Combating the Conspiracy of Silence: Clinician Recommendations for Talking About Racism-Related Events With Youth of Color

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Graphic videos of race-based violence, including police brutality toward Black people and anti-Asian hate crimes, have exploded over the past year. While documentation of these horrific acts has brought visibility to the pervasiveness of racial discrimination, it has also resulted in youth of color being exposed to racial stressors more than ever before across numerous social media and news platforms.[1–3] Beyond the significant race-related stress already experienced by youth in school contexts,[4] this increased exposure to racism via media is concerning, as both direct and vicarious exposure to racial discrimination can compromise psychological well-being of youth and cause trauma-like symptoms, such as intrusive thoughts, vigilance, and depression.[3,5]

While coronavirus 2019 (COVID-19) and the racial strife of the past year have the potential to further widen racial disparities that existed before the pandemic in psychosocial outcomes of youth, few clinicians have the requisite training and skills to help youth process and cope with racism.[6,7] In fact, consistent with the American view of race as a taboo topic, discussions of racism are often sidelined from therapeutic dialogue altogether, leaving youth without the support to navigate what may be some of the most salient issues affecting their well-being. Thus, clinicians must begin incorporating discussions of race and racism into their therapeutic work with youth as proactive practices.
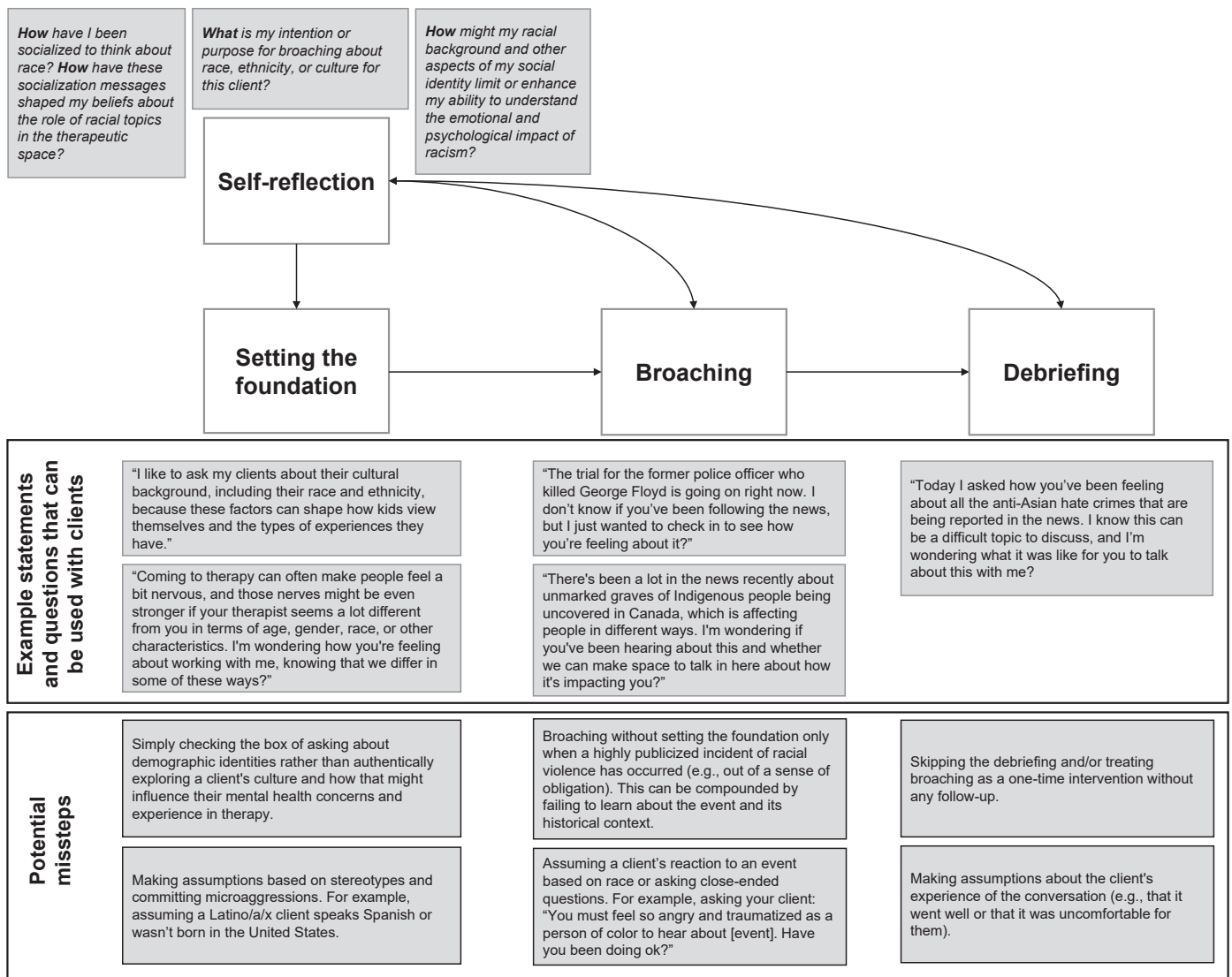
This practice of proactively introducing topics of race, ethnicity, and culture in session, also known as broaching, can foster therapeutic trust and promote greater self-disclosure.[6,7] Although broaching is a tool for delivering culturally responsive interventions, introducing subjects of race and culture in session does not inherently imply that the therapist is raising the topic in a culturally appropriate manner. Rather, there is a continuum of broaching behavior that ranges from introducing issues of race in an isolated and superficial manner to consistently infusing these discussions throughout the therapeutic process with genuine curiosity and openness. In the following sections, we highlight cultural blunders that clinicians may unintentionally commit while broaching and provide recommendations for engaging in more advanced levels of broaching. Although there is no one-size-fits-all approach to deciding when and how to have these conversations, we hope that the following recommendations will provide some guidance to clinicians on how to support youth of color and their families following highly publicized acts of racism-based violence and related events.

