth of color (Farkas, 2003). Consequently, systemic racism that affects access and opportunity and individual acts of racism converge to affect the physical, mental, and economic health of communities of color.

Despite the pervasive and detrimental effects of racism, people of color achieve success and thrive across settings. Success in the face of racism suggests the existence of a rich repertoire of coping skills, behaviors, and resources that individuals of color draw on to ameliorate racism's stressors and to obtain personal successes (Fischer & Shaw, 1999; Fries-Britt & Griffin, 2007; Wang & Huguley, 2012). To understand useful coping strategies and to support clients who have been affected by racism, counselors would ideally draw from the literature that describes successful strategies and suggests clinical interventions to reduce the effects of racism.

However, several challenges exist to making effective use of the literature. The scholarship is widely dispersed across disciplines, sometimes in fields that are unrelated to clinical practice, rendering application of findings to counseling set-

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tings difficult. In addition, the literature is complex. Findings indicate that myriad coping responses are helpful for various racial and gender groups and that multiple mediating and moderating variables exist (Brondolo, ver Halen, Pencille, Beatty, & Contrada, 2009), warranting a nuanced understanding of how to apply existing findings to each client. For example, differences in coping behaviors for racism have been found between persons broadly classified as Asian and Black. Understanding gender and subgroup differences in behaviors and outcomes can prove challenging, making results difficult to generalize and apply to actual clinical practice (Lee, Soto, Swim, & Bernstein, 2012; Mossakowski, 2003).

Consequently, there exists no single and comprehensive guide for practice in supporting clients who experience racism (Delgado-Romero, Galván, Maschino, & Rowland, 2005). To address this need, we review the relevant literature related to racism, coping, and counselor practice. Empirical findings and theoretical suggestions are synthesized into a four-stage model that guides and enhances counselor practice. We describe each stage of the model, beginning with Stage I, which indicates the foundational skills and competencies necessary for clinical work in addressing clients' experiences of racism.

We recognize that varied definitions are ascribed to the term *race.* The word is used in this article to indicate a social construction based on an individual's external appearance with regard to skin color. Although the terms *ethnicity* and *race* have been used interchangeably by researchers over time (Delgado-Romero et al., 2005; Helms, 1994), in accordance with major scholarly opinions (Helms, Jernigan, & Mascher, 2005), we treat race and ethnicity as separate constructs that overlap, in that some racial subgroups share ethnic traits, such as cultural norms, values, and traditions (Phinney & Ong, 2007). Finally, for the purposes of this article, we use the phrase *racism-focused counseling* to indicate counseling that in some way addresses racial discrimination experienced by clients of color.

Stage I: Counselor Multicultural and Racial Competencies

Counselor multicultural competence, which entails counselor awareness, knowledge, and skills in work across diverse populations (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992), should be considered as a precursor to racism-focused counseling. Broadly, the competencies entail counselor awareness of personal biases, knowledge of clients' worldviews, and the knowledge and skills to deliver culturally aligned interventions. More recent literature has noted the need for counselors to understand the developmental processes and complex interactions of sociocultural identities and the ways those interactions can affect the counseling process (Leach, Aten, Boyer, Strain, & Bradshaw, 2010). Examples of sociocultural identities include race, ethnicity, economic status, ability, religion, spirituality, gender, and sexual orientation.

Essential counselor competencies that are specific to race include knowledge of historical and current sociocultural experiences of various racial groups (e.g., Latinos, African Americans, Asians, European Americans), with a recognition of the unique traits and experiences both within and across groups (Malott, 2010). Additional racial competencies include knowledge and awareness of the significance of race and racial privileges, knowledge and awareness of White norms and personal and systemic racism, and skills in cross-racial case conceptualization and counseling (Ridley, 2005; Sue et al., 2008). Clients' reactions to discussing race and racism will vary according to their racial identity development (Day-Vines et al., 2007), indicating the need to understand each client's racial identity status. Similarly, the counselor's racial identity status will determine his or her comfort level in, and ability to, recognize and discuss the presence and impact of racism (Helms, 1994; Neville, Spanierman, & Doan, 2006). Hence, counselors will ideally strive to develop awareness of their own racial identity development, as well as that of their clients.

