There is no doubt that the devastation levied by hurricane Katrina is unprecedented in the lifetime of a vast majority of Americans’. The loss and damage to property is no comparison to the loss of human life and the damage to the human spirit experienced by the victims of hurricane Katrina.

Many mental health practitioners will heed the call to volunteer their expertise and time to assist victims and evacuees through the Red Cross and other organizations. The purpose of this abbreviated guide is to assist those practitioners with limited experiences with African American and economically disadvantaged clients and consumers to provide effective culturally responsive services.

This guide is not intended to replace multicultural classes, training, supervision or experiences nor to suggest that after reading it you will become or be culturally competent. This is simply a resource to assist your delivery of effective services to African American victims and those who support them.

While there are a number cultural commonalities (i.e., ancestry, worldview, family structure) among African Americans, practitioners should keep in mind that African Americans are a very diverse group of Americans and immigrant communities with varied experiences in America. Often, there are several intra group differences (like all other ethnic groups) along, for example, education levels, social economic status, racial identity, acculturation, religious and spiritual beliefs, geographic location and linguistics (e.g., accents, slang terminology).

Help Seeking and Culturally Responsive Service Delivery Methods

Mental health service providers should be aware that African Americans and those living in poverty are less likely to utilize “professional” mental health services (e.g. counseling, psychological assessments etc.). Therefore the expectation that this population will seek let alone utilize mental health services because it is available is an unreasonable and potentially harmful assumption. Alternative methods of service delivery are more likely to yield greater contact with evacuees and their families. For example, providing “group” interventions in churches and homes to cohorts of families or neighbors may have a greater chance of success than providing individual services in offices, shelters or hospitals. Professional help seeking is not as much a taboo as much is it mistrusted. Keep in mind that in spite of trauma and stress that many of these families are less likely to utilize conventional methods (i.e., individual talk therapy) of professional help. Others may not want to seek professional mental health help as a result of attributing healing and hope to their particular faith. Partnerships and collaborations with faith based communities are one method of service delivery.

Resist the Language of Pathology
There is no doubt that you could probably find several DSM IV-TR based diagnostic labels for evacuees. Some may even require hospitalization or psychotropic medications. While these diagnostic labels are a professional necessity they may cause mysticism and mistrust among novice professional service seekers. While acknowledging this, it is equally important that the language/jargon used by service providers not distance them from their clients and consumers. Thus, the presentation of diagnosis and treatment plans etc needs to be in understandable and in non-threatening language.

Acknowledging Racism and Classism

Whether you agree or not there is a perception by many citizens and many evacuees that racial and class issues fueled the lack of urgency of response and relief efforts by the government. Many African Americans may want to discuss their perception of racism around their experience. Although this is a challenging topic and makes many people uncomfortable this is not the time to become defensive of the government, the President, or relief workers as for many evacuees, part of their stress relief is the processing of their experience. It may be considered offensive and insensitive by some to argue pro government or to interject partisan political views. The best intervention in this case is to let the evacuee vent his or her frustration and validate their concerns as important to them. The technique of joining will be important. Acknowledge their perceptions and experiences as part of the tragedy of hurricane Katrina. Consider that most evacuees have had no voice throughout this ordeal and as such have had the expressions of their feelings and experiences arrested. Expect emotions to run the range and in some cases to be verbalized.

The Politics of Language

While there has been much talk within the intricacies of the media about the use of the word “refugee” you should know that this term is not readily accepted by all to refer to them. The word is politically charged although technically correct. Be prepared that some evacuees may take offense to being referred to as a “refugee” because up until this point the term has mostly been used to refer to those from another country. More importantly perhaps is that these folks have identities and are citizens of the US and they will more easily engage by informal salutations that recognize who they are. So work hard to remember names and family relations.

Assessing Trauma

Many standardized trauma assessments were not normed with African Americans or economically disadvantaged populations. Therefore they may have limited psychometric utility with African American clients. A qualitative assessment of trauma is a more culturally appropriate method of determining the extent of trauma. What exactly is a qualitative assessment of trauma, you need to explain this for the non-researcher. A qualitative method would allow for the interviewer to ask questions of clarification as assessment items are being read. This strategy permits the interviewer to assess if the language and vocabulary are being understood by client.
It should be noted that although trauma may be universally experienced researchers have found that stress reactions and coping mechanisms are often culturally consistent but may vary intra culturally. Helpers should inquire about a client’s previous coping methods. Suggesting that clients expand their coping strategies is preferred over imposing coping practices.

**Religion, Spirituality, and Hope**

Many practitioners were trained that counseling, psychology, social work or other related mental health fields are secular professions. African Americans in general and specifically southern African Americans are deeply religious and spiritual people. There will probably be several religious denominations and faiths represented among the evacuees, sometimes within the same family. Some evacuees may attribute their hope and healing to variables like prayer, sacrifice, salvation, and hope as a result of their faith in God or a higher being, consistent with the cultural experience of many African Americans. Service providers may need to adjust their personal comfort level with religious/spiritual ideologies as a part of the healing process. Culturally responsive service delivery with African Americans would explore how faith can be used as an intervention to help stabilize emotions and plan for the future.

**Family Structures**

An understanding of African American family structures has great implications for service delivery methods. The “different equals deficient” logic must be confronted when discussing African Americans and those in poverty. For example, there may be several generations under one roof, or there may be an entire house of women and children. Identifying the hierarchy and motivators within the family are important to developing interventions. These family members can serve as brokers to deliver information or to help describe the behavior of other family members.

**Conclusion**

Your volunteer service is very important to the recovery and rebuilding process. Compounding the magnitude of this natural disaster was the availability of the media to capture the destruction and toll of the human spirit. Everyone who participates in disaster relief work knows that how difficult it is to rebuild and repair communities. Hurricane Katrina will need to repair building and bridges but trust in America from the poor and African Americans. This guide will hopefully help those first responders in the “building” process.

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