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Traumatic Stress, Systemic Oppression, and Resilience in Post-Katrina New Orleans

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ABSTRACT

The purpose of this paper is to present traumatic stress as a framework for assessing and intervening with the post-Katrina residents of New Orleans. Applying resilience theory, the authors suggest that the unique historiography of African Americans in New Orleans serves as a foundation for the development of culturally appropriate interventions that can ameliorate the effects of disaster and systemic oppression. An African American female client provides a case illustration to illuminate the presentation of traumatic stress symptoms. Recommendations are provided for counselors and psychologists and clinical researchers to augment knowledge in this area.

Current research in the area of trauma suggests that there is a correlation between systemic oppression and traumatic stress (Carter, 2007; Paradies, 2006; Utsey, 1998). Researchers assert that racism, classism, and other forms of institutionalized bias can lead to psychological distress and other deleterious health outcomes. Consequences of oppression include depression, anxiety, interpersonal conflicts, high blood pressure, and hypertension (Din-Dzietham, Nembhard, Collins & Davis, 2004; Fang & Myers, 2001). Despite 30 years of multicultural scholarship and training, counselors and psychologists continue to lack sufficient cultural competence when working with diverse clients (Ibrahim, Roysircar-Sodowsky & Ohimshi, 2001). Clinicians can aggravate the mental health problems presented by these individuals through poor conceptualization, misdiagnosis, and ineffective interventions (Holdstock, 2000; West-Olatunji, 2008). Additionally, counselors and psychologists have been slow to incorporate advocacy and social justice into their clinical work (Ivey & Collins, 2003; Kiselica & Robinson, 2001; Lewis, Lewis, Daniels & D'Andrea, 2003). The occurrence of a major disaster, such as a hurricane or earthquake, can further aggravate

pre-existing concerns related to systemic oppression and erode clients' coping skills.

The authors explore the impact of Hurricane Katrina within the context of institutionalized racism to discuss the multi-layered context of traumatic stress for low-income African Americans in New Orleans. While traditional trauma theory limits the importance of individual perception (Rothschild, 2000) and systemic factors (Ivey & Ivey, 1998), resilience theory is culturally appropriate in that it includes client-defined risk and protective factors (Waller, 2001; Walsh, 2002). The authors apply this theory to a case illustration and present recommendations for effective disaster response interventions with culturally diverse individuals.

REVIEW OF THE LITERATURE

African Americans in New Orleans

Historiography. The history of New Orleans is a story of post slavery conditions, a tiered class system based upon shades of skin color, and poverty across ethnic and cultural groups (Cutter et al., 2006; Fischer, 1969). These existing conditions that intersect race and class are the backdrop for pre-Katrina New Orleans. For the city's majority African American population, these factors shape the educational, health, and employment conditions. The day-to-day oppression characterized by an ante bellum social and political climate contextualizes the way in which New Orleanians cope with the challenges caused by Hurricane Katrina and the subsequent breaking of the levee system (Martin & Browne, 2007). A cursory review of the history of African Americans in New Orleans provides a foundation for understanding the mental health concerns for this population in post-Katrina New Orleans.

Lured into participation in the 1815 Battle of New Orleans by General Andrew Jackson, free persons of color (of African descent) were promised the compensation of equality. However patiently they may have waited for fulfillment of this promise, free Africans remained, for the next two hundred years, in an awkward position in New Orleans society, falling in neither the class of the oppressor nor the oppressed (Battle, 1991). Standing apart from their darker hued African kindred, these often lighter complexioned free Africans were labeled as creoles and were generally of mixed racial and cultural backgrounds. Creoles shared both the cultivated desires of Whites in the upper caste as well as the humiliation of the enslaved Africans in the lower caste of New Orleans society. Vestiges of this tiered society are evident today and provide a context for the events in the aftermath of Hurricane Katrina (Gotham, 2007; Martin & Browne, 2007).