Stage II: Counseling Frameworks

With a foundation of multicultural and racial competence in place, counselors can then draw on their knowledge of appropriate counseling frameworks. Certain frameworks are more conducive to addressing the racism experienced by clients than others. Counselors using theories based on a Westernized, intrapsychic perspective may inadvertently view a client's behavior as pathological rather than as a rational coping response to racism (Brondolo et al., 2009). Such counseling approaches may overemphasize the client's role in developing and maintaining symptoms rather than recognize the need for a wider, contextual lens that considers the role of environmental stressors in the client's presenting concern (Ridley, 2005).

Various frameworks exist that provide a more contextual perspective of racism and corresponding solutions. For instance, Ridley (2005) suggested that practitioners apply a mental health framework that is biopsychosocial in nature—one that recognizes the influence and interplay between a client's environment and emotional and social status to allow the examination of the effect of contextual factors such as racism. Ridley identified multimodal therapy as one approach to treatment that incorporates a biopsychosocial perspective.

Framed within a feminist perspective, relational-cultural therapy (RCT) similarly allows a contextual perspective (Comstock et al., 2008). RCT draws from the feminist perspective that cultural power differentials effect oppression and marginalization, which are the root cause of psychological injury (Jones-Smith, 2012). This approach emphasizes the effects of normative roles (e.g., gender, race, ethnicity) to

provide a basis for the exploration, examination, and confrontation of power differentials. Counseling using RCT is approached relationally, and the counselor–client relationship is seen as central to the healing and well-being of persons experiencing oppression (Comstock et al., 2008).

A trauma-informed approach is an additional way to understand racism and the negative effects of racism through a contextual lens. The framework allows counselors to recognize historical and ongoing experiences of racism as trauma-inducing for persons of color (Bryant-Davis & Ocampo, 2005b; Helms et al., 2010; G. H. Miller, 2009). Healing through such an approach would incorporate general trauma-based counseling techniques, including establishing client safety and recognizing and exploring the impact of the trauma (Bryant-Davis & Ocampo, 2005b).

Stage III: Skills in Initiating the Conversation

Addressing racism in clinical settings requires counselor skills in engaging and drawing out clients. Day-Vines et al. (2007) recognized that the process is not always an easy or straightforward phenomenon. For instance, counselors cannot assume that every client of color wishes to discuss racism or that all presenting problems stem from racism (Day-Vines et al., 2007). Conversely, clients may not always be able to openly articulate, or even be cognizant of, the negative effects of racism (Zayas, 2001). Clients may also deliberately avoid discussing the topic because they fear negative counselor responses (Day-Vines et al., 2007). Consequently, experts have asserted that counselors need to initiate discussions about race and racism throughout their time with clients of color to indicate comfort with and willingness to discuss such topics (Day-Vines et al., 2007; Thomas, Witherspoon, & Speight, 2008).

Zayas (2001) used the term *eliciting* to describe a verbal invitation from counselors to clients to explore race and racism-related issues. The author described a case in which a client unconsciously vocalized negative internalized perceptions of himself as a person of color. The clinician, perceiving this as internalized racism, named his observation and elicited an exploration of the ways that self-perception affected the client's behaviors and relationships. Together, the clinician and client worked to alter those learned negative racial beliefs.

Broaching is a process similar to eliciting. Day-Vines et al. (2007) described the process of broaching as directly addressing the subject of race, ethnicity, and culture in the counseling session. They suggested the use of a broaching style called *integrated/congruent*, which entails the counselor's active and ongoing acknowledgment of race, ethnicity, and culture as important factors in clients' lives. Effective counselors integrate those topics throughout sessions and regularly invite clients to elaborate on the role of race in their experiences.

Although broaching is a fairly new construct in the helping profession, there is some empirical evidence, largely premised on work with African American clientele, to support its use. Findings in one study (Burkhard, Knox, Groen, Perez, & Hess, 2006) indicated that clients appreciated counselor acknowledgment of the effects of racism on people of color, in that it served to make clients feel more understood and prepared to address related issues. Another study (Bitney, 2012) found that counselor broaching of client–counselor racial differences improved the client's perspective of the counselor specifically when that client possessed inclusive, multiculturalist attitudes, as compared with clients who supported a pro-American group membership and who downplayed African American group membership.