SELF-REFLECTION AND PREPARATION

Before initiating discussions about racism with youth of color, clinicians must first do the internal work of reflecting on their own racial identity, unconscious biases, and positions of privilege that may affect how they interact with clients.[6,7] Clinicians should use self-reflection to clarify their intentions for broaching, keeping in mind that broaching statements driven by a sense of obligation can appear disingenuous and potentially damage the therapeutic alliance. Example self-reflection questions are provided in Figure 1.

Although clinicians should grapple with questions such as these before talking to youth about racism-related events,

FIGURE 1 Example Broaching Statements and Cultural Missteps to Avoid

How have I been socialized to think about race? *How* have these socialization messages shaped my beliefs about the role of racial topics in the therapeutic space?

What is my intention or purpose for broaching about race, ethnicity, or culture for this client?

How might my racial background and other aspects of my social identity limit or enhance my ability to understand the emotional and psychological impact of racism?

Self-reflection

Setting the foundation

Broaching

Debriefing

Example statements and questions that can be used with clients

"I like to ask my clients about their cultural background, including their race and ethnicity, because these factors can shape how kids view themselves and the types of experiences they have."

"Coming to therapy can often make people feel a bit nervous, and those nerves might be even stronger if your therapist seems a lot different from you in terms of age, gender, race, or other characteristics. I'm wondering how you're feeling about working with me, knowing that we differ in some of these ways?"

"The trial for the former police officer who killed George Floyd is going on right now. I don't know if you've been following the news, but I just wanted to check in to see how you're feeling about it?"

"There's been a lot in the news recently about unmarked graves of Indigenous people being uncovered in Canada, which is affecting people in different ways. I'm wondering if you've been hearing about this and whether we can make space to talk in here about how it's impacting you?"

"Today I asked how you've been feeling about all the anti-Asian hate crimes that are being reported in the news. I know this can be a difficult topic to discuss, and I'm wondering what it was like for you to talk about this with me?"

Potential missteps

Simply checking the box of asking about demographic identities rather than authentically exploring a client's culture and how that might influence their mental health concerns and experience in therapy.

Making assumptions based on stereotypes and committing microaggressions. For example, assuming a Latino/a/x client speaks Spanish or wasn't born in the United States.