The transparent neglect of hundreds of low-income African Americans, many of whom were of darker brown complexion, was evident in images at the Superdome. The days immediately following the levee breeches revealed a multi-layered, racialized society (Brinkley, 2006; Ladson-Billings, 2006; Sherman & Shapiro, 2005). Poor people, consisting of mostly African Americans of a darker hue, were first abandoned then displaced, eerily reflecting the aftermath of Hurricane Betsy almost 80 years earlier (Ladson-Billings, 2006). Of those who did return, their recompense from the local, state, and federal governments has been slow in coming (Goodman & West-Olatunji, 2008). Images of African Americans left stranded without aid from the government were evidence of the lingering effects of centuries of racial injustice in the United States giving rise to the differential response to parts of the city (Brinkley, 2006).

Intersecting Oppressions. While research has often focused on understanding types of oppression independently, such as discrimination due to race or class, there is an increasing emphasis on viewing multiple forms of oppression simultaneously (hooks, 2000; Zinn & Dill, 1996). Multiple oppressions faced by individuals are viewed as intersecting, concurrent, and multidimensional (Kohn & Hudson, 2002). Race and class are both central issues for the New Orleans community. The contiguous neighborhoods of the predominately African American Lower Ninth Ward and the White, working class communities in St. Bernard parish were similarly affected during Hurricane Katrina. However, government response was markedly different for these communities (Frazier, 2006). The media provided documentation of this unequal treatment with images projected worldwide that illuminated the faces of mostly poor and almost exclusively African American survivors abandoned on rooftops. In this context of multiple and intersecting oppressions, help for those who remained in the city was slow and inadequate. Recovery for those who have returned is the same.

The road to recovery for New Orleanians who wish to rebuild the city is rife with similar issues of race and class (Keithly, 2007). The federally funded Road Home project, designed to provide funds for the restoration of residents' homes, has been poorly handled (Hammer, 2007). Many houses still sit gutted and prepped for renovation yet government response has been slow in coming. Families continue to inhabit Federal Emergency Management Administration (FEMA) trailers or share living quarters with friends and relatives. Landlords offer apartments at sometimes three times the pre-Katrina rental amounts (Mowbray, 2007) while utility rates increase (Russell, 2006). In the midst of failed governmental responses, low-income African Americans are hit hardest and as a result may be experiencing additional psychological distress.

Traumatic Stress

Racism as trauma. Racism, a deleterious and ubiquitous phenomenon, has been shown to have harmful mental and physical health effects on African Americans (Harrell, Hall & Taliaferro, 2003; Paradies, 2006; Williams, Neighbors & Jackson, 2003; Seaton, 2003). African Americans are at greater risk for chronic as well as preventable diseases (Bowen-Reid & Harrell, 2002). Discrimination has been linked to negative physical health outcomes, including low infant birth weight (Mustillo, Krieger, Gunderson, Sidney, McCreath & Kiefe, 2004), hypertension (Din-Dzietham et al., 2004), and high blood pressure (Fang & Myers, 2001). Associations have also been made between discrimination and poorer health-related behaviors, such as smoking (Guthrie, Young, Williams, Boyd & Kintner, 2002) and substance abuse (Martin, Tuch & Roman, 2003). Numerous studies have linked discrimination to higher levels of psychological distress for African Americans (Fisher, Wallace & Fenton, 2000; Forman, 2003; Moradi & Subich, 2003). Additional psychological impacts of discrimination on African Americans include: lower levels of life satisfaction (Schultz et al., 2000), lower levels of mastery (Forman), lower emotional well-being (Deitch, et. al., 2003), depression (Kessler, Mickelson & Williams, 1999), and lower self-esteem (Fisher et al., 2000).

