



Applying the Social Determinants of Health to ACT for Anxious or Traumatized African Americans

Jennifer Shepard Payne, Associate Professor
School of Behavioral and Applied Sciences – Social Work



Introduction

Problem

- African Americans have the highest rates of trauma in the United States; they more frequently meet criteria for PTSD than other racial groups (Asnaani, Richey, Dimaite, Hinton & Hofmann, 2010).
- Blacks living in urban areas are more likely than Whites or Hispanics living in the same areas to be victims of violent crime (U.S. Dept. of Justice, 2007).
- When examining deaths due to lethal force by law enforcement, Blacks have a fatality rate of almost three times higher than Whites, and Black victims are more likely to be unarmed (14.8%) than white (9.4%) or Hispanic (5.8%) victims. (DeGue, Fowler, & Calkins 2016).

Purpose

- To apply a theoretical model to Acceptance and Commitment Therapy that is culturally appropriate and relevant for African Americans.

Literature Review

It is well documented that Blacks under-utilize mental health treatment (SAMHSA, 2015). EBP's such as ACT only work for those who 1) have access to the treatment, 2) choose to trust the process (Whaley, 2011), and 3) are motivated to participate.

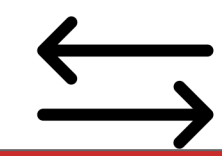
There are limitations produced by generalizing EBPs such as ACT, as written, to Blacks suffering from trauma (Kirmayer, 2012). However, ACT is an evidence-based intervention that shows potential in treating trauma because:

- It is a non-pathologizing approach (McLean & Follette, 2016).
- It promotes the understanding that suffering is part of the human condition (and not a dysfunctional, diagnosable condition).
- It normalizes avoidance as a human response yet helps individuals move toward value-driven living.

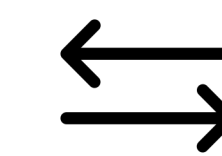
These attributes of ACT are noted in prior research as appealing to Blacks (Jones, Huey, & Rubenson, 2018; Mulvaney-Day, Earl, Diaz-Linhart, & Alegria, 2011).