Broaching without setting the foundation only when a highly publicized incident of racial violence has occurred (e.g., out of a sense of obligation). This can be compounded by failing to learn about the event and its historical context.

Assuming a client's reaction to an event based on race or asking close-ended questions. For example, asking your client: "You must feel so angry and traumatized as a person of color to hear about [event]. Have you been doing ok?"

Skipping the debriefing and/or treating broaching as a one-time intervention without any follow-up.

Making assumptions about the client's experience of the conversation (e.g., that it went well or that it was uncomfortable for them).

it is important to remember that self-reflection is not a one-time activity but instead must be integrated consistently into one's clinical practice. Further, clinicians, especially those with limited experience talking about racism, should role-play broaching with a supervisor or trusted colleague before doing so with a client.[8] Although it is important to not sound overly scripted or rehearsed when broaching with a client, practicing in advance can increase one's confidence and skill in navigating these conversations.

SETTING THE FOUNDATION TO TALK ABOUT RACISM-RELATED EVENTS

While highly publicized acts of racism-based violence may prompt clinicians to speak with youth of color about these events, the foundation for these discussions must be established from the beginning of the therapeutic relationship. During the intake, clinicians should ask how youth identify in terms of their race and ethnicity and inquire about racial identity development and experiences of racial discrimination. To guide this process, clinicians may consider using the *DSM-5* Cultural Formulation Interview (CFI), a cultural assessment tool that can be used during mental health evaluations and is available for free online through the American Psychiatric Association (APA) website (https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures). Clinicians intending to broach topics of racism, racial trauma, and racial identity with clients may be particularly interested in CFI Supplemental Modules 6 (Role of Cultural Identity) and 8 (Patient-Clinician Relationship) as well as the UConn Racial/Ethnic Stress and Trauma Survey (UnRESTS).[9]

Broaching early in the therapeutic relationship communicates cultural sensitivity and conveys to youth that therapy is a safe space to discuss racism and identity. In contrast, when clinicians avoid racial topics throughout therapy but then attempt to initiate these discussions only after highly publicized acts of racial violence, youth may not feel comfortable talking about such sensitive topics, as the foundation of trust and security has not yet been established. Finally, although clinicians have an ethical responsibility to consider how race-related factors such as racism are related to the client's presenting concerns, it is important to do so through an intersectionality framework, recognizing that all children have multiple intersecting social identities that can influence their unique experiences of discrimination and privilege. People of color are not a monolith, and reducing clients to their race or making assumptions based on a stereotypical understanding of their race can be incredibly harmful.

BROACHING RACISM-RELATED EVENTS WITH YOUTH IN DEVELOPMENTALLY APPROPRIATE WAYS

An enormous benefit to broaching discussions of racism early in therapy is that these conversations can help clinicians decide how to talk to youth about racism-based violence in future sessions. For example, youth who do not identify strongly with their race may see racism as irrelevant to their life experiences and presenting concerns and reject a clinician's invitation to talk about racism.

Other youth, by contrast, may spontaneously share their thoughts and feelings about images and videos of racial violence they have seen on social media or in the news. Still others may appreciate the opportunity to discuss racism-related stressors but feel uncomfortable raising these conversations on their own because of perceived power imbalances in the therapeutic relationship, especially with White clinicians. It is especially important when working with the latter group of youth to explicitly initiate discussions of recent racism-related events.

When broaching racism-related topics, it is important to pose specific yet open-ended questions.[6,7] Using open-ended questions helps to avoid making assumptions about how youth are processing racism-related events and empowers them to articulate their own lived experiences (see Figure 1 for sample questions). It is also critical for clinicians to tailor their approach to each child's age and developmental ability. For example, whereas it may be developmentally appropriate to directly broach conversations about racism-related events with adolescents, clinicians working with young children should first speak with caregivers to understand how, if at all,

they have spoken to the child about the incident and whether they feel it is important to do so. Nonetheless, it can often be beneficial to also involve caregivers in treatment when working with adolescents to coordinate consistent messaging and to support caregivers in preparing youth to cope with racism-related stressors.

ALLOWING YOUTH TO LEAD THE DISCUSSION

After broaching recent racism-related events, youth should be provided with the space to process their thoughts and feelings while using a nonjudgmental stance to empathically validate their response to the event. While it is best to follow the child's lead during the discussion, it may be necessary to provide developmentally appropriate scaffolding for youth who are struggling to identify their emotions (eg, refer to a feelings chart, provide opportunities for alternative expression in art or play).

For example, when a client discloses an experience of racial discrimination or other racism-related experience, the clinician's primary responsibility in that moment is to validate the client's experiences and feelings.[8] This is not the time to challenge that an incident was discriminatory (eg, "What's the evidence that _____"); such a response is a microaggression that can significantly damage the therapeutic alliance and decrease the client's willingness to talk about racism in future sessions.[10] Instead, Socratic questioning can be effectively used during these discussions to help clients combat the internalization of racism by reframing what these experiences may mean about them (eg, interpreting a racism-based encounter as evidence of their incompetence).

Using Strengths-Based Approaches to Promote Racial Healing

After validating their feelings, clinicians should help youth identify strategies to mitigate racism-based stress and enhance racial coping. During these discussions, it is important to affirm cultural and community-based assets and value-based behaviors that promote long-term resilience. For example, some youth may find healing and empowerment from engaging in community action, such as protesting or volunteering for local antiracist initiatives. Such actions can help combat feelings of helplessness that may accompany racism-related stress and enhance youth resilience.[11]

It is also critical to draw on the strengths of the larger family. For example, a practice many Black parents use to help youth navigate racism-based stressors is racial socialization, or the verbal and nonverbal messages caregivers communicate to their children about racial matters.[12,13] While some messages focus on increasing youths' awareness of racism and providing them with the tools to cope with

discrimination (ie, preparation for bias), others seek to promote cultural pride by teaching children about their cultural heritage and traditions (ie, cultural socialization).[12] As a result of the communication and emotional support afforded by parents' racial socialization messages, youth develop greater confidence and skill in coping with racism-based stressors. Thus, it is critical to leverage interventions that incorporate this cultural strength when working with youth who have been directly or vicariously exposed to racial discrimination.[13,14] Although the majority of research on racial socialization has focused on Black families, there is also evidence demonstrating the benefits of racial socialization for other groups, including Latinx and American Indian youth.[12,15,16]

PROMOTING HEALTHY SOCIAL MEDIA USE

Given the potentially traumatic effects of reading about or seeing videos of racism-related deaths,[1] it may be helpful to inquire about youths' current social media use. When teens endorse vicarious racial trauma from social media following highly publicized acts of racial violence and related trials, clinicians can work with youth to brainstorm strategies for mitigating these detrimental effects. Strategies may range from staying away from certain forms of social media, limiting the amount of time spent on these platforms, or unplugging from social media entirely.

Debriefing

It is important to allow time for debriefing before ending a session in which racism-related events were discussed. This time can be used to check in about how youth are feeling and solicit their input on the discussion. To build trust in cross-racial therapeutic relationships, it can also be helpful to ask youth how they felt discussing racial topics with a person of a different race (Figure 1). Clinicians should keep in mind that youth may continue to process their experience after the session and may wish to engage in additional debriefing in a future session. It may be helpful to forecast with the youth that this may happen and communicate an open door policy to continue the conversation in the future.

CONCLUSION

It is a grievous reality that many youth of color have been historically marginalized, victimized, and stereotyped and continue to face ongoing hatred and violence as a result of racism. Being clinical professionals necessitates that we acknowledge and understand how these histories differ across groups and that we approach these topics and

conversations in ways that support healing and resilience. Broaching can be used as a proactive process of discussing racial topics in clinical settings with children and adolescents and can have a transformative impact on therapeutic relationships and clinical outcomes. We encourage all clinicians to engage candidly and humbly in conversations about race and take action against all forms of racism in pursuit of social justice. It is important to remember that we will likely never feel fully prepared to have these discussions with clients. While preparation and self-reflection are essential, making mistakes is a part of the process; what is most important is that we acknowledge our cultural blunders with humility and commit to doing better next time.

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