     Etiology of Traumatic Stress. A traumatic event in Carlson's (1997) definition meets three criteria: (a) perception that the event is negative, (b) suddenness of the event, and (c) lack of control over the event. While racist experiences may be expected or constant, they meet the criteria of suddenness in that this predictability does not provide a sense of control (Carter, 2007). Carlson posits that five factors influence a person's response to the traumatic stress: (a) individual biological factors, (b) developmental level at the time of the trauma, (c) severity of the trauma, (d) the social context of the individual both before and after the trauma, and (e) life events that occur prior and subsequent to the trauma. The individual's perception of the trauma as negative, sudden, and uncontrollable is mitigated by these five factors thereby mediating the person's experience of traumatic stress. The symptoms of traumatic stress can be varied and may include re-experiencing (flashbacks, nightmares), avoidance (lack of memory, dissociation, numbing), depression, aggression, and guilt or shame. Traumatic stress may also impact an individual's self-esteem, identity, and interpersonal relationships.

Resilience Theory

Given the significant effects of discrimination for African Americans, it is essential that interventions with this population include an understanding of the unique factors that may affect mental health (Bryant-Davis & Ocampo, 2005; Carter, 2007). Counselors and psychologists can identify stressors, such as racism, when conceptualizing African American clients in post-Katrina New Orleans in order to more fully understand clients' needs. Traditional mental health treatment from a Western, Eurocentric viewpoint may not include the culturally-specific coping behaviors of African Americans (Utsey, Adams & Bolden, 2000). Using disaster survivors' pre-existing coping skills in treatment facilitates expedient and effective post-disaster counseling interventions (Halpern & Tramontin, 2007).

Resilience is the ability to overcome or return to normal functioning despite experiencing adversity (Echterling, Presbury & McKee, 2005). Using resilience as a lens, counselors and psychologists can facilitate the inherent strengths of an individual or group in order to promote healthy functioning despite adversity (Halpern & Tramontin, 2007). Resilience theory is particularly appropriate for African Americans in post-Katrina New Orleans as it can incorporate relevant historical and cultural factors. Resilience focuses on both individuals and families in understanding risk and protective factors (Waller, 2001). By using a resilience lens, clinicians can allow individual and families to define their stressors and strengths, rather than having those factors interjected by outsiders (Walsh, 2002). This is a critical component of cultural competence as it prevents counselors and psychologists from imposing inaccurate views of mental health.

African Americans and Resilience

To further understand how resilience can be applied when assisting African Americans in post-Katrina New Orleans, educators need to understand resilience within the African American context. The existence of protective factors within the African American community was evident during slavery and has continued throughout history, such as the development of close family and community relationships, spirituality, emphasis on education, and cultural identity (Ani, 1994; Cross, 1998; Rawick, 1973). Enslaved Africans' retention of core values has given their descendants the ability to cope in the face of persistent and systemic adversity. Post-slavery, African American culture continues to emphasize close family and community relationships (Nobles, 1997). Connection and spirituality continue to serve as protective factors for many African Americans (Christian & Barbarin, 2001; Utsey et al., 2000).

Cross (1978) discussed African Americans' identity development in relation to their unique psychological experiences. He suggested that the development of an African American identity affects the legacy of the coping strategies developed by the community and individuals. According to nigrescence theory, identity serves three primary purposes: (a) defensive function or psychological buffer from racism and discrimination, (b) group affiliation or feelings of connection and acceptance, and (c) a bridging function or multicultural competence. In these ways identity can serve as a source of strength for African Americans. Cultural/ethnic identity has been shown to influence the ways African Americans interpret discrimination, thus influencing their ability to cope and subsequent mental health outcomes (Franklin-Jackson & Carter, 2007).