Stage IV: Interventions

The next logical step in counseling, following the broaching of race and discussions of the negative effects of racism, is the exploration of potential interventions. The following discussion divides interventions into two broad categories: one that is a more preventive approach and one that is specific to addressing racist incidents or effects.

Strengthening Client Identity

Counselors should view clients' identities as a rich source for drawing on positive assets and enhancing functioning in the face of racism's stressors. Identity development has been viewed as cultural and social in nature, and as something that is largely achieved in one's home and community (Dotterer, McHale, & Crouter, 2009). However, scholars have also recognized the counseling setting as an appropriate venue for facilitating clients' racial and ethnic identity development (Holcomb-McCoy & Mitchell, 2007).

Clinical efforts to strengthen clients' racial and cultural identities can be seen as preventive work that is focused on resiliency. It includes exploring and creating a positive meaning of identities, embracing pride in one's identity, processing emotional reactions to discrimination, and encouraging client engagement with family and society in ways that enact positive support and identities (Zayas, 2001). Zayas (2001) emphasized that counselors should help clients of color to recognize when they are affected by negative, societally based perspectives of their racial or ethnic groups and help clients to reject harmful external definitions by creating more positive internal ones. Shifting definitions can emerge spontaneously and can be addressed as they are noticed during counseling sessions.

Other scholars have similarly noted the need for enhancing clients' identities through the use of same-race or same-ethnic group interventions (Belgrave, Chery, Butler, & Townsend, 2008; Elligan & Utsey, 1999; Malott, Paone, Humphreys, & Martinez, 2010). In such groups, psychoeducational and creative activities (e.g., art therapy, creative writing) are

used to facilitate racial or ethnic pride. Counselors develop clients' critical consciousness regarding internalized racism and promote the exploration of coping responses to racism (McGann, 2006). Outcome assessment of two of the interventions (Elligan & Utsey, 1999; Malott et al., 2010) indicated positive growth and increased pride and coping skills for clients who participated in the groups. Finally, it should be noted that, although these interventions are useful in building resiliency in the face of racism-related stressors, scholars have cautioned that such interventions should be considered as one tool among many, because racial and ethnic pride has shown to provide only a partial buffer against the effects of racism (Dotterer et al., 2009; Wang & Huguley, 2012).

Facilitating Client Coping

Eliciting and exploring experiences of racism with clients can be an important first step in racism-focused counseling. A next step counselors can take is to explore coping strategies (Barnes & Lightsey, 2005). To effectively plan coping strategies, counselors should first understand major coping styles, as well as understand that preferred strategies will differ across groups, among individuals (Lewis-Coles & Constantine, 2006), and according to the type of stressor (Brown, Phillips, Abdullah, Vinson, & Robertson, 2011).

The broader coping literature recognizes three major categories of coping responses: avoidance, emotion-focused, and problem-focused (Lazarus, 1990). Avoidance coping entails efforts to avoid thinking about the stressor with self-isolating activities, such as watching television and sleeping, or through the use of substances (Billings & Moos, 1984). Emotion-focused coping involves efforts to reduce negative emotions produced by the stressor, such as seeking social support or engaging in religious or spiritual practices. Problem-focused coping involves actively engaging in problem resolution, weighing options or creating a plan of action, or making a conscious choice not to act (Barnes & Lightsey, 2005; Lazarus & Folkman, 1984).

Research regarding coping generally indicates that, although coping styles are often uniquely influenced by cultural and gender norms, persons who use more active coping strategies to manage discrimination-related stressors will tend to exhibit healthier behaviors or report more positive mental health outcomes (Liang, Alvarez, Juang, & Liang, 2007). However, other factors can mediate and moderate this general principle. For instance, Liang et al. (2007) found that Asian American women were more likely to use an active coping style but, contrary to predictions, experienced increased levels of stress afterward. In the same study, Asian American men who used the emotion-focused strategy of seeking social support also experienced an increase in stress levels. The researchers speculated that the support the men sought was ineffectual, potentially because they consulted with individuals who invalidated their experiences of racism. For the women, active coping strategies may have increased their stress levels because of the cognitive effort required to develop and evaluate coping strategies.

