A Best Practices Resource Guide for MFTs Collaborating with African American Females in Therapy

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Abstract

This project investigates the reasons African American females seek therapy from professionals based on both their qualifications and ethnicity, emphasizing the essential role of cultural similarity in establishing psychological safety. Its significance lies in addressing the underutilization of mental health services among African American females, often stemming from discomfort with non-African American therapists. The core research problem posits that a lack of psychological safety with non-Black therapists may contribute to this trend. The study's primary objective was to develop a best-practice resource guide for marriage and family therapists working with African American females.

A qualitative assessment design was used to achieve this. An online survey was developed to gather insights from a diverse, randomly selected sample of African American females across various socioeconomic backgrounds. The survey incorporated quantitative and qualitative elements to capture comprehensive perceptions and experiences related to therapy and cultural safety.

Findings suggest that many African American females feel more secure and understood when their therapist shares a similar cultural background, fostering a sense of inclusion and psychological safety. Furthermore, the study suggests that integrating aspects of psychological safety and selected elements of Bowen family therapy can significantly enhance the therapeutic environment. Overall, this project offers valuable insights and practical guidelines that can improve mental health outcomes when working with African American females in a therapeutic setting.

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Section 1: Foundation

Focusing on the experiences of African American females in therapy is crucial due to their unique intersection of racial and gender identities, which exposes them to distinct challenges compared to African American men, Latina women, and White women. This intersectionality often generates compounded stressors, including systemic racism, sexism, and socioeconomic disparities, all of which significantly influence their mental health and therapeutic requirements (Abrams et al., 2019). African American women endure the dual challenges of racism and sexism, resulting in unique stressors that African American men, Latina women, or White women do not typically encounter. These compounded experiences contribute to an increased risk of adverse mental health outcomes (Williams et al., 2021). Prolonged exposure to discrimination and microaggressions can lead to chronic stress, anxiety, and other mental health concerns (Lewis et al., 2017).

Building upon the historical backdrop of African American females' adverse health experiences, this study explored the specific mental health challenges faced by African American females. Conceptualized within the broader societal landscape, their experiences are shaped by the legacies of two influential movements in America. Two movements were the civil rights movement and the feminist liberation movement. The problem with the two movements is that neither campaign focused on improving the lives of African American females. The civil rights movement primarily focused on empowering African American males, whereas the feminist liberation movement mainly focused on empowering White females (Hooks, 2014). The contributions of African American females to American history have long been excluded from the American historical narrative. This story has begun to change with films such as *The Help* (Taylor, 2011) and *Hidden Figures* (Melfi, 2016), highlighting pivotal roles in shaping the

nation's narrative. While African American females exhibit a range of skin tones and hair textures, they share a common historical experience. Traditionally, African American females have been instructed to adopt roles of submission, remain silent, manage household responsibilities, and nurture future generations (Hooks, 2014).

According to the U.S. Census Bureau (2021), African American females comprise approximately 13% of the total U.S. population, translating to over 22 million individuals nationwide. In Texas, which has a substantial African American population, African American females comprise approximately 13-14% of the state's total population, or around 3 million people (U.S. Census Bureau, 2021).

The topic of mental illness has long been a sensitive and challenging issue for African Americans (Boyd-Franklin, 2003; Walker, 2020). During conversations with the scholar, African American female clients shared that they intentionally chose an African American therapist. Their reasons varied, ranging from wanting to work with someone who looked like them to seeking a therapist who shared similar cultural experiences and backgrounds. Most importantly, they desired to be understood without any judgment or filtering. Interestingly, African American female clients often view African American therapists as more credible based on a perceived shared culture, as well as their certification or training (Meyer & Zane, 2013).

African Americans do not historically have a positive relationship with the medical field, including behavioral and physical health (Washington, 2006). There are documented cases of malpractice from colonial times (Washington, 2006). Many times, malpractice cases existed because of uneducated professionals. Such practices included Dr. James Marion Sims, who spent his professional life learning about gynecology while using female slaves as his subjects (Washington, 2006). The Tuskegee syphilis experiment is another example of deliberate medical

malpractice and abuse. In the South, African Americans were not allowed in mental hospitals, and those too deranged to work were put into facilities that supported the aged or placed in jails. Mental illness to slave owners meant African Americans were unfit for work (Washington, 2006).

African American females encounter various life circumstances, including differences in socioeconomic status, experiences of racial discrimination, religious affiliations, educational achievements, cultural roles, and personal characteristics. They face many challenges both within their own culture and from external factors as well (Walker, 2020). These include limited resources because of income or lack of insurance (Boyd-Franklin, 2003). When facing physical and behavioral health challenges, African American females may attribute their struggles to perceived disobedience to the divine will. Consequently, they may turn to trusted figures within the religious community, such as their church minister, who often lacks formal mental health training (Wood-Giscombe et al., 2016). Usually, the emotional effects of the challenges within the African American culture can be as traumatic as those outside the culture (e.g., the stereotypes of the angry Black woman versus the aggressive Black woman) (Boyd-Franklin, 2003).