Culturally Appropriate Interventions

Counselors and psychologists have been slow in defining issues within the context of the cultural groups' own normative values. For African Americans, this has meant diagnoses based upon models of normalcy for middle-class Whites. The history of psychological hegemony begins with diagnoses during enslavement. Diagnoses such as, *Drapetomania* and *Dysaesthesia Aethiopica* formed the scientific rationale for the ante bellum South. *Drapetomania* was a term used to explain the "flight from home madness" of runaway Africans enslaved on plantations. *Dysaesthesia Aethiopica*, also known as, "rascality," refers to the mental affliction of enslaved Africans who exhibited behaviors in which they disrespected the rights of the slave master's property and resisted the forcible labor imposed upon them (Thomas & Sillen, 1971). These early diagnoses were intended to support and reproduce cultural dominance by labeling acts and thoughts of self-preservation as dysfunctional. However, the existence of these diagnoses suggests that African Africans, as a group, have resisted institutionalized oppression (King, 1992; Rawls, 2000). Countering systemic oppression, including colonization, interment, educational hegemony, cultural repression, and genocide have also been evident among other marginalized groups, such as Mayans (Wilhelm, 1994), Hawaiians (Kaomea, 2000), women (hooks, 2000), and lesbian, gay, bisexual, and transgender (LGBT) individuals (Garrett & Barret, 2003).

Contemporary scholars now provide more culturally congruent methods for assessing psychological wellness. These methods offer both specific etiology and philosophical frameworks for diagnosing the presence and prevalence of various types of mental health concerns (Carter, 2007; Landrine & Klonoff, 1996; Utsey, 1998). Given the rise of natural and human-made disasters (Walter, 2005), interventions that address the confluence of disaster and traumatic stress for socially marginalized individuals are also

needed. Culturally appropriate disaster interventions address symptoms of disaster-related stress as well as the systemic stressors influenced by racism and classism. Counselors and psychologists can use the more client-centered, culturally-based coping mechanisms with African American clients to facilitate resilience. By conceptualizing clients within the context of their own cultural values, counselors and psychologists can employ interventions that are more likely to be reinforced within the client's family and community (Holdstock, 2000; Ibrahim et al., 2001).

Counselors and psychologists deployed to post-Katrina New Orleans were cited as using culturally appropriate interventions, such as African American proverbs, story circles, and music (Goodman & West-Olatunji, 2008; West-Olatunji, in press). The following case example illustrates culturally appropriate resilience interventions for a client in post-Katrina New Orleans. This case is an aggregate of both authors' clinical experiences while deployed in post-Katrina New Orleans.

CASE ILLUSTRATION

"Antoinette" is a 38-year-old, African American high school English teacher from New Orleans. Her family has lived in the Lower Ninth Ward of New Orleans for three generations, since the early 1900s. Antoinette's husband, also African American, works in the construction field. Antoinette and her husband are homeowners with two children, ages 14 and 10. The family evacuated New Orleans just prior to the onset of Hurricane Katrina. Following the disaster, they resided in Houston for nine months where Antoinette and her husband were able to find comparable work and send their children to school.

Upon returning to New Orleans and learning that their home was destroyed, they secured a FEMA trailer as temporary housing while they attempted to rebuild their home. Antoinette was able to find a job at another school teaching English and her husband has plenty of work due to the need for construction. In session, Antoinette noted that her husband's career also gives them access to resources for rebuilding and thus accelerates their pace of renovations compared to that of other homeowners who have returned to the city. Most of Antoinette's family members, many of whom used to live in her neighborhood, have not returned to New Orleans. She reports that some of her neighbors have come back, including the pastor of her church who has started impromptu services in his front yard beside his own FEMA trailer. Due to frequent headaches and disrupted sleep patterns, Antoinette sought counseling services. She stated that she wakes up sometimes with nightmares about floodwaters seeping underneath her bedroom door or into her children's room. Conceptualizing Antoinette's concerns through resilience theory, the

clinician begins by assessing for relevant risk factors and culturally-based protective factors. Furthermore, the counselor will assess for multiple layers of traumatic stress.

Antoinette's Risk Factors

While Antoinette and her immediate family did evacuate and were not physically at risk during Hurricane Katrina or the subsequent flooding of New Orleans, the disaster appears to have been traumatic for Antoinette. This event meets Carlson's (1997) criteria for trauma in that it was sudden, uncontrollable, and negative. Antoinette reflected on the experience:

> I wasn't here to see it, but I saw it on TV in Houston where I was staying with my cousin. It was terrifying. I didn't know if everyone had gotten out. I knew some of my friends were probably in that Superdome…and they just kept showing it on TV…and no one was doing anything to help. And they showed the Lower Ninth and I just couldn't believe it. It didn't look like my neighborhood. It was like a dream – or really a nightmare. Still is.

Antoinette's comments and disclosures suggest that she is experiencing the traumatic stress symptoms of re-experiencing and avoidance, as exemplified by her nightmares and dissociation, respectively.

In addition, Antoinette's prior experiences with disaster further complicate her disaster-related trauma (Carlson, 1997). Citizens of the city of New Orleans are vulnerable to trauma simply from residing in that city, which has been called "a disaster waiting to happen" due to its vulnerability to flooding (Fischetti, 2001) Moreover, at multiple times in recent history New Orleans has either been impacted or threatened by natural disasters, including Hurricane Betsy, which flooded some parts of the city with eight feet of water and killed 65 people in 1965 (Brinkley, 2006). During the Great Mississippi Flood in 1927, city officials chose to save parts of the city from flooding by dynamiting a levee and flooding what they considered a less desirable area of New Orleans. When asked by the counselor, Antoinette talked about her prior experiences with disaster:

> Seeing those pictures on TV reminded me of what my parents said Betsy was like. They were living in the Lower Ninth Ward then too and the government dynamited those levees to save the tourist areas. You know, every time they said a big one was coming again, I just prayed that we'd all

> be safe, and we always were. But it was scary…knowing
> that it happened before and it could happen again. I used
> to have nightmares then too, a few nights before they said
> it might come…wake up sweating, worrying about whether
> we should leave and how I was gonna take all the things my
> children would want with us.

Thus, Antoinette may have been predisposed to experiencing traumatic stress due to her previous experiences with disaster.

The disaster-related traumatic stress experienced by Antoinette is also complicated by issues of systemic oppression. African Americans comprised 67 percent of the city's population (Brinkley, 2006). The Center on Budget and Policy Priorities (Sherman & Shapiro, 2005) indicated that African Americans in New Orleans were disproportionately affected by the hurricane: one in three people living in the areas of greatest devastation were African Americans, while nationally one in eight persons is an African American. Furthermore, the area dynamited by the government during Great Mississippi Flood in 1927 was the predominantly African American neighborhood in the Lower Ninth Ward (Brinkley). Sacrificing this area to save other parts of the city that were predominantly White and upper middle-class engendered great mistrust in city government. The counselor asks Antoinette to reflect on any relevant systemic issues. She talks about the government's treatment of African Americans in New Orleans:

> You know, they didn't care about us then, and I look around
> here and I know they don't care about us now. I wouldn't
> put it past them to have dynamited the levees this time too,
> just to save the Quarter. I've been living here my whole life
> and I don't trust them. Just like my parents didn't trust them.
> You look around and you can see why – but it's been like
> that since before the storm. I see it everyday when I go to
> work and I know the kind of school my kids go to. They just
> don't get treated the same. I cry sometimes at night, just
> knowing that my kids are growing up in the same world I
> did. Sometimes when I hear people talk down to them or to
> me, it just makes me so mad. Sometimes I end up fighting
> with my husband, just because I can't stand the way I feel.

Antoinette seems poignantly aware of the systemic oppression she faces as an African American. Her personal experiences with systemic racism and the likelihood that her children will experience racism may cause traumatic stress, exemplified by her feelings of sadness and anger.