These and other similarly complex findings related to coping and racism suggest that there is no perfect coping mechanism or a one-size-fits-all approach (Brown et al., 2011; Utsey, Ponterotto, Reynolds, & Cancelli, 2000). Strategies that prove adaptive for some may serve to increase stress and reduce functioning for others (Lee et al., 2012). Hence, identifying coping strategies and evaluating their effectiveness should be a collaborative venture. If the client deems current strategies ineffective, the counselor may help tailor additional ones in collaboration with that client. The counselor can conduct an ongoing assessment of the effect(s) of the strategies before, during, and after responding to racism.

Specific suggestions or examples in the literature related to coping with racism, albeit limited, provide some clinical direction. For instance, several authors (Brown et al., 2011; Hunter & Lewis-Coles, 2004) suggested the use of religion as a coping mechanism for persons of color experiencing racism, with a focus on the empowerment of clients through addressing both their cultural and spiritual beliefs. Hunter and Lewis-Coles (2004) described this as a kind of reengagement of the spirit to empower individuals to reconnect with their spirit in order to best determine coping responses to racism. The authors described various uses of breathing techniques, based on African culture, to reduce negative physiological and emotional responses and to reconnect clients' relationship to the spirit. Clients would then be encouraged to explore a possible spiritual purpose to a particular racist event, as well as determine an action that may connect them with a spiritual community or other ritualized practice.

Another coping strategy suggested by Guerin (2005) is cognitive in nature and promotes the use of a contextual perspective of individuals who perpetrate racism. He suggested that clients can externalize racism by considering the context and intent motivating the racist action, rather than risk blaming oneself as a "target" of an individual who is monolithically "bad" and therefore unchangeable. Guerin asserted that such an approach could decrease the likelihood of a client internalizing the event. In turn, clients could better tailor a contextually relevant response, with actions targeted specifically to the perpetrator's motive. For instance, although one person might tell a racist joke to gain social acceptance from his White peers, another may tell such a joke with true malicious intent to harm, and another may do so in a misguided attempt at including a person of color in the group. Hence, each incident would benefit from different responses, which could be explored and decided on during counseling.

Finally, trauma-informed care (TIC) offers an additional contextual perspective for attending to racism. TIC suggests recognition of environmental events such as racism as trauma-inducing, even when subtle or systemic in nature (Bryant-Davis & Ocampo, 2005a, 2005b; Hopper, Bassuk, & Olivet, 2010;

Spanierman & Poteat, 2005). In TIC, counselors recognize the lifelong impact of early and ongoing traumas as potentially overwhelming to clients' coping capacities, engendering a sense of loss of control, affecting clients' decision making and interpersonal relationships, and resulting in ineffective coping mechanisms. Hopper et al. (2010) highlighted the role that institutional racism can play in clients' experiences, and they emphasized a strengths-based and holistic approach (e.g., providing career, health services, and life-skills training) that attends to the complex interactions between traumas, the environment, and behaviors. In using TIC to address racism, the counselor applies skills commonly used for addressing other forms of trauma by first establishing a sense of client safety, then collaboratively identifying strengths and interventions focused on symptom reduction (Hopper et al., 2010).

Discussion

This article examined a range of multidisciplinary literature related to the experiences of racism of people of color and possible coping strategies. In synthesizing the material to determine effective practices that counselors can use to address racism, we provided a four-stage model that lends specific direction to such work. At each stage of the model, a set of skills, knowledge, and/or awareness is proposed, which must be acquired by the counselor before progressing to subsequent stages. The model offers a unique approach that positions racism as a central consideration for understanding and working with client concerns, thus offering a more comprehensive guide to addressing clients' experiences of racism.

The initial stage of the model, identified as the base level of Figure 1, identifies foundational counselor competencies. Examples of those competencies include general multicultural counseling knowledge, skills, and awareness (Arredondo et al., 1996; Sue et al., 1992); an understanding of intersecting sociocultural identities; and specific racial competencies, including knowledge of racial identity development models, current and historical experiences of racial groups, and within-group variations. Counselor attainment of basic competencies will promote accurate case conceptualizations and