Social Determinants

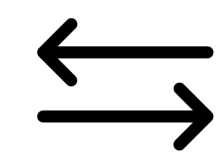
Access To Care



Racism/ Discrimination



Illness chronicity



Socio-economic status



Life stress



Police and prosecutor bias



Cultural competence



Stigma/ Cultural distrust



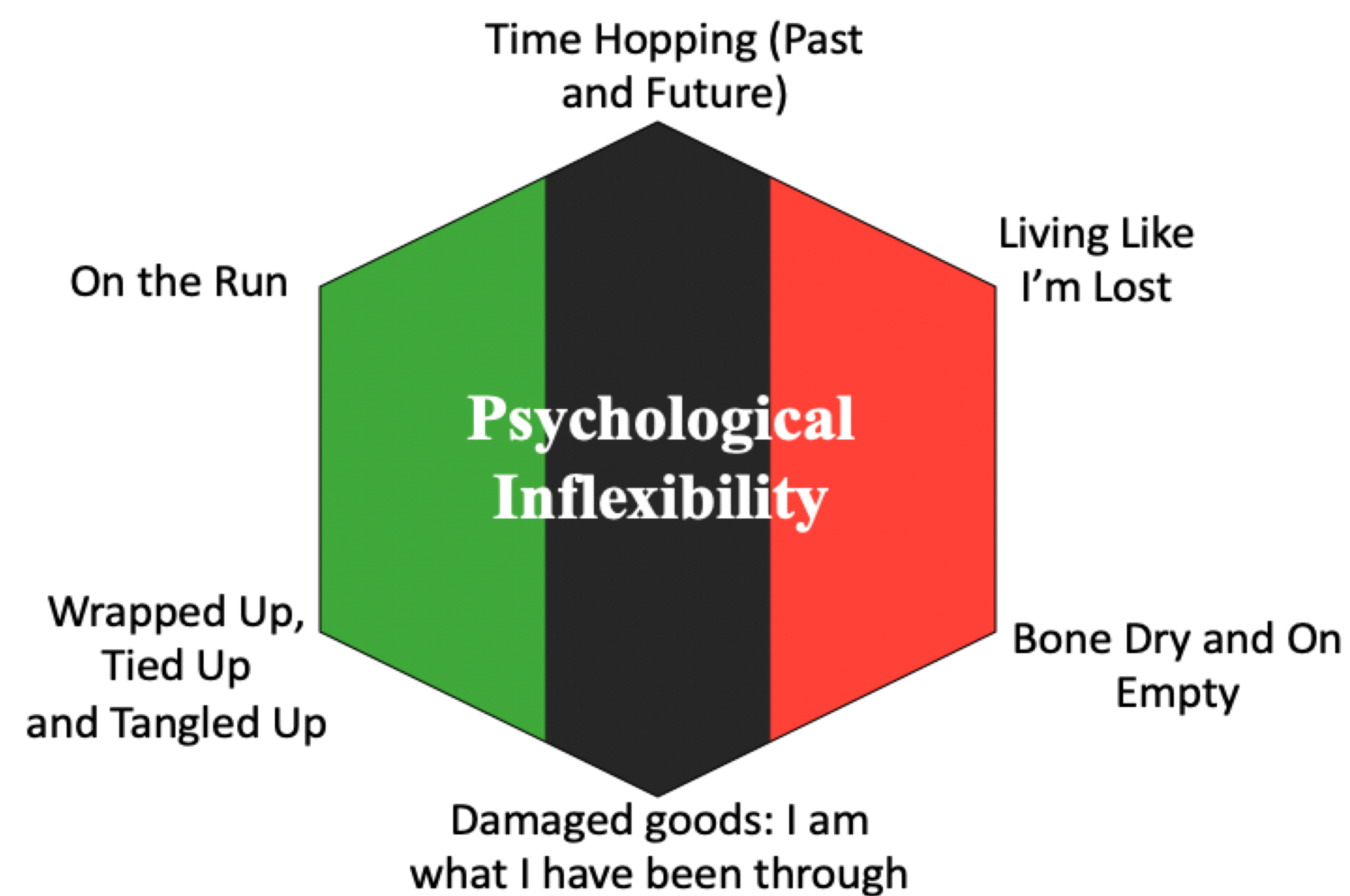
Cultural/ Spiritual beliefs



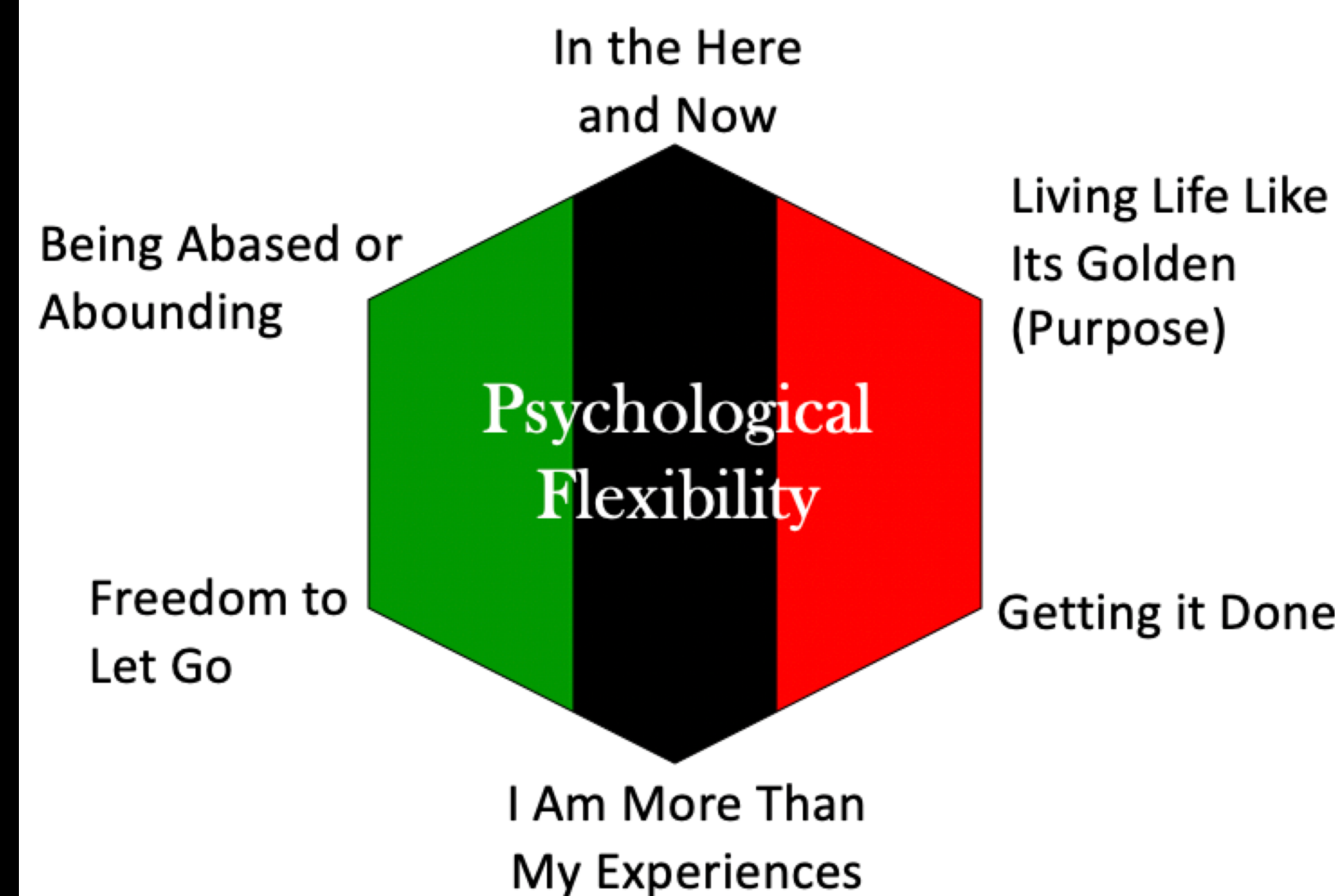
Past pain experiences

Application to ACT

Inhexaflex Applied to African Americans



ACT Hexaflex – Healing Model with African Americans



ACT can be culturally tailored by:

- Engaging in a great deal of stigma work before and during treatment
- Using different terminology for mental health and ACT concepts, to reduce stigma.
- Providing interactive sessions where participants can speak into the terms being used at every step
- Incorporating macro-level discussions to address systemic and environmental barriers
- Using culturally relevant metaphors
- Engaging in relevant experiential exercises
- Reality-based role play
- Directly addressing racism and discrimination
- Directly addressing barriers to treatment
- Identifying and incorporating culturally influenced views about mental health treatment



Selected References

Asnaani, A., Richey, J. A., Dimaite, R., Hinton, D. E., & Hofmann, S. G. (2010). A cross-ethnic comparison of lifetime prevalence rates of anxiety disorders. *Journal of Nervous Mental Disorder*, 198(8), 551-555. doi:10.1097/NMD.0b013e3181ea169f

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DeGue, S., Fowler, K. A., & Calkins, C. (2016). Deaths Due to Use of Lethal Force by Law Enforcement: Findings From the National Violent Death Reporting System, 17 U.S. States, 2009-2012. *American journal of preventive medicine*, 51(5 Suppl 3), S173-S187. <https://doi.org/10.1016/j.amepre.2016.08.027>

McLean, C., & Follette, V. M. (2016). Acceptance and commitment therapy as a nonpathologizing intervention approach for survivors of trauma. *Journal of Trauma & Dissociation*, 17(2), 138-150.

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U.S. Dept. of Justice (2007). *Bureau of Justice Statistics Special Report: Black Victims of Violent Crime*. Retrieved from <https://www.bjs.gov/content/pub/pdf/bvvc.pdf>

Whaley, A. L. (2011). Clinicians' competence in assessing cultural mistrust among African American psychiatric patients. *Journal of Black Psychology*, 37(4), 387-406.