

Integration of Race:
White Clinician/Hispanic Client

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Abstract

The purpose of this report is to compare two different impasses between a white clinician and a Hispanic client. At the start of the report you will read a brief assessment of the client including a clinical formulation and diagnosis. Then you will read the section about the impasses that occurred between the client and clinician. Lastly, you will read about alternative perspectives the clinician could have taken to avoid the impasses that occurred.

Keywords: Post-Traumatic Stress Disorder, Major Depressive Disorder , Empathy, Affect, Intersubjectivity, Transference, Counter Transference

Assessment of John

Basics

The client, John, is a sixteen-year-old Puerto Rican male. John currently resides in Chicopee with his mother, father, and his two cats. John is currently enrolled as a sophomore at Chicopee Comprehensive High School and has been in a relationship with the same girl for over a year. John is seen at River Valley Counseling Center through the School Based Program in an out-patient capacity. John has been seen on a weekly basis since mid November. Services are voluntary and completed while in school. Sessions are comprised of John and the clinician however; the initial intake was completed with John's father, John, and the clinician on-sight at River Valley Counseling Center in Chicopee. John has a multitude of environmental stressors that cause him to present with both Post-Traumatic Stress Disorder and Major Depressive Disorder.

Referral Reason

John was referred to River Valley Counseling Center through the school guidance counselors because John's friends were concerned for his well-being. On two occasions (summer 2016 and fall 2016) John had suicidal intent, however fortunately did not act upon his intent. Shortly after the second suicidal intent I began services with John.

Client History

John has experienced many traumatic experiences throughout his life. John's history of trauma started at the age of four (2005). When John was four years old he reported being sexually assaulted by a sixteen-year-old male. John reports that he often has flashbacks to this assault and they are sometimes so vivid that he feels like it happened again. John reports that he often jumps when someone comes up behind him.

Four years later (2009), when John was eight years old he pulled a knife on a male that was “attacking” his mother and the police/crisis were called and he was placed in an inpatient hospital. John was told that he was going to only remain there for three days however he remained there for two weeks then was transferred to a different “less intense” inpatient facility. Unfortunately, while within this facility John’s parents were deemed unfit to care for him (John’s father was having problems with alcohol and John’s mother was struggling with mental health problems that often placed her in the hospital) and he remained in the child welfare system for the next three years. Throughout those three years John was in two different inpatient facilities and two foster homes.

Four months prior to John reunifying with his parents, John’s half-brother died (John was 11 years old). John reported that the sudden death of his half-brother was an extremely traumatic event for him. He stated that his older brother, late 30s at the time, died of an overdose of drugs and alcohol. John feels a great deal of guilt over not "being there" or doing something to otherwise change the situation with his half-brother. Even though he is constantly reassured by his family and clinician that it is not his fault and he could not have changed things with his brother, he still feels guilty. John reported that the hardest aspect of the death was that he did not have the opportunity to grieve with his family and the foster parents he was with did not understand what he was going through.

In 2014, when John was thirteen his step-sister died from complications with an unknown disease. John reported that even though the death was expected it was very upsetting and it brought back a lot of memories of his brother. In January 2017, John’s grandfather died exactly five years after his brother died. John reported that he was not close to his grandfather because he

lived in Puerto Rico but it brought back horrible thoughts of his brother, especially because it happened on the same date.

Currently, John experiences a great amount of stress due his mother's mental health issues and her abandoning him while he was in foster care. John states that on multiple occasions crisis had to be called for his mother because she was threatening to kill herself. John reported that every time this happens it causes him to become overwhelmed and unable to cope with his own depression and unwanted thoughts. In addition, John also has trust issues with his mother because while he was in foster care she left the area to engage in a relationship with John's cousin and unfortunately did not engage in visitation while John was in care. John states that he is happy that his mother is back together with his father, however struggles to have a healthy relationship with her.

Client Strengths

Even though John has multiple vulnerabilities, John has multiple strengths and positives within his life. John is a very hands-on individual and is very successful in shop class where he is training to join the automotive work force after high school. Also, John is goal oriented and highly motivated within session. John reports that currently he has a supportive family, however his family is a major source of his stress and his family is ill-equipped to support John's needs. John also has a supportive girlfriend that he can confide in. Throughout sessions the clinician is comfortable in stating that John is friendly, engaging, caring, thoughtful, sociable, and extremely resilient.

Clinical Formulation

John is a sixteen-year-old male who lives with both of his parents and his two cats. John also has multiple older half-siblings and step-siblings, two of which have died on different occasions. Prior to the deaths, John experienced sexual assault by an older male and spent three

years within inpatient facilities and foster care homes. In addition, John has expressed emotional distress due to his mother's mental health issues and has stated that she is "not a person he can rely on." These beliefs and feelings have created feelings of "resentment" towards his mother that are often displayed by angry outbursts. On a more positive note, John is currently a sophomore at Chicopee Comprehensive High School and reports having a wonderful relationship with his girlfriend and her mother. John participates in school activities and is well-liked by many teachers and students.