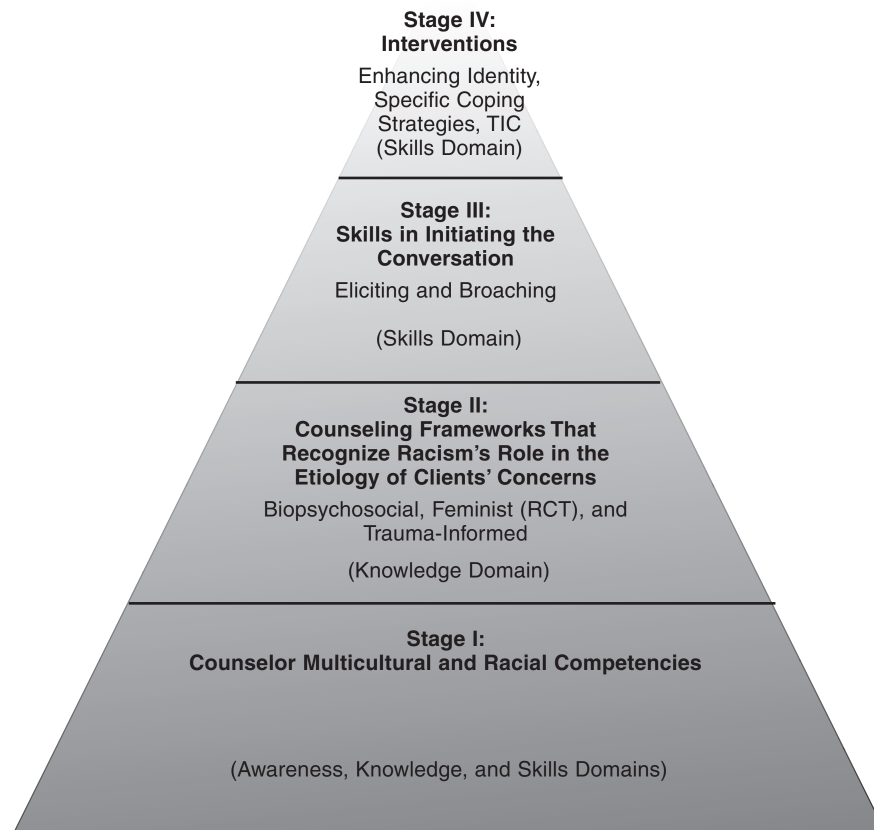

FIGURE 1

Addressing Racism in Clinical Practice Model

Note. TIC = trauma-informed care; RCT = relational-cultural therapy.

understanding of racism-related topics (Leach et al., 2010). Over the course of counselors' professional development, foundational competencies are obtained from the beginning of their training programs and are continually enhanced through continuing education and personal growth work throughout their careers.

After a foundational level of competencies is established, the next stage (see Figure 1) entails the selection of a counseling framework that promotes a contextual perspective of racism. The understanding and selection of a framework is primarily an activity in the knowledge domain. The use of a contextual perspective avoids pathologizing client responses to environmental events such as racism. Suggested frameworks include trauma-informed, biopsychosocial, and relational-cultural. Each would lend a unique direction in the conceptualization of solutions.

The third stage of the model calls for skills in eliciting and broaching topics of race. This stage rests on a foundation of basic competencies and is conducted using a contextual framework. Scholars have suggested the importance of infusing discussions of race and culture throughout work with clients of color, and exploring the role of race when discussing and interpreting events (Day-Vines et al., 2007; Thomas et al., 2008). In particular, eliciting and broaching communicate the counselor's willingness to explore topics of race and racism as they emerge (Day-Vines et al., 2007). Because counselors of any race may initially be uncomfortable discussing race, depending on their level of racial identity development, counselor education settings are essential places to begin practicing broaching and eliciting skills. Counselor educators must be comfortable in broaching race-related topics to facilitate such conversations in the classroom and to model the skills necessary for student counselors (Sue et al., 2009).

The fourth and final stage of the model focuses on action through several types of interventions (see Figure 1). One type is preventive in nature and entails the development or strengthening of a client's racial identity, which can provide a buffer against future racism. Such an intervention can flow naturally from counselor observation of a client's negative, race-based self-perception. Together, the counselor and client could explore the origins of the negative beliefs and perceptions; discuss their effects on the client and his or her relationships; and consider alternative, more positive racial self-perceptions. Counselors using a trauma-informed approach may also take steps at this stage to address the symptoms and effects of race-related trauma. The process may include discussing the client's sense of safety, both in and outside of the session, as well as drawing on client strengths and resources in achieving session goals (Hopper et al., 2010).

