Assessing the Impact of COVID-19 and Race-Based Trauma on the Mental Health of Black Social Work Providers

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Abstract

The aim of this study was to assess the impact of COVID-19 and race-based trauma on the mental health of Black social workers and to identify support systems. An explanatory sequential design was used to measure mental health, COVID-19, quality of life, race-based trauma, and support systems. A multiple regression analysis was conducted to determine which dependent variables would significantly correlate with COVID-19 and race-based trauma. Depression, anxiety, and stress were significant. Several themes emerged from the qualitative interviews, with 85% reporting a lack of support from their White colleagues. Identified sources of support were therapy and positive relationships.

Keywords: Black social work professionals, race-based trauma, COVID-19, mental health

Acknowledgement

"Your ancestors took the lash, the branding iron, humiliations and oppression because one day they believed you would come along to flesh out the dream." Maya Angelou

This research and this doctoral journey is dedicated to my ancestors. To my paternal grandparents, James Sr. and Mae Ella Reese and to my maternal grandparents, Richard Jackson and Jesse Lee and Myrtle Majors: thank you for persevering through oppression and for raising my parents to be grateful, humble advocates for equity and justice. Thank you for teaching me that God can and will do exceedingly above all that we can ask or imagine. You taught me to dream big.

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To the Black Community: you matter, you are valued, and you are worthy. It is my hope to spend the rest of my career finding ways to uplift our community and to amplify our voices.

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Table of Contents

Abstract ... ii

Introduction ... 1

COVID 19 Stress ... 1

Race-based Trauma ... 2

Black Social Workers ... 4

Current Study ... 4

Methods ... 5

Participants and Procedures ... 5

Quantitative Measures ... 6

Qualitative Data ... 8

Qualitative Analysis ... 8

Results ... 9

Quantitative results ... 9

Multiple regression ... 11

Qualitative results ... 12

Discussion and Implications ... 17

Limitations ... 21

References ... 22

List of Tables

Table 1. Sample Characteristics……………………………………………………10

Table 2. Correlation Matrix ……………………………..…………………………11

Table 3. Multiple Regression Analyses…………………………………………..…...11

List of Figures

Figure 1. The Impact of COVID 19 and Race-Based Trauma……………………………..13

Introduction

Black Americans have endured substantial trauma that has become particularly pronounced with two recent events. In 2020, the stress of navigating the COVID-19 pandemic and escalating racial unrest nationally has taken an especially large toll. Black Americans have been exposed to higher rates of COVID-19 exposure and stress, while simultaneously contending with heightened race-based trauma. Such large-scale stressors can correlate with increased mental health symptoms that have disparate effects on Black communities. In response, Black social workers have been at the forefront of addressing the rising stress levels and mental health needs, as social workers are the predominant provider of mental health treatment in the U.S. Though Black social workers are heavily tasked with supporting others while also navigating their own stress associated with both the pandemic and racial trauma, data are lacking regarding the effects of these stressors on this group.

COVID-19 Stress

Black communities have been substantially affected by the pandemic. According to the Centers for Disease Control (CDC), Black individuals are 1.4 times more likely to contract COVID-19, 3.7 times more likely to be hospitalized, and 2.8 times more likely to die from COVID-19 than their White counterparts (2020). As of April 2020, 34% of COVID-19 cases were among Black individuals, despite accounting for 13% of the U.S. population (CDC, 2020). These figures reflect long-standing vulnerabilities imposed by race-based disparities in health conditions and access to care (Dyer, 2020; Egede & Walker, 2020; Millett et al., 2020; Poteat et al., 2020; Yancy, 2020). Compounding these health disparities, Black individuals experienced pandemic-related loss of employment and wages, as well as increased challenges related to food insecurity, economic hardship, and health care access, at a higher rate than did

White individuals (Chakrabarti et al., 2021; Lopez et al., 2020). In addition, stress endured by Black individuals during the pandemic exacerbated existing racial disparities in mental health (Redondo-Sama, 2020). Such profound levels of stress increased risk of mental health disorders, including depression, among Black individuals (Ettman et al., 2020; Snowden & Snowden, 2021; Wallis, 2020). These elevated rates of COVID-related stress are even more concerning when considering the fact that Black individuals have simultaneously faced an escalation in race-based trauma in recent years.

Race-based Trauma

A robust body of research evidences the significant and detrimental effects of racism on the physical and mental health of Black people (Laurencin & Walker, 2020; Taylor, 2019; Utsey et al., 2002). Research also supports racism, both institutional and individual, as a social determinant of health because it elevates risk of poorer health outcomes and inequity for those impacted (Johnson, 2020; Ramaswamy & Kelly, 2015). Furthermore, the debilitating effects of racism often go undetected because it is a silent chronic stressor. Black Americans are persistently enduring acute and long-term effects of racism and escalating civil unrest, both of which increase the risk of race-based trauma (Carter & Kirkinis, 2020). Race-based trauma refers to trauma endured as a result of exposure to racism, race-based discrimination, and hate crimes (Carter, 2007; Helms et al., 2010). Exposure to race-based trauma is so significant that it can cause effects that mimic PTSD (Carter, 2007).

Discrimination is widespread in the U.S. with notable, systematic forms of racism directly impacting Black communities (American Progress, 2019; Braveman et al., 2022; Mental Health America, 2022). On May 25, 2020, a notable, public display of racism occurred when a police officer kneeled on George Floyd's neck, killing him for allegedly purchasing cigarettes

with a counterfeit $20 bill (Hill et al., 2020). Black Lives Matter protests, a direct result of the racial policing of George Floyd, erupted from Minneapolis to London to Hong Kong ("Protests across the globe," 2020). Incidents of racial policing, such as the death of George Floyd, elevate risk of posttraumatic stress disorder (PTSD) and trauma symptoms in those who are directly and indirectly exposed (Laurencin and Walker, 2020). The largest negative effects on the mental health of Black Americans due to racist policing occur one to two months after the incident (Bor et al., 2018). However, with a high rate of Black people being killed every year by police (Nix et al., 2017), this trauma is chronic and instills deeply damaging longer-term effects on mental health.

Because of existing and pervasive racial disparities, the mental health of Black individuals has been detrimentally affected more than their White counterparts. The Centers for Disease Control and Prevention (CDC) found that in 2020 the number of individuals reporting anxiety-related symptoms tripled and the number experiencing depression symptoms quadrupled as compared to a 2019 sample (Czeisler et al., 2020), and that these rates were higher among Black than White populations (McKnight-Eily et al., 2020). This finding reflects the reality that Black Americans have been exposed to escalating rates of race-based trauma, placing them at substantial and growing risks of mental health concerns.

The relationship of Black well-being and race-based trauma is rooted in acknowledging the trauma and utilizing healthy mechanisms by which to cope. Passive coping mechanisms have a detrimental impact on the individual (Polanco-Roman et al., 2016). Whereas, directly addressing race-based trauma by actively participating in solutions, utilizing resources, and declaring one's rights helps to mitigate the negative psychological effects (Forsyth & Carter, 2014). Additionally, using healthy coping mechanisms such as engaging in spiritual practices,

connecting with social groups, self-help coping, participating in mindfulness meditation, and simply validating one's identity, are central to enhancing Black well-being in the face of race-based trauma (Forsyth & Carter, 2014). Support and affirmation also helps to improve one's quality of life and decreases the deleterious effects of race-based trauma (Utsey et al., 2002).

Black Social Workers

Since the racial injustice protests related to George Floyd's death began in June 2020, there has been an increased demand by Black Americans for mental health services (Roth, 2020), likely due to race-based trauma. Provision of services for Black clients is essential in order to support the emotional health of individuals coping with race-based trauma (Roth, 2020). At the forefront of this service provision are social workers, as the largest providers of mental health services nationwide (Congressional Research Service, 2018; National Association of Social Workers, 2022). As a result, Black social workers may be placed in highly vulnerable positions through not only enduring the direct effects of stress and trauma in their own lives but also hearing about the stress and trauma that their clients are experiencing. Black social workers have been navigating the trauma endured by their clients, as well as their own exposure to COVID-19 stress and widespread racism, elevating risk of compassion fatigue, burnout, and secondary trauma (Gaines, 2020; Johnson et al., 2021; Obasi, 2021; Petgrave-Nelson, 2021). Yet, little is known about how the stress associated with COVID-19 and race-based trauma is impacting this vital group tasked with supporting their clients through these stressors.

Current Study

The goal of this research project was twofold: (1) to assess the impact of COVID-19 and race-based trauma on the mental health of Black social workers, (2) to identify support systems for Black social workers. We used an explanatory sequential design of quantitative analysis,

followed by in-depth qualitative interviews. (Tashakkori, A. and C. Teddlie, 2009). This approach entailed a quantitative investigation of the relationship of COVID-19 and race-based trauma with mental health outcomes as the first step, followed by in-depth interviews to explore participants' lived experiences related their support systems. The following hypotheses were tested in the regression analyses:

H1: Higher levels of stress associated with COVID-19 will be associated with more symptoms of depression, anxiety, and posttraumatic stress disorder.

H2: More exposure to race-based trauma will be associated with more symptoms of depression, anxiety, and posttraumatic stress disorder.

Methods

Participants and Procedures

We conducted a mixed-method cross-sectional study to assess depression, anxiety, discrimination-related trauma, and quality of life. All study components were approved by the Institutional Review Board (IRB) at [Name Removed for Review] University. Due to Covid-19 and social distancing guidelines from the Centers for Disease Control and Prevention (CDC), the recruitment and dissemination for the study was handled completely online. Participants were recruited in partnership with the Coalition of Black Social Workers (CBSW), which is an organization that supports Black social work practitioners and students, via email and social media, in addition to several other groups with a mission of providing networking support for Black social workers.

Quantitative data were collected using the online survey software, Qualtrics. The first 100 respondents were compensated with a $15 digital gift card from Amazon. After completion of the Qualtrics survey, respondents were given the opportunity to be randomly selected to

participate in a qualitative interview, held via the online platform zoom, with a member of the research team. Twenty individuals were selected to participate in a qualitative interview and were compensated with a $20 digital Amazon gift card. After obtaining verbal consent from each participant, we used a semi-structured guide, composed of nine open-ended questions to explore the impact of the racial injustice of 2020 and the COVID-19 pandemic on their personal and professional lives, as well as the impact on their self-care and sources of support.

Quantitative Measures

Depression, anxiety, and stress. The Depression Anxiety Stress Scale (DASS) was used to assess for three constructs: depression, anxiety, and stress (Lovibond & Lovibond, 1995). This 42-item measure contains three subscales to produce separate scores for each construct. All questions are answered on a 4-point Likert rating scale, with 0 indicating the question did not apply to the participant and 3 indicating the question applied very much or most of the time. Each subscale score is computed by summing the 14 items for the given construct. This measure has been found to have good psychometric properties with diverse study populations (Henry & Crawford, 2011; Osman et al., 2012; Williams et al., 2021). Cut scores for severity of symptoms are provided so that symptoms are assessed on a range of severity from "not at all" to "extremely severe." After computing the subscale scores, the range of scores for depression was 0-36, followed by 0-38 for anxiety and 0-38 for stress. Higher scores indicated more symptoms. For the study sample, Cronbach's alpha was .949 for depression, .918 for anxiety, and .940 for stress

COVID-19 stress. Stress related to COVID-19 was assessed using the 36-item COVID Stress Scale (Taylor et al., 2020). While this measure is new and not yet well-studied, initial research suggests good reliability and validity (Abbady et al., 2021; Pelletier et al., 2020; Taylor et al., 2020). This measure assesses six aspects of COVID-related stress: danger, socioeconomic

consequences, xenophobia, contamination, traumatic stress, and compulsive checking. Response options are on a 5-point Likert rating scale (never; almost always). Responses were summed to create one overall score, with a range of 0-132. Cronbach's alpha for this scale was .981.

Quality of Life. Quality of life was measured using the 30-item Professional Quality of Life (ProQOL) assessment tool. Questions are answered on a 5-point Likert rating scale (never; very often). After reverse-scoring five items, scores are summed for three subscales relating to compassion satisfaction, burnout, and secondary traumatic stress. The items for each subscale were summed with ranges being 20-50 for compassion satisfaction, 10-36 for burnout, and 11-44 for secondary trauma. Cronbach's alpha scores were .917 for compassion satisfaction, .790 for burnout, and .859 for secondary trauma.

Race-related trauma. Race-related trauma was measured using the Trauma Symptoms of Discrimination Scale (Williams et al., 2018). Previous research has found this measure to have good psychometric properties (Davis et al., 2021; Ching et al., 2022; Williams et al., 2021, 2018). This measure has 21 items that are answered on a 4-point Likert rating scale (never; often). All items are summed to compute the score, which ranged from 21-84 for the study sample, with a Cronbach's alpha of .959.

Demographic data. Several demographic items were included. Gender included four response options: male, female, transgender, and prefer to self-describe. Age was assessed on a continuous scale in years. Household income was measured on an ordinal scale so that participants indicated which income bracket reflected their household income. The following measures were all categorical: current employment status, social work degree, and if starting a social work program this year, which program. Participants were also asked to indicate whether they currently have a social work license.

Quantitative Data Analysis

All analyses were completed using SPSS version 27 (IBM, 2020). The first step included cleaning the data and examining patterns of missing data. Missingness was 5% or less for all variables, with missing cases handled via listwise deletion. Descriptive characteristics of the sample were examined using univariate methods to compute means, standard deviations, frequencies, and percentages as appropriate for each variable. Multiple regression analyses were conducted to explore the two study hypotheses: 1) higher levels of stress associated with COVID-19 will be associated with more symptoms of depression, anxiety, and posttraumatic stress disorder and 2) more exposure to race-based trauma will be associated with more symptoms of depression, anxiety, and posttraumatic stress disorder. All assumptions for multiple regression were met. We computed three regression models, including one for each of the three dependent variables: depression, anxiety, and stress to explore the correlation of COVID-19 stress, race-based trauma exposure, and demographic characteristics. Reliability was calculated for each outcome variable using a minimum Cronbach's ɑ value of 0.70 (Bland & Altman, 1997).

Qualitative Data

To explore participants' experiences related to social support, we used a semi-structured guide, composed of nine open-ended questions to explore the impact of the racial injustice of 2020 and the COVID-19 pandemic on their personal and professional lives, as well as the impact on their self-care and sources of support. The interview questions were: (1) It has been 1 year since most of the country was first locked down due to COVID-19 and also 1 year since the murders of Ahmaud Arbery, George Floyd, and Breonna Taylor. Can you describe the impact these events had on you personally? (2) Can you talk about how these events impacted you

professionally? (3) Compared to other events of racial and civil unrest, did the events of 2020 impact you similarly or was the impact different? (4) How did COVID-19 and the racial and civil unrest of 2020 impact how you engaged with clients? (5) How did COVID-19 and the racial and civil unrest of 2020 impact how you engaged with your friends and your community? (6) Can you talk about how COVID-19 and the racial and civil unrest impacted your self-care? (7) Did COVID-19 and the racial and civil unrest change the way you viewed yourself, your workplace, or your community? If so, why? (8) What type of support, if any, did you utilize during this time? (9) What type of support and resources do you need now?

The qualitative interviews took place via the online platform, Zoom, where they were also audio-recorded. Interviews ranged from 30 minutes to 90 minutes. After the interviews were completed, the research team transcribed the interviews, conducted multiple readings, and coded each of the interviews using thematic analysis.

Qualitative Analysis. All recorded interviews were transcribed verbatim and analyzed independently by two research team members. Data were analyzed through inductive thematic approaches with application of grounded theory strategies (Boeije, 2002; Corbin & Strauss, 2008; Lincoln & Guba, 1985). We applied an open coding process and constant comparative approach. Codes were categorized into groups by each coder, compared, and discussed to achieve researcher consensus on each theme, subtheme, and related dimensions. All data from transcripts were included in the coding process.

Results

Quantitative results

The study sample was 68.5% male and 31.5% female, with an average age 35 years (SD

= 8.99). Over half (61.9%) had an MSW degree and held a social work license (60.2%). The mean score for depression was 10.73 (SD = 9.89), 9.95 (SD = 8.49) for anxiety and 14.34 (SD = 10.06) for stress. COVID-related stress had a mean score of 41.09 (SD = 33.64). The average score for discrimination-related trauma was 46.85 (SD = 14.90). In terms of the quality of life, compassion satisfaction was highest (*M* = 37.45; SD = 7.69), with similar scores for burnout (*M* = 23.8; SD = 6.58) and secondary trauma (*M* = 23.68; SD = 7.41). An examination of reliability scores for outcomes measures found good reliability for depression (α = .950), anxiety (α = .917), and stress (α = .940). See Table 1 for full descriptive output and Table 2 for correlations.

Table 1: Sample Characteristics (N = 113)

Variables	n (%)	M (SD)
Age		35.09 (9.89)
Social work degree		
ASW/ASSW	5 (4.7)	
BSW/BSSW	26 (24.3)	
MSW	70 (65.4)	
DSW	5 (4.7)	
PhD	1 (0.9)	
Licensed (yes)	68 (63.0)	
COVID-19 stress		41.09 (33.64)
Discrimination-related trauma		46.85 (14.90)
Compassion satisfaction		37.45 (7.69)
Burnout		23.80 (6.58)
Secondary trauma		23.68 (7.41)
Depression score		10.73 (9.89)
Anxiety score		9.95 (8.49)
Stress score		14.34 (10.06)

Table 2. Correlation Matrix

	Depression	Anxiety	Stress	Age	SW degree	SW license	COVID	Disc-related trauma	Comp satisfaction	Burnout
Depression										
Anxiety	.897**									
Stress	.838**	.859**								
Age	--.310	-.311**	-.208*							
SW degree	0.304**	-.330**	-.237*	.199*						
SW license	-.183	-.071.	-.081	.366**	.071					
COVID	.632**	.685**	.543**	-.151	-.523**	.010				
Disc-related trauma	.610**	.682**	.632**	-.237*	-.239*	-.025	.598**			
Comp satisfaction	-.385**	-.371**	-.250*	.382**	.141	.242*	-.372**	-.325**		
Burnout	.507**	.489**	.554**	-.279**	-.079	-.173	.428**	.567**	-.655**	
Secondary trauma	.537**	.636**	.631**	-.229*	-.204*	-.066	.635**	.600**	-.251**	.637**

Multiple Regression

Depression. The regression model was significant [F (8, 81) = 12.719, p < .001] and explained 74.6% of the variance (see Table 3). Two independent variables were significant predictors of depression score. Total COVID-19 stress (B = .139, p < .001) positively correlated with depression symptoms so greater stress predicted more depression. Discrimination-related trauma was also significantly and positively correlated with depression (B = .156, p = .032).

Table 3. Multiple Regression Analyses

Variables	Model 1[a] (n = 90)				Model 2[b] (n = 88)				Model 3[c] (n = 89)			
	B	S.E.	β	95% CI	B	S.E.	β	95% CI	B	S.E.	β	95% CI
Age	-.001	.097	.000	-.194, .202	-.059	.071	-.063	-.196, .094	-.034	.103	-.028	-.238, .717
SW degree	.076	1.674	-.106	-4.274, 2.312	.521	1.242	.029	-2.497, 2.434	.920	1.704	.045	-2.471, 4.311
License (yes)	-2.207	1.676	.004	-5.146, 1.706	.990	1.277	.059	-1.787, 3.289	.278	1.648	.013	-3.002, 3.558
COVID stress	.139***	.037	.446	.418, 2.236	.123***	.027	.454	.611, 1.893	1.383**	.433	.292	.522, 2.245
Discrimination-related trauma	.156*	.072	.239	.035, .327	.146**	.054	.261	.056, .274	.123	.072	.183	-.020, .266
Compassion satisfaction	-.061	.159	-.045	-.489, .145	-.057	.117	-.051	-.396, .066	.237	.151	.175	-.062, .537
Burnout	.172	.216	.112	-.394, .478	-.101	.160	-.077	-.525, .119	.486*	.210	.306	.068, .903
Secondary trauma	.040	.172	.028	-.049, .599	.359**	.130	.274	.273, .786	.476**	.169	.304	.140, .811

Note. B=unstandardized coefficient, β=standardized coefficient, SE= standard error, CI = confidence interval. *p<.05.**p<.01.***p<.001
[a] Model 1: Dependent variable: Depression; F (8, 81) = 12.719, p < .001
[b] Model 2: Dependent variable: Anxiety; F (8, 79) = 20.935, p < .001
[c] Model 3: Dependent variable: Stress; F (8, 80) = 13.924, p < .001

Anxiety. The linear regression model for anxiety was also significant [F (8, 79) = 20.935,

$p < .001$]. The set of variables explained 82.4% of the variance. Three variables emerged as significant predictors of anxiety. Stress associated with COVID ($B = .123$, $p < .001$), discrimination-related trauma ($B = .146$, $p = .008$), and secondary trauma ($B = .359$, $p = .007$) each had a significant, positive relationship with anxiety symptoms.

Stress. The linear regression model for stress was significant [$F(8, 80) = 13.924$, $p < .001$] and explained 76.3% of the variance for stress. Three significant predictors emerged in the model: COVID-19 stress, burnout, and secondary trauma. Higher COVID-19 stress correlated with a higher stress score ($B = 1.383$, $p = .002$). Both burnout ($B = .486$, $p = .023$) and secondary trauma ($B = .476$, $p = .006$) also predicted higher stress.

Hypothesis 1 was fully supported with COVID-19 stress being found to significantly correlate with increased symptoms of depression, anxiety, and PTSD. Hypothesis 2 was partially supported. Exposure to race-based trauma was associated with significantly higher symptoms of depression and anxiety but not PTSD.

Qualitative results

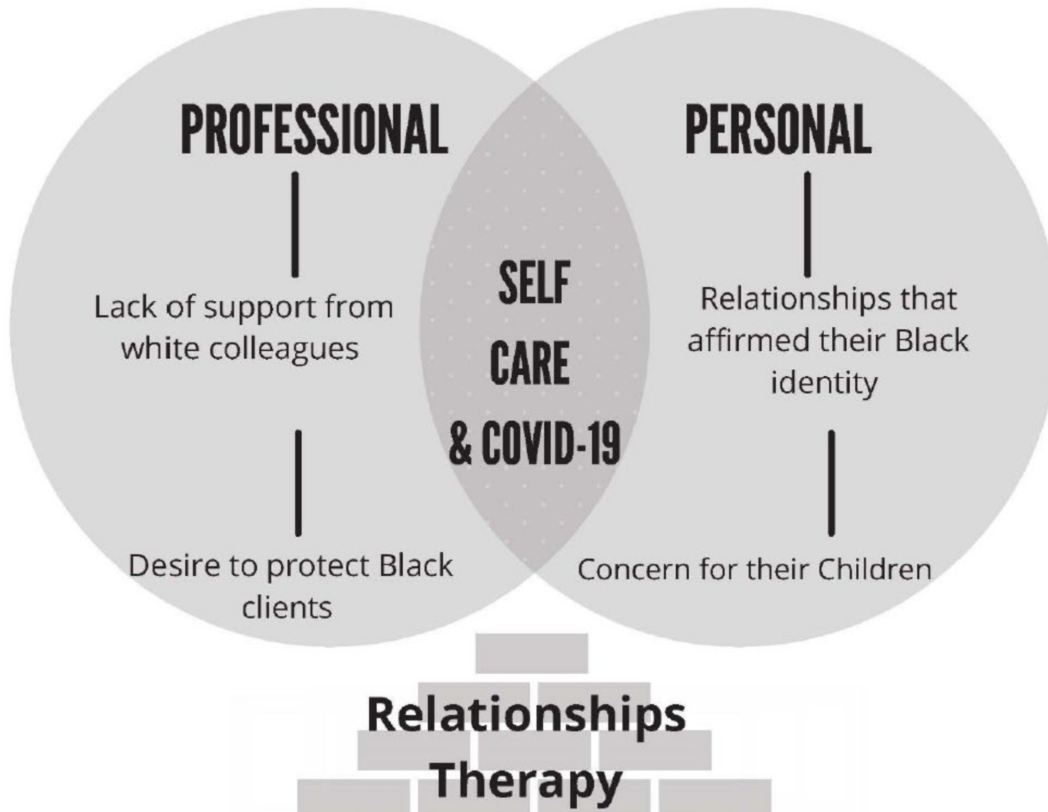
Of the 20 qualitative participants, 17 were female (85%) and 3 male (15%). This response is representative of the overall social work population, as women represent 83% of the social work field (Salsberg et al., 2017).

After a thorough thematic analysis, six themes emerged from the qualitative interviews. Two themes centered on the professional response: the lack of support from White social work colleagues and the desire to protect Black clients. Two additional themes focused on the personal response: the need to engage in relationships that affirmed their Black identity and the concern for their children and their exposure to racial injustice. Self-care and being an invisible

worker was a theme that had both a professional and a personal response. Additionally, two main areas of support were identified. These included cultivating strong relationships (family, friends, church communities, and affinity groups) and going to therapy.

Figure 1

The Impact of COVID-19 and Race-Based Trauma



Note. Themes associated with the impact of COVID-19 and Race-Based Trauma on the professional and personal life of Black social workers.

Theme 1: (Professional) Lack of support from White social work colleagues

The most consistent theme reported from the qualitative interviews was the lack of support that Black social workers received from their White social work colleagues. 85% (17/20) of the participants reported that their White colleagues were disconnected from the racial injustice that was occurring, and they did not receive support in the work setting. Several

participants reported that conversations with White colleagues became "exhausting." Black social workers had expectations that White social workers would be engaged in anti-racist values because of social work's commitment to social justice. There was also an expectation that White social workers would be knowledgeable about collective trauma in the Black community and its impact on society. However, many Black social workers did not receive understanding, support, or affirmation in the workplace. One participant was referencing an encounter with her White colleague when they discussed the protests, and she said to herself that she was confused by her White colleague's nonchalant response because "don't we have the same degree?" Participants also expressed frustration about White supervisors who did not "check in" with them to see how they were feeling given the racial climate. Black social workers expected empathy from their social work colleagues and were disappointed with the outcome.

Theme 2: (Professional) The desire to protect Black clients

Many participants became more aware of their influence and representation as a Black social worker with their Black clients. Even in the midst of colleagues who were unsupportive, Black social workers wanted to be present and go "above and beyond " to protect their Black clients and to make sure they were being treated with respect. One participant reported that she "was hung up on what her Black clients were dealing with and helping them through that process." Participants reported that protecting their Black clients provided them with strength while simultaneously draining their energy.

Theme 3:(Personal) The need to engage in relationships that affirmed Black identity

Black social workers also reported that they felt the need to connect with people and organizations that affirmed their Black identity. These connections were critical due to both the isolation experienced because of COVID-19 and race-based trauma. Several participants

reported that connecting with people who affirmed their identity gave them an opportunity to process their race-based trauma, while also providing a sense of hope. One participant said that he chose to begin reading books by Black authors because “they validated that I wasn’t insane.” Participants reported deepening connections with family, friends who were allies, and organizations (such as their sorority or the CBSW) that promoted and celebrated their Black identity.

Theme 4: (Personal)Concern for Children

Participants who were parents expressed concern about the impact the racial injustice was having on their children. While talking about her young son being exposed to George Floyd’s murder on television, one social worker reported that she and her husband had to figure out “how to have the conversation with him [her son] without scaring him or destroying his innocence.” Another participant talked about being “fearful” of his daughter’s safety. A mother, whose son is deployed overseas serving in the military, said “my child is safer in another country than the country he is fighting to protect right now.” Consistently, parents used words such as “fear” and “anxious” to describe their feelings about the impact the racial injustice had on their children. Although some mentioned the effects of virtual school and COVID-19, the primary concern was that of the racial injustice and race-based trauma for their children.

Theme 5:(Professional and Personal) The transformative effects of racial injustice and COVID-19 on self-care

The racial injustice and COVID-19 had a transformative impact on the way Black social workers engaged in self-care both personally and professionally. Because of COVID-19, many businesses were temporarily closed for health and safety precautions; therefore participants could not access workout facilities, coffee shops, nail salons, shopping malls, or spas. Some

individuals reported that their personal self-care was negatively impacted at the beginning of the pandemic because of the lack of available options. However, as the pandemic continued, participants reported that they had to think of creative ways to engage in personal self-care. The creative self-care options that were reported included: walking outside, spending time in nature, starting a garden, and joining a book club. Participants also reported that watching the news and spending time on social media was traumatizing, so decreasing their intake of news was a form of self-care.

Professionally, participants reported that as an act of self-care, they chose to set boundaries with their co-workers who were not supportive.

Theme 6: (Professional and Personal) COVID-19 and being an invisible essential worker

COVID-19 halted in person services in several industries. While some social workers maintained their job from home, others continued to work in person throughout the pandemic. Many of the study participants reported working with vulnerable populations. Those participants in healthcare reported that they were on the frontlines and deemed essential, but that they received little to no recognition and some were not issued personal protective equipment. Social workers were working longer days during the pandemic and one participant stated that she was "exhausted from caring for clients and trying to also care for herself" in a workplace environment that was not supportive. This had a personal effect on her perceived importance at work. In the midst of the racial injustice, Black social workers maintained an obligation to provide quality and ethical care for their clients with little to no recognition.

Area of support 1: Relationships

95% (19/20) of participants identified family and close friends as the main area of

support in their lives. In the midst of the uncertainty of COVID-19 and the chaos of the racial injustice, multiple participants reported feeling solace in their family and close friendships. Many respondents also reported that their bond with these close relationships was strengthened during the turmoil. One participant said that he was surprised at how connected he became to his neighbors in his community because COVID-19 taught us that we are "all in this together." Other participants reported that they connected with friends or family that they had not talked to in years. Virtual platforms were utilized so that people could reconnect and provide support for one another. These opportunities to connect with people provided support for Black social workers and helped to mitigate the effects of race-based trauma.

Area of support 2: Therapy

Therapy was mentioned multiple times as another necessary source of support. Even participants who had not attended therapy for years found themselves reconnecting with their therapist during 2020. As trained professional social workers, many of the participants recognized signs of depression and anxiety in themselves as a result of the isolation and the racial-based trauma they were experiencing, and they sought support from their therapist.

Discussion and Implications

Results suggest that the combination of the COVID-19 pandemic and the racial injustice of 2020 had a negative impact on the mental health of Black social work professionals. The regression models of depression, anxiety, and stress were significant. COVID-19 stress positively correlated with depression and anxiety among Black social work professionals. Additionally, discrimination-related trauma was correlated with increased depression and anxiety. Higher COVID-19 stress, burnout, and secondary trauma also predicted higher stress. The results for Black social work professionals were similar to results from the general

population. A 2019 study, which surveyed all adults reported that severe depression symptoms impacted 2.8% of adults, 4.2% of adults had moderate symptoms, and mild symptoms accounted for 11.5% of all adults (Villarroel & Terlizzi, 2020). Another 2019 study provided an overall average of adults affected with depression at approximately 6.5% and anxiety at 8% (Terlizzi & Schiller, 2021). By 2020, Black individuals experienced a 28% increase in depression (McKnight-Eily et al., 2020). The same is true for anxiety, which increased from 8% to 34% for Black individuals in 2020 (Fowers & Wan, 2020). The findings of this current study extend the existing research on Black Americans by highlighting impacts specific to social workers, who are on the frontlines of treating mental health needs of the general public.

Even though 65.4% of study participants were masters-level educated social workers, the COVID-19 pandemic and racial injustice had a negative impact on their mental health. The critical difference between social workers and the general public is that social workers are trained to utilize healthy coping mechanisms to provide protective factors for the stress, race-based trauma, and mental health decline that they experienced. Leveraging knowledge from this training, they sought support from family members, friends, Black organizations, and their therapists. They prioritized relationships with people who affirmed them and set boundaries with colleagues who disappointed them.

Black social workers expected a higher level of empathy and understanding from their White social work colleagues due to social work's commitment to the National Association of Social Work (NASW) Code of Ethics. Among the values of the Code of Ethics are the "dignity and worth of every person", the "importance of human relationships", and "social justice" (NASW, 2021). When these values were not upheld by their White colleagues, Black social workers were placed in a position of having to create boundaries to protect themselves from

race-based trauma in the workplace that was instilled by colleagues who should have been well-trained and equipped to offer the needed support. Additionally, maintaining consistent self-care and practicing therapy emerged as meaningful protective factors for race-based trauma.

Implications

There are three clinical implications to this research. First, more training is needed in social work programs to teach Black social work students to recognize the signs of racial trauma, depression, anxiety and stress as well as how to set boundaries with other social work professionals who are not fulfilling their commitment to their colleagues as set out by the NASW Code of Ethics. This content can be infused into introductory social work classes, such as Human Behavior in the Social Environment (HSBE), Psychopathology, and Oppression, as well as trauma-specific classes and culturally-relevant practice classes. Electives can be developed that focus specifically on anti-racism social work practice, which would include information on allyship. Field seminar is another place where students can learn about anti-racism and cultural humility as they prepare to engage with clients. Moreover, White social work students must be taught about anti-racist principles and practices in the social work profession in order to be a support for their Black colleagues. In addition to learning this in the abovementioned courses, we propose that anti-racism practices should be a required component of continuing education for licensure.

In the 2021 revision of the NASW Code of Ethics, both cultural competence and self-care were added as amendments to the Code (NASW, 2021; Murray, 2021). These revisions were created in response to the COVID-19 pandemic and the racial injustice of 2020 (Murray, 2021). To ensure that the NASW will continue to provide support to social workers of color, it is recommended that the NASW create a policy change for licensure that requires three continuing

education hours of anti-racism training, including a focus on race-based trauma, for licensure renewal. The mandatory requirement of licensure will help to maintain a strong commitment to anti-racism. Furthermore, the proposed changes to the 2022 Educational Policy and Accreditation Standards for Baccalaureate and Master's Social Work Programs (EPAS) adds the terminology of "anti-racism" to Competency 2 (Council on Social Work Education, 2021). Therefore, there is a movement within the social work profession to prioritize anti-racism and self-care after the events of 2020. It is recommended that social work programs across the nation modify their curricula to include teachings on anti-racism, cultural competency, and self-care to fulfill this new accreditation standard. White social workers are in urgent need of these skills as they engage and work alongside their Black colleagues.

Secondly, more support in the workplace is critical to help provide respite for the invisible labor that many Black social workers face when they are interacting with Black clients. This workplace support can entail more training for all social workers to develop skills to care for and engage diverse clients. This support can also be implemented through the development of staff support programs that promote self-care and the emotional well-being of Black social workers. These strategies may help decrease burnout in the workplace and improve compassion fatigue. Further research is needed to understand what types of support Black social workers need to help mitigate the negative effects of race-based trauma.

Lastly, additional research is needed to help identify effective strategies to create spaces and opportunities for Black social workers to connect with communities that affirm their identity. This research can start in social work programs by examining existing and piloting new student groups that support Black students as a means of understanding which supports are most valuable. Research among practitioners is also essential. For example, a future study might

examine the role of membership in professional organizations that affirm their racial identity as related to mental health outcomes. Additionally, the NASW can also provide support by offering free webinars, trainings, and support groups for Black social work professionals who experience race-based trauma and for non-Black social workers to develop an awareness and recognition of race-based trauma.

Limitations

This study was focused on Black social work providers, which is a very specific and limited group so might not be reflective of other helping professionals. Because the sample was not nationally representative, findings are not necessarily reflective of all Black social workers. The cross-sectional nature of the study disallows a temporal analysis. Expanding this study to include other Black mental health providers, such as licensed professional counselors and marriage and family therapists, and conducting a longitudinal study could help determine trends among highly-educated helping professionals.

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References

Abbady, A. D., El-Gilany, A., El-Dabee, F. A., Elsadek, A. M., Elwasify, M., & Elwasify, M. (2021). Psychometric characteristics of the COVID Stress Scales-Arabic version (CSS-Arabic) in Egyptian and Saudi university students. *Middle East Current Psychiatry, 28*(1), 14. DOI: 10.1186/s43045-021-00095-8

American Progress (2019). *Systemic inequality: Displacement, exclusion, and segregation*. https://www.americanprogress.org/article/systemic-inequality-displacement-exclusion-segregation/

Bland, J. M., & Altman, D. G. (1997). Statistics notes: Cronbach's alpha. *BMJ*, *314*(7080), 572–572. https://doi.org/10.1136/bmj.314.7080.572

Bor, J., Venkataramani, A. S., Williams, D. R., & Tsai, A. C. (2018). Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study. *Lancet (London, England)*, *392*(10144), 302–310. https://doi.org/10.1016/S0140-6736(18)31130-9

Braveman, Arkin, E., Proctor, D., Kauh, T., & Holm, N. (2022). Systemic And Structural Racism: Definitions, Examples, Health Damages, And Approaches To Dismantling. *Health Affairs Web Exclusive, 41*(2), 171–178. https://doi.org/10.1377/hlthaff.2021.01394

Carter, & Kirkinis, K. (2021). Differences in Emotional Responses to Race-Based Trauma among Black and White Americans. *Journal of Aggression, Maltreatment & Trauma, 30*(7), 889–906. https://doi.org/10.1080/10926771.2020.1759745

Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing

race-based traumatic stress. *The Counseling Psychologist, 35*(1), 13–105. https://doi-org.utk.idm.oclc.org/10.1

Centers for Disease Control and Prevention (2020). *Introduction to COVID-19 racial and ethnic disparities*. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html

Chakrabarti, S., Hamlet, L. C., Kaminsky, J., Subramanian, S. V. (2021). Association of human mobility restrictions and race/ethnicity–based, sex-based, and income-based factors with inequities in well-being during the COVID-19 pandemic in the United States. *JAMA Network Open, 4*(4), Article e217373. https://doi.org/10.1001/jamanetworkopen.2021.7373

Ching, Davis, A. K., Xin, Y., & Williams, M. T. (2022). Effects of Psychedelic Use on Racial Trauma Symptoms and Ethnic Identity among Asians in North America. Journal of Psychoactive Drugs, 1–11. https://doi.org/10.1080/02791072.2022.2025960

Congressional Research Service (2018). *The mental health workforce: A primer*. https://sgp.fas.org/crs/misc/R43255.pdf

Council on Social Work Education. (2021). *Educational policy and accreditation standards for baccalaureate and master's social work programs* [Draft]. https://cswe.org/getattachment/Accreditation/Information/2022-EPAS/EPAS-2022-Draft-1-April-2021-(2).pdf.aspx

COVID-19 Hospitalization and Death by Race/Ethnicity (2020). Centers for Disease Control. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

Czeisler MÉ , Lane RI, Petrosky E, et al. (2020, August 14). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1

Davis, Xin, Y., Sepeda, N. D., Garcia-Romeu, A., & Williams, M. T. (2021). Increases in Psychological Flexibility Mediate Relationship Between Acute Psychedelic Effects and Decreases in Racial Trauma Symptoms Among People of Color. Chronic Stress (Thousand Oaks, Calif.), 5, 247054702110356–24705470211035607. https://doi.org/10.1177/24705470211035607

Dyer, O. (2020). Covid-19: Black people and other minorities are hardest hit in US. *The BMJ, 369*, Article m1483. https://doi.org/10.1136/bmj.m1483

Ettman, C.K., Abdalla, S.M., Cohen, G.H., Sampson, L., Vivier, P.M., Galea, S. Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic. *JAMA Netw Open*. 2020; 3(9):e2019686. Doi: https://dx.doi.org/10.1001%2Fjamanetworkopen.2020.19686

Egede, L. E., Walker, R. J. (2020). Structural racism, social risk factors, and Covid-19–A dangerous convergence for Black Americans. *New England Journal of Medicine, 383*(12), Article e77. https://doi.org/10.1056/NEJMp2023616

Forsyth, J. M., & Carter, R. T. (2014). Development and preliminary validation of the Racism-Related Coping Scale. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(6), 632–643. https://doi.org/10.1037/a0036702

Fowers, A., & Wan, W. (12 June 2020). Depression and anxiety spiked among black Americans after George Floyd's death. *The Washington Post.*

https://www.washingtonpost.com/health/2020/06/12/mental-health-george-floyd-census/

Gaines, P. (2020). *Black social workers face stress, racial inequities during COVID-19 pandemic.* NBC News. https://www.nbcnews.com/news/nbcblk/black-social-workers-face-stress-racial-inequities-during-covid-19-n1194431

Helms, J. E., Henze, K. T., Sass, T. L., & Mifsud, V. A. (2006). Treating cronbach's alpha reliability coefficients as data in counseling research. *The Counseling Psychologist, 34*(5), 630–660. https://doi-org.utk.idm.oclc.org/10.1177/0011000006288308

Henry, J. D., & Crawford, J. R. (2011). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British Journal of Clinical Psychology, 44*Pt 2), 227-239. DOI: 10.1348/014466505X29657

Hill, E., Tiefenthaler, A., Triebert, C., Jordan, D., Willis, H. & Stein, R. (2020, May 31). How George Floyd was killed in Police Custody." New York Times. https://www.nytimes.com/2020/05/31/us/george-floyd-investigation.html

IBM Corp, *IBM SPSS Statistics version 27*. 2020.

Johnson, Archibald, P., Estreet, A., & Morgan, A. (2021). The Cost of Being Black in Social Work Practicum. Advances in Social Work, 21(2/3), 331–353. https://doi.org/10.18060/24115

Johnson T. J. (2020). Intersection of Bias, Structural Racism, and Social Determinants with Health Care Inequities. Pediatrics, 146(2), e2020003657. https://doi.org/10.1542/peds.2020-003657

Laurencin, C. T., & Walker, J. M. (2020). A Pandemic on a Pandemic: Racism and COVID-19 in Blacks. *Cell systems*, *11*(1), 9–10. https://doi.org/10.1016/j.cels.2020.07.002

Lopez, M. H., Rainie, L., Budiman, A. (2020, May 5). *Financial and health impacts of COVID-19 vary widely by race and ethnicity*. Pew Research Center. https://www.pewresearch.org/fact-tank/2020/05/05/financial-and-health-impacts-of-covid-19-vary-widely-by-race-and-ethnicity/

Lovibond, S.H. & Lovibond, P.F. (1995). *Manual for the Depression Anxiety Stress Scales*. (2nd. Ed.) Sydney: Psychology Foundation.Salsberg, E., Quigley, L., Mehfoud, N., Acquaviva, K. D., Wyche, K., & Silwa, S. (2017). *Profile of the Social Work Workforce*. https://www.cswe.org/Centers-Initiatives/Initiatives/National-Workforce-Initiative/SW-Workforce-Book-FINAL-11-08-2017.aspx

McKnight-Eily, L., Okoro, C., Strine, T., Verlenden, J., Hollis, N., Njai, R., Mitchell, E., Board, A., Puddy, R., & Thomas, C. (5 Feb 2021). Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020. *MMWR Morbidity and Mortality Weekly Report*, 70(5):162–166. http://dx.doi.org/10.15585/mmwr.mm7005a3

Mental Health America (2022). *Racial Trauma*. https://www.mhanational.org/racial-trauma

Millett, G. A., Jones, A. T., Benkeser, D., Baral, S., Mercer, L., Beyrer, C., Honermann, B., Lankiewicz, E., Mena, L., Crowley, J. S., Sherwood, J., Sullivan, P. S. (2020). Assessing differential impacts of COVID-19 on Black communities. *Annals of Epidemiology, 47*, 37–44. https://doi.org/https://doi.org/10.1016/j.annepidem.2020.05.003

Murray, A. (2021). 2021 Amendments NASW Code of Ethics: Self-Care and Cultural Competence. *NASW Code of Ethics*. https://www.socialworkers.org/LinkClick.aspx?fileticket=UyXb_VQ35QA%3d&portalid=0

National Association of Social Workers (2022). *About social workers*. https://www.socialworkers.org/News/Facts/Social-Workers#:~:text=According%20to%20the%20Substance%20Abuse,psychologists%2C%20and%20psychiatric%20nurses%20combined.

National Association of Social Workers (NASW). (2021). *NASW code of ethics*. https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Nix, J., Campbell, B. Byers, E. & Alpert, G. (2017). A Bird's Eye View of Civilians Killed by Police in 2015: Further Evidence of Implicit Bias. *Criminology & Public Policy*. 16: 309-340. https://doi.org/10.1111/1745-9133.12269

Obasi. (2022). Black social workers: Identity, racism, invisibility/hypervisibility at work. Journal of Social Work : JSW, 22(2), 479–497. https://doi.org/10.1177/14680173211008110

Osman, A., Wong, J. L., Bagge, C. L., Freedenthal, S., Gutierrez, P. M., & Lozano, G. (2012). The Depression Anxiety Stress scales – 21 (DASS-21): Further examination of dimensions, scale reliability, and correlates. *Journal of Clinical Psychology, 68*(12), 1322-1338. DOI: 10.1002/jclp.21908

Pelletier, Houle, J., Goulet, M.-H., Juster, R.-P., Giguère, C.-É., Bordet, J., Hénault, I., Lesage, A., De Benedictis, L., Denis, F., & Ng, R. (2020). Online and Recovery-Oriented Support Groups Facilitated by Peer Support Workers in Times of COVID-19: Protocol for a

Feasibility Pre-Post Study. JMIR Research Protocols, 9(12), e22500–.
https://doi.org/10.2196/22500

Petgrave-Nelson. (2021). COVID-19 Reflection: From the Diary of A Black Social Worker. Journal of Social Work in End-of-Life & Palliative Care, 17(2-3), 120–123. https://doi.org/10.1080/15524256.2021.1915921

Polanco-Roman, L., Danies, A., & Anglin, D. M. (2016). Racial discrimination as race-based trauma, coping strategies, and dissociative symptoms among emerging adults. *Psychological Trauma: Theory, Research,Practice and Policy*, 8(5), 609–617. https://doi.org/10.1037/tra0000125

Poteat, T., Millett, G. A., Nelson, L. E., Beyrer, C. (2020). Understanding COVID-19 risks and vulnerabilities among Black communities in America: The lethal force of syndemics. *Annals of Epidemiology, 47*, 1–3. https://doi.org/10.1016/j.annepidem.2020.05.004

Protests across the globe after George Floyd's death. (2020, June 13). CNN. https://www.cnn.com/2020/06/06/world/gallery/intl-george-floyd-protests/index.html

Ramaswamy, M., & Kelly, P. J. (2015). Institutional racism as a critical social determinant of health [Editorial]. *Public Health Nursing,* 32(4), 285–286. https://doi.org/10.1111/phn.12212

Roth, A. 2020, July 14. “Black therapists say they are seeing an uptick in demand for their services.” Marketplace. https://www.marketplace.org/2020/07/14/black-therapists-seeing-uptick-in-demand-for-their-services/

Redondo-Sama, G., Matulic, V., Munté-Pascual, A., de Vicente, I. (2020). Social Work during

the COVID-19 Crisis: Responding to Urgent Social Needs. *Sustainability*. 12(20):8595. https://doi.org/10.3390/su12208595

Stamm, B.H. (2010). The Concise ProQOL Manual, 2nd Ed. Pocatello, ID: ProQOL.org.

Tashakkori, A. and C. Teddlie, Integrating qualitative and quantitative approaches to research., in Handbook of applied social research methods, L. Bickman and D.J. Rog, Editors. 2009, Sage: Thousand Oaks, CA.

Taylor, S. Landry, C., Paluszek, M., Fergus, T., McKay, D., & Asmundson, G. (2020). Development and initial validation of the COVID Stress Scales. *Journal of Anxiety Disorders*. 72: *02232* https://doi.org/10.1016/j.janxdis.2020.102232

Taylor, J. (2019). Racism, Inequality, and Health Care for African Americans. The Century Foundation. https://tcf.org/content/report/racism-inequality-health-care-african-americans/?agreed=1

Terlizzi, E., & Schiller, J. (2021). Estimates of mental health symptomatology, by month of interview: United States, 2019. *National Center for Health Statistics*. https://www.cdc.gov/nchs/data/nhis/mental-health-monthly-508.pdf

Salsberg, E., Quigley, L., Mehfoud, N., Acquaviva, K., Wyche, K., & Sliwa, S. (2017). *Profile of the social work workforce*. The George Washington University Health Workforce Institute and School of Nursing. https://www.cswe.org/Centers-Initiatives/Initiatives/National-Workforce-Initiative/SW-Workforce-Book-FINAL-11-08-2017.aspx

Snowden, L. R., & Snowden, J. M. (2021). Coronavirus trauma and African Americans' mental

health: Seizing opportunities for transformational change. *International Journal of Environmental Research in Public Health, 18*(7), 3568. https://doi.org/10.1177/21677026211049379

Utsey, S. O., Chae, M. H., Brown, C. F., & Kelly, D. (2002). Effect of ethnic group membership on ethnic identity, race-related stress, and quality of life. *Cultural Diversity and Ethnic Minority Psychology*, 8, 366-377. https://doi.apa.org/doi/10.1037/1099-9809.8.4.367

Villarroel, M., & Terlizzi, E. (2020). Symptoms of depression among adults: United States, 2019. *National Center for Health Statistics Brief*, No. 379. Hyattsville, MD: https://www.cdc.gov/nchs/data/databriefs/db379-H.pdf

Wallis, C. (2020, December). The Mental Toll of COVID-19. *Scientific American.* 323 (6): 25. 10.1038/scientificamerican1220-25

Williams, Davis, A. K., Xin, Y., Sepeda, N. D., Grigas, P. C., Sinnott, S., & Haeny, A. M. (2021). People of color in North America report improvements in racial trauma and mental health symptoms following psychedelic experiences. Drugs : Education, Prevention & Policy, 28(3), 215–226. https://doi.org/10.1080/09687637.2020.1854688

Williams, M., Printz, D., & DeLapp, R. (2018). Assessing racial trauma with the trauma symptoms of discrimination scale. *Psychology of Violence*. 8 (6): 735-747. http://dx.doi.org/10.1037/vio0000212

Yancy, C. W. (2020). COVID-19 and African Americans. *JAMA, 323*(19), 1891–1892. https://doi.org/10.1001/jama.2020.6548