Antoinette's Protective Factors

The counselor also explores protective factors, which can be accessed to facilitate Antoinette's resilience. A culturally appropriate approach is used in order to conceptualize Antoinette's protective factors within her African American cultural values, including an emphasis on relationships (Nobles, 1997), connection (Utsey et al., 2000), and spirituality (Christian & Barbarin, 2001). First the counselor asks Antoinette to reflect on her relationships and social support:

> Well, it's not the same as it was. I miss my family and my neighbors...but we're starting our own little community here, those of us who did come back. I appreciate the pastor starting up services again. That way we all have someplace to gather, and it's gotten us talking about the progress we've made and what we can do to help each other.

Antoinette appears to feel connected to those in her community, which can be an important protective factor (Walsh, 2002). The counselor asks Antoinette to expand on how community members have been able to help each other:

> You know, my husband is in construction and that's what people need – they need help rebuilding. So they've started coming around and asking us for advice on who's a good contractor and what's a fair price, and I feel like it helps them just to have someone who knows who to talk to about it. And he helps out where he can. And we all really help out each other. Like we decided that we'd all clean up this vacant lot one Saturday so our kids could have someplace to play...they didn't have a place before because of all the trash and weeds and everything.

Antoinette reports that her community has come together to help one another and engage in collaborative problem solving, also an important resilience factor (Walsh, 2002). The community noted a problem and was able to produce a creative solution and take concrete steps to solve that problem together. This collective problem-solving also further establishes the new connections that are being formed as Antoinette and her neighbor recreate

their community.

Finally, the counselor explored spirituality as a protective factor for Antoinette by asking Antoinette to reflect on the importance of pastor's impromptu services.

> Those services have been a place for us to gather and a place where I feel peace and love and hope. I feel connected to God and I feel like He cares about me and my family and my community. It gives me energy to keep going...and to keep going for my kids. It's like this thing happened to us, but today is a new day and I believe we can survive, we can make it work, even if it feels like too much some days...we can do it together.

For Antoinette, her spirituality is a way of making meaning of the adversity she faced and finding hope and optimism, which are important aspects of resilience (Walsh, 2002). Thus, the counselor was able to identify the effective resources, such as spirituality and connectedness, which Antoinette is using to overcome her obstacles. This case illustration demonstrates the critical impact that contextual factors, and in particular systemic oppression, can have on the mental health of disaster survivors who also experience social marginalization. Given that African Americans affected by disasters are likely to be dealing with the multiple traumas resulting from systemic oppression as well as the disaster, it is critical that counselors and psychologists address the confluence of these issues in order to provide effective clinical services (Bryant-Davis & Ocampo, 2005).

In attending to the mental health needs of African Americans affected by disasters, counselors and psychologists can increase effectiveness by facilitating resilience through culturally appropriate interventions. Culturally appropriate interventions may be particularly useful when deployed to African American communities following a natural or human-made disaster. By accessing clients' strengths, therapists can further enhance the healing process (Walsh, 2002). Thus, all counselors and psychologists need to acquire competence in applying culturally appropriate intervention, particularly when working with African Americans.

DISCUSSION

Training models for counselors and psychologists are needed that allow clinicians to acquire skills in counseling across cultures, applying a systemic perspective, and working on interdisciplinary teams (Goodman & West-Olatunji, in press). A model for disaster response is needed that ensures

clinicians are practicing with a level of cultural competence (Halpern & Tramontin, 2007). Such training could be made available to graduate students in counseling and psychology programs as well as to practitioners as part of their ongoing professional development.

Interdisciplinary discussions and partnerships are also needed so that professionals can share relevant expertise to more effectively serve disaster survivors. The authors have conducted community-based post-disaster interventions based in both workplace settings and in schools where they have successfully partnered with employers and educators to provide counseling services (Goodman & West-Olatunji, 2008). Such partnerships can be used to share expertise across disciplines as well as deliver expedient and holistic services.

Counselors and psychologists can also connect on an international level. As disasters increase worldwide, the need for effective clinicians rises and so does the number of clinicians working in international settings (Walter, 2005). Counselors and psychologists working in international settings have the opportunity to partner with local clinicians and also with disaster survivors to develop a greater understanding of traumatic stress in a variety of contexts. Ongoing partnerships can improve service delivery and promote the development of innovative treatment methods.