John was referred to River Valley Counseling at the start of this school year due to two different suicidal plans and his friends reporting concern about his well-being. Prior to the suicidal plans, John practiced self-harming behaviors shortly following the death of his brother, but reports that these behaviors no longer occur. John reports having received prior mental health treatment in the past however nothing that was long term.

In spite of everything John has experienced, he functions moderately well in school and out of school at the moment. John reports feelings of prolonged sadness and helplessness beginning since he could remember. John often withdraws from society in times of sadness and reports that "I do not want to talk to anyone." In addition to the withdrawing behaviors, John also avoids situations and places that remind him of his brother. He fears that any memory of his brother will spark a negative flashback causing him to blackout. John reports that he struggles to confide in people, no matter the gender, sex, or age of the individual.

John is very motivated to change but tends to withdrawn in times of sadness. John benefits from a safe space to explore his thoughts around grief and loss, trauma and coping skills for recurrences of these symptoms. In addition, John benefited from Cognitive-Behavioral

Therapy and exploring his thoughts, feelings, and behaviors. Overall John has responded well to the interventions of validation, ventilation, problem solving, and de-escalation.

John has been clinically diagnosed with Posttraumatic Stress Disorder (PTSD) due to his intrusive thoughts, avoidance, and hyperarousal. In addition to PTSD, I am comfortable in diagnosing John with major depressive disorder due to his behaviors of withdrawal, hopelessness, and extreme guilt.

The Impasse

Even though John and I have built a strong relationship, do you think that our different backgrounds cause John to hold back true emotions? On multiple occasions I have found myself at a loss for words when working with John. For example, the first time that John brought up his sexual assault I was completely lost and had no idea what to say (the sexual assault was not brought up during the intake session, so I had no idea about John's past with sexual assault). I found myself saying, "That must have been very hard" over and over because I did not know what else to say and I did not want to say something wrong that would have made him more upset. In future sessions I hope that I can handle these discussions and situations with more confidence and empathy, because I feel like my lack of empathy hindered the client's ability to progress towards conquering the attack.

Although John's sexual assault is a major difference between the two of us, I would like to compare two impasses that John and I have had due to race and culture. Even though John is very motivated to change and engaged throughout sessions, at the start of our time together John was reluctant to seek treatment and did not like talking about his feelings, which is not uncommon especially within the Puerto Rican culture. At the start of our time together, John would often state that "I do not like to talk about my feelings" and "No one understands what I am going through." When John first made this statement I did not disagree with his statement. In

fact, I answered, “you are right I do not know what you are going through so could you please help me understand.” I understood how cultural and racial factors may have influenced John’s behavior and concerns within counseling and I attempted to empower John by having him discuss and explore his culture and race within treatment. I felt that it was important to acknowledge the racial and cultural factors that John presents with and also initiate and respond to John’s culture within treatment (Day-Vines, Wood, Grothaus, Craigen, Holman, Dotson-Blake, 2007). I believe that I handled this situation maturely because as stated in the Day-Vines (2007) article, “Counselors who display advanced levels of broaching and possess heightened levels of racial identity functioning are likely to promote trusting and open relationships with their clients...(pg. 408),” which I have done with John over our time together.

While I handled my first impasse with John maturely and appropriately my second impasse with John I did not handle as maturely. The second impasse occurred January 23rd and it revolved around Trump being inaugurated into office. John entered the office obviously upset and throughout session he was very ill-tempered towards me. I was unsure as to why John was acting this way because it was about two months into session and we had built a strong working relationship. Due to my unawareness, I asked John why he was upset and he looked at me and said, “It does not affect you.” As I sat there silently trying to figure out what he was talking about, John stated, “Trump just became president and he is going to make everyone he does not like go back to where they came from.” Without thinking I said, “Do not worry about that. That will not affect you.” After I made this statement, I continued to discuss the topic for the day not realizing the affect that it had on John. Unfortunately, John was shutdown throughout the remainder of the session and I just believed that it was due to Trump’s inauguration, not what I said.

Due to my white privilege, I did not have to worry about my life being instantly altered by president Trump's inauguration. However, that was not John's reality and I should have recognized that. As discussed in the text "White Privilege: Unpacking the Invisible Knapsack," as a white person I have been taught about racism and how it affects others, however I have never been taught how privilege puts me at an advantage. Growing up in a predominantly white town, it was normal to be white and privilege was not something that was talked about. Due to the fact that I hold privilege, unfortunately that means I have not been taught by society to recognize that privilege, and it affected my interaction with John on that day (McIntosh).