Another type of intervention described in the fourth stage involves exploring, designing, and assessing coping responses. As noted earlier, coping responses are uniquely informed by contextual and cultural norms. For some, active coping responses, such as directly confronting a perpetrator, may increase client distress, whereas for others, such a response will reduce racism-related stress (Lee et al., 2012). The counselor can begin by asking the client what he or she most often uses as a coping response and whether the outcomes have proved satisfactory. The counselor could ask if the client is open to exploring additional coping options, and, if so, new strategies could be developed collaboratively. Subsequent sessions would include assessing the effectiveness of those coping strategies.

Conclusion

The awareness, knowledge, and skills identified at the various stages of the model are all important elements in counselor effectiveness. However, we believe the model to be most effective when elements from all four levels are applied together. Conversely, should certain foundational awareness, knowledge, and skills be missing (e.g., Stage I), it would be difficult, if not impossible, for counselors to move to the next stages. For instance, should a counselor's racial identity development (a Stage I competency) be predominantly in an early status, characterized by a belief that racism does not exist (Helms, 1994), the counselor would be ineffective in addressing race-related issues. Indeed, he or she may actually engage in harmful practices, such as invalidating clients' experiences of racism (Gushue & Constantine, 2007).

Should counselors possess the racial and multicultural competencies noted in the first stages of the model, but not conceptualize racism as a contextual and systemic issue (Stage II), they may miss opportunities for a richer, more accurate and sophisticated analysis of the issue affecting clients. An incomplete understanding of an issue can limit the development of effective interventions (Owen & Lindley, 2010). Finally, if counselors achieve all the stages of the model but the final one, which entails racism-informed interventions adapted to the clients' preferences, they may falter in developing an effective solution with the client. Indeed, we propose that interventions for racism are unique and that application of racism-specific interventions is important. Understanding the variability in coping strategies, and the particular harm done if the counselor focuses on certain coping strategies over others, is essential when addressing racism.

Limitations and Suggestions for Future Studies

Several limitations exist regarding this article. Although this article's focus was limited to considering the counselor–client exchange, we recognize racism as a complex, systemic, and cultural problem that calls for counselors' continued efforts to affect systems and to extend work beyond direct counseling practice (e.g., Vera & Speight, 2003). In addition, the focus on

individual clinical responses to racism should not be misinterpreted as assigning sole responsibility for eradicating racism to people of color, nor should the use of the term *coping* be thought to imply acceptance of racism. The focus, rather, is an acknowledgment that neither individual counseling nor racism will disappear in the foreseeable future. Coping is therefore emphasized as an active, conscientious, and collaborative decision in responding to racism that is sanctioned by, and therefore culturally appropriate for, the client.

We recognize and appreciate that much of the work that led to the proposed model has been done by scholars of color, many cited in this article. We acknowledge that our reading and interpretation of the existing literature is influenced by our own White identities and the racially hierarchical context in which these identities were formed. Our efforts are grounded in the conviction that those who benefit from racism must participate in dialogue and action that works to disrupt race-based oppression at myriad levels, from education, to scholarship, to advocacy, to political activism (Garvey & Ignatiev, 1997).

Only two of the components of the proposed model have been empirically linked to counseling outcomes (i.e., group interventions in strengthening identities and counselor broaching of race-related topics). Although the model offers new guidance in addressing racism with clients, little is known about the outcomes of the approaches or interventions discussed. Hence, there is a need for the refinement and assessment of the model to determine if, or how, the combined set of counselor awareness, knowledge, and skills can affect positive outcomes with clients who have experienced racism. Researchers may also want to assess the effectiveness of the model in counseling couples and families. Finally, researchers assessing the impact of the model must take into consideration the fact that clients will likely experience racism across their life spans; thus, these experiences of racism will uniquely affect both treatment and outcomes (Helms et al., 2010). Regardless of the degree to which the current model proves effective, the cumulative message of the existing empirical and theoretical literature is clear: The field lacks, and therefore needs, comprehensive guidelines for directly addressing the many effects of racism that are experienced by clients of color.

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