Future Research

With an understanding of the relationship between traumatic stress and socio-political factors, such as racism and oppression (Paradies, 2006), new assessment tools need to be developed to explore traumatic stress with culturally diverse and other socially marginalized populations. Such tools could include an investigation of both racism-related and transgenerational trauma. Advancement of our knowledge about the relationship between racism and psychological distress for African Americans is needed. Such research might provide clinicians with tools to mitigate associated physical, emotional, cognitive, and other secondary symptoms of environmental stress. An investigation into the intergenerational and cumulative effects on family members is warranted (Goodman & West-Olatunji, 2008). Such research might glean information regarding generational differences in the way that individuals and families experience trauma, as well as how the impact of long- versus short-term traumas may vary.

Assessment tools might include a checklist for identifying the symptoms associated with racism-related traumatic stress. As suggested by previous scholars (Utsey et al., 2000), use of culturally appropriate constructs as a foundation for construction of assessments is warranted. Another useful tool would be the development of a traumatic stress diagnostic instrument

that is used to collaboratively identify and intervene with African American and other culturally diverse clients in the clinical setting. Finally, assessment instruments are needed to provide therapists with tools for evaluating their effectiveness when responding to the needs of African American clients who present traumatic stress symptoms.

Of importance is an investigation into the confluence of disaster and oppression when assessing for traumatic stress among culturally diverse communities. While current research has provided useful tools for assessing traumatic stress related to a sudden event, such as a natural or human-made disaster (Carlson, 1997), little investigation has been conducted to inform clinicians about the specific etiology among culturally diverse populations (Carter, 2007). Moreover, there is sparse research on the correlation between oppression-related and disaster-related traumatic stress. The current backdrop of post-Katrina New Orleans provides an opportunity for investigation into both the challenges and strengths of African Americans when they are confronted with disparate responses from government agencies following a disaster.

Research is also needed to investigate coping and resilience among culturally diverse communities when disaster and oppression are present. While literature abounds on conceptualizations of African Americans and other culturally diverse populations as dysfunctional and poorly functioning (Holdstock, 2000), more investigations into families' strengths are needed. Therapists can benefit from knowledge about what resources African Americans, for example, have that are culturally specific. Use of culturally embedded resilience tools can expedite resolution of trauma symptomology and further empower clients to see themselves as having agency and the ability to resolve future challenges for themselves and others (West-Olatunji, 2008). Research that investigates how a people have historically confronted and resolved challenges can facilitate and enhance clinical effectiveness.

Finally, longitudinal research that explores the impact of culturally appropriate interventions on marginalized communities is warranted. Well-established and long-running programs in African American communities, as well as in other culturally diverse communities, provide an opportunity for researchers to enrich therapists' knowledge and skills about the effectiveness of culturally appropriate interventions. Researchers need to explore the ways in which such programs impact the mental health and well-being of the surrounding community.

In summary, traumatic stress is a useful framework for investigating the effects of the confluence of racism-related stress and the effects of disaster on African Americans and other socially marginalized individuals. An understanding of African American coping and resilience aids in crafting culturally appropriate interventions that expedite recovery from day-to-day

systemic oppression as well as one-time events, such as natural and human-made disasters. The authors have provided an illustration from their disaster recovery efforts in New Orleans that typifies the application of traumatic stress within a resilience framework for affected African Americans. Moreover, the use of traumatic stress as a framework for assessing and intervening for race-related psychological concerns can enhance clinical competence. Future research might include the development of longitudinal studies that investigate the benefits of culturally appropriate interventions on culturally diverse populations who present traumatic stress symptomology. Given the current geological and political climates, disasters are subject to increase. Counselors and psychologists need to be armed with the appropriate clinical competence for rapid deployment to affected communities as these communities are likely to be where vulnerable populations live—primarily poor and predominantly African American neighborhoods.

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