Alternative Perspectives

Empathy, affect, intersubjectivity, transference, counter transference, privilege, and cultural competence all play a role within this case. Often times, John gets very upset within sessions and shows heavy emotions. As the clinician, it is important for me to understand when to move on to another topic or continue discussing the topic that is upsetting to him. In addition, it is crucial to understand how his stories and emotions affect me both within the session and outside the session (vicarious trauma). Understanding a client's body language and affect within session is highly important and could lead to avoiding an impasse or resistance within session.

The dynamic unconscious becomes transformed primarily through analysis of resistance — that is, the investigation of the patient's expectations and fears in the transference that if his or her central affective states and developmental longings are exposed to the analyst, they will meet with the same traumatogenic, faulty responsiveness that they received from the original caregivers (Stolorow, 1992, pg. 29).

For example, at the start of our time together John struggled to speak about his feelings and I was able to recognize his affect within the session and handle it with empathy and allowed John to

discuss is anger around oppression. However when John was upset about Trump's inauguration I recognized his affect and body language yet I struggled to show empathy due to my privilege and lack of cultural competence which lead to an impasse during that session that could have been avoided.

The reason that I incorporated the initial impasse about the client being resistant at the start of treatment is because I wanted to paint the picture of when the client viewed me as a "bad object." I was viewed as a "bad object" simply due to his past experiences with powerful and privileged people. However, over time I began to gain the client's trust and I began to be seen as a "good object" and a person with power and privilege that he could be open with. During the second impasse involving the Trump discussion, I believe that I was again seen as a "bad object" and an individual that the client could not trust. In the sessions following that discussion the client was much more resistant and closed off, similar to our first sessions together. I believe that the client was much more closed off due to fear. Also, I believe that the client was resistant because he lost trust within the therapeutic relationship, because I responded like other white people around him (Berzoff, Flanagan, Hertz, 2016).

In most cases, it is best to avoid politics within treatment with clients. However exceptions exist, such as John bringing his worries of Trump entering office. In situations that politics do arise, it is crucial to appreciate the client's beliefs and understand where the client's beliefs derive from. For example, John's beliefs derived from his past experiences with his race and culture being oppressed. In addition, John has experienced a great amount of oppression and discrimination within foster care because the majority of the families he resided with were white and he stated that, "They did not understand my culture and often forced me to follow their (white) culture."

With a client that has a different background than the social worker it is important to listen and learn from that client. The client is the expert of their own life. As a social worker it is crucial to be culturally competent and to be able to learn from your client. Within the article titled “A Social Worker's Reflections on Power, Privilege, and Oppression,” Michael Spencer describes cultural competence as a process that is life-long.

It means never being truly culturally competent, but rather, recognizing that the pursuit of critical consciousness is a lifelong process. My reflection as a social worker continues, for I am still a work in progress, and I would like to encourage my fellow social workers to also continue with such reflection (Spencer, 2008, pg. 101).

After listening and learning about the client’s experiences it is important to make connections and empathize with that individual. No matter the client’s background you can find connections between yourself and the client and empathize with that individual because everyone has human emotions and feelings, such as sadness, joy, grief, etc. Even though I allowed John space to explore his culture within our time together I did not make connections to my life and due to the lack of connections, the relationship lacked empathy. I saw John as an individual that experienced death, foster care, sexual abuse, a mentally unstable mother and an individual that I could not relate to however, after reading multiple sources and talking to supervisors I began to view John as an individual in high school, with a girlfriend who likes music and that is someone that I can relate to. If I was able to make these connections prior to John being upset about Trump’s inauguration, then I would have been able to understand where John was coming from and instead of just noticing his distress and having him label it, I could have recognized the importance of having a discussion around his distress.

Even though I believe that John and I have built a strong relationship despite all of the impasses, if I had the chance, I would go back to the beginning of the treatment process and change my approach to the case. I would first start by trying to break down the power dynamic, both the power dynamic of my white privilege but also the power dynamic of our roles as a clinician and client. I would also express to John that I am white and that cannot be changed, however I am willing to listen to his experiences and discuss his feelings of oppression. Another aspect of the case I would change is how I handled his reaction to Trump's inauguration. I understand that my privilege and lack of recognition of my privilege brought about that impasse, however instead of quickly changing the topic I could have used this as an opportunity to discuss privilege and oppression. In addition to discussing privilege and handling the Trump situation differently, I would spend more time on the importance of normalization interventions. The client feels like he is the only individual going through a tough time. Normalizing his feelings and expressing that others have similar experiences could be an important turning point in his treatment.

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