As previously noted, African American female clients often seek counselors who share their racial background, believing that this connection fosters a safer cultural environment. This preference is influenced by a long history of significant distrust (Woodson, 2020), even though all counselors undergo comparable training (Stevens-Watkins et al., 2014). Many African American women are hesitant to engage in therapy due to a legacy of perceived inferiority that has persisted for over four centuries (Wilkins et al., 2012). Additionally, the cultural background and personal biases of therapists can significantly affect how they perceive the experiences of

African American female clients (Wilkins et al., 2012). The literature also indicates that there are limited resources regarding specific collaborative approaches tailored to African American women, underscoring the need for further research and culturally competent interventions, as discussed in the literature review.

Statement of the Problem

This project explored the critical reasons African American females preferentially seek therapy from professionals who share their racial and cultural backgrounds due to the pervasive lack of psychological safety experienced in therapy sessions with non-African American therapists. Many African American females express discomfort and a sense of disconnection when engaging with therapists who do not possess a deep understanding of their cultural context. Such discomfort can greatly impede an individual's willingness to seek essential behavioral health services. The lack of access to culturally sensitive and appropriate therapy may result in prolonged emotional distress and worsen existing mental health issues. This concern extends beyond personal choice; it underscores systemic disparities in the availability and quality of behavioral health care, which contribute to ongoing inequalities in treatment outcomes for African American females (Williams & Williams-Morris, 2010).

Moreover, cultural stigmas associated with mental health within the African American community often discourage individuals from viewing therapy as a viable option. Instead, many females either endure their struggles in silence or resort to, depending on the individual, negative or positive alternative coping strategies (Woods-Giscombe et al., 2016). As a result, referrals for therapy often come from clients specifically requesting African American therapists, whom they perceive as more capable of understanding their unique experiences and challenges (Boyd-Franklin, 2003; Woods-Giscombe et al., 2016).

These challenges underscore therapists' pressing need for enhanced cultural sensitivity and competence. Recognizing and addressing race and cultural identity dynamics in therapeutic settings is essential for fostering effective therapeutic alliances. This project tackled these issues by providing insights and strategies that enable marriage and family therapists (MFTs) to create psychologically safe and culturally affirming environments for African American female clients.

Purpose of the Project

This project aimed to develop a draft of a best practice resource guide designed to help marriage and family therapists (MFTs) promote psychological safety when working with African American female clients. Psychological safety can be achieved by fostering a sense of inclusion, establishing a secure learning environment, encouraging active participation in therapy, and addressing behavioral challenges within the therapeutic context in a sensitive manner (Clark, 2020). Furthermore, this project aimed to raise awareness among MFTs working with African American female clients seeking therapy from non-African therapists. This involves acknowledging the validity of the experiences of many African American females and providing MFTs with a resource to enhance their cultural sensitivity.

The American Association of Marriage and Family Therapists (AAMFT) is a professional organization for marriage and family therapy and the interests of marriage and family therapists. AAMFT (2015) code of ethics, Standard 1: *Responsibility to Clients* asserts:

> Marriage and family therapists promote the welfare of families and individuals, making reasonable efforts to strike a balance between conflicting goals within the family system.
>
> 1.1 Non-Discrimination. Marriage and family therapists provide professional assistance to persons without discrimination based on race, age, ethnicity, socioeconomic status,

> disability, gender, health status, religion, national origin, sexual orientation, gender identity, or relationship status. (para. 13)

This code of ethics suggests that specific training and attention are needed to work effectively with groups of color (Anderson & Jackson, 2019).

Nature of the Project

This research project employed a mixed-methods approach to examine African American females' experiences with behavioral health services. The primary data collection method was an online survey specifically designed for African American females aged 18 and older. This survey clarified the factors influencing their choice of therapist, focusing on the role of shared cultural backgrounds and the perceived psychological safety of the therapeutic environment (Clark, 2020; Walker, 2020). It explored preferences and challenges African American females face in accessing and engaging with a therapist (Bryant et al., 2005; Erving et al., 2021).

The survey's combined quantitative and qualitative elements provide a framework for understanding participants' experiences. The quantitative component included structured questions, such as Likert-scale items, to assess the importance of therapist characteristics and therapeutic attributes. The qualitative component consisted of open-ended questions, allowing participants to share personal stories, insights, and preferences in their own words (Gehart et al., 2001). This mixed approach enabled the collection of measurable data while capturing nuanced personal accounts of participants' therapeutic journeys (Awosan et al., 2011; Bell-Tolliver et al., 2009).

The survey, designed to take approximately 15 minutes, ensured ease of participation without sacrificing depth. Efforts were made to minimize participant burden while collecting meaningful data. Participants were recruited through businesses catering primarily to African

American females, ensuring the sample represented diverse educational, social, and economic backgrounds. This targeted recruitment approach enhanced the generalizability of the findings while amplifying voices from across the African American female communities (Abrams et al., 2019; Hall et al., 2021).

Participation was voluntary, and respondents were assured confidentiality in the consent to participate portion of the survey. Demographic information was anonymized to protect privacy and create a safe environment for participants to share their experiences (Washington, 2006).

The data collected formed the basis for developing a best-practice resource guide tailored for MFTs. This guide focuses on strategies for fostering psychologically safe and culturally responsive therapeutic environments, drawing directly from the insights of African American females (Boyd-Franklin, 2003; Woods-Giscombe et al., 2016). By integrating clients' voices into the resource development process, the project sought to enhance the therapeutic experience for African American females to improve their overall mental health and well-being (Erving et al., 2021).

The mixed methods design proved well-suited to the project's objectives, facilitated a comprehensive understanding of quantitative factors influencing therapy choices, such as therapist characteristics, and qualitative factors revealing more profound personal experiences (Armstrong et al., 2021). This methodology aligned with the project's focus on exploring cultural and psychological dynamics shaping African American females' therapeutic experiences and their preferences and challenges in behavioral health services (Meyer & Zane, 2013). The research provided a holistic view of the therapeutic process by combining numerical data with

narrative responses, offering richer insights than could be achieved through a single-method approach (Gushue & Constantine, 2003).

Data analysis included descriptive and inferential statistical techniques for the quantitative component, identifying trends, patterns, and correlations. The qualitative component employed thematic analysis to uncover recurring themes in participants' open-ended responses (Gehart et al., 2001; Hall, 2017). The mixed methods approach effectively captured the challenges of African American females' experiences in therapy (Stevens-Watkins et al., 2014). While quantitative data highlighted preferences such as the importance of shared cultural backgrounds and therapist characteristics, qualitative data provided a richer exploration of personal experiences, challenges, and barriers to accessing therapy (Hall et al., 2021; Suggs et al., 2022).

By incorporating these perspectives, the methodology effectively advanced the project's objective of enhancing therapy effectiveness for African American females by fostering a psychologically safe therapeutic environment. The scholar utilized the findings to develop a best practice resource guide that outlines strategies for making therapeutic practices more inclusive, empathetic, and responsive to this population's cultural and psychological needs (Awosan et al., 2011; Bryant et al., 2005).

Need for the Project

The American Association of Marriage and Family Therapists is a professional organization dedicated to the field and interests of marriage and family therapists. According to the AAMFT (2015) Code of Ethics, Standard 1: Responsibility to Clients, marriage and family therapists are committed to advancing the welfare of families and individuals while striving to achieve a balanced approach in addressing conflicting goals within the family system. Moreover,

when an African American female actively engages in therapy, her quality of life can be significantly enhanced; therapy not only encourages productive interactions with family, friends, coworkers, and community members, but it also helps her address and overcome any beliefs or fears that might prevent her from seeking help (Woods-Giscombe et al., 2016**).**

Project Questions

This project addressed three questions:

PQ1

What are the critical components of a culturally psychologically safe approach for collaborating with African American females in therapy to facilitate continued participation in and successful completion of treatment?

PQ2

How can therapists create an office environment where African American female clients experience inclusion and safety?

PQ3

How can therapists help African American female clients feel safe to address cultural inaccuracies and assumptions regarding their culture in session?

Conceptual Framework

The conceptual framework for this project integrated multiple theories and resources to guide marriage and family therapists (MFTs) in effectively collaborating with African American females. Central to this framework was the multigenerational lens, which examined how cultural values and experiences are transmitted across generations, as explained in Bowen family systems theory (BFST). This perspective was particularly relevant for understanding the historical and

emotional contexts that shape African American females' cognitive and behavioral patterns (Gilbert, 2004).

Psychological Safety Framework

This project utilized Clark's (2020) four psychological safety stages, inclusion, learner, contributor, and challenger safety, to create an environment where African American female clients felt secure enough to engage fully in the therapeutic process. Each stage is vital in fostering trust, openness, and empowerment within the therapeutic relationship.

Inclusion Safety

The first stage emphasizes the importance of therapists acknowledging and respecting the cultural identities of African American females. Therapists create a welcoming atmosphere by understanding and valuing clients' cultural narratives and incorporating their unique experiences into therapy (Clark, 2020).

Learner Safety

In the second stage, clients are encouraged to explore their thoughts, feelings, and reactions openly, without fear of criticism or misunderstanding. Marriage and family therapists nurture this safety by promoting self-discovery and creating an environment where clients can learn about themselves and their emotional responses (Clark, 2020).

Contributor Safety

Stage three invites clients to participate actively in their therapy. MFTs should facilitate an environment where African American females feel empowered to share their insights and concerns, particularly when they disagree with therapeutic interventions (Clark, 2020).

Challenger Safety

In the final stage, stage four, MFTs ensure clients feel comfortable challenging therapeutic norms and expressing dissatisfaction when necessary. They must also be open to feedback, enabling clients to voice their needs and advocate for their therapeutic preferences (Clark, 2020).

Bowen Family Systems Theory (BFST)

Bowen's family systems theory (BFST) provided a foundational lens for this project by emphasizing the significance of understanding family dynamics and emotional processes. Four core concepts of BFST, differentiation of self, the nuclear family emotional system, emotional cutoff, and the multigenerational transmission process, were explored in this project to examine the unique experiences of African American females.

Differentiation of Self

This concept relates to individuals' ability to separate their emotional and intellectual functioning. For African American females, achieving differentiation can support the navigation of familial expectations while maintaining personal identity (Gilbert, 2004). Therapists can assist clients in recognizing their emotional triggers and developing healthier coping strategies.

Nuclear Family Emotional System

Understanding the emotional processes within the nuclear family unit is vital. African American females experience pressure to conform to family traditional roles and expectations. MFTs can guide clients in recognizing how these familial influences shape their emotional responses and behaviors (Meyer & Zane, 2013).

Emotional Cutoff

Emotional cutoffs describe the way African American women manage unresolved familial tensions by distancing themselves emotionally or physically from family members. Therapists can explore these dynamics with clients, helping them re-establish connections or set appropriate boundaries with family members without abandoning their emotional needs (Gilbert, 2004).

Multigenerational Transmission Process

This concept highlights how behaviors and emotional patterns are passed down through generations. MFTs can collaborate with African American females to identify and break cycles of trauma or maladaptive behaviors that may have originated in previous generations (Woods-Giscombe et al., 2016). Gilbert (2004) asserted that individuals are profoundly influenced by their family systems, with each member affecting the other's emotional health and relational dynamics. In the context of African American females, their experiences are often intertwined with the legacy of generational trauma and resilience. Recognizing how past experiences influence current behaviors is critical for therapists working with this population. MFTs can employ a multigenerational approach to help clients understand how familial patterns affect their emotional responses and coping strategies, leading to healthier interactions and personal growth (Woods-Giscombe et al., 2016).

The integration of Clark's stages of psychological safety with BFST provided a comprehensive framework for understanding and addressing the unique experiences of African American female clients. By focusing on the cultural and emotional dynamics, MFTs can create a psychologically safe and culturally affirming environment. This project utilized these frameworks to develop survey questions aimed at capturing the perspectives of African

American females. The insights gathered informed the creation of a best practice resource guide, equipping MFTs with the necessary tools to provide culturally competent and psychologically safe therapy. This framework served as a roadmap for therapists striving to understand and meet the needs of African American female clients, fostering healthier therapeutic alliances and improving mental health outcomes (Williams & Williams-Morris, 2010).

Significance of the Project

Culture encompasses more than just artwork; it also includes the traditions and beliefs a community passes down from past to future generations. However, social scientists frequently evaluate the attitudes and actions of clients from diverse cultural backgrounds using the standards of Whites and values from their own culture rather than the actions and attitudes of their clients (Awosan et al., 2011). When non-African American MFTs neglect to recognize the impact of historical traumas such as slavery on African American females' experiences and struggles, they may unintentionally impose their cultural standards and values instead of those of their clients (Wilkins et al., 2012).

This project is essential because it produced a tangible best-practice resource guide for MFTs to navigate challenges or prepare to work effectively and professionally with African American female clients. Research shows that African American females distrust behavioral health services more than other racial groups (Thompson et al., 2013). Additionally, the strong Black woman schema and societal expectations often lead to self-silencing and adverse mental health outcomes, further complicating the engagement of African American females with mental health services (Abrams et al., 2019).

The project's positive outcome included encouraging MFTs and university leaders to provide curriculum courses and internships within African American cultural settings. These

opportunities help students better understand the value of diversity and develop skills to engage with people of color. Understanding the diversity within African groups is crucial, for instance, recognizing the differences in experiences and cultural norms between African Americans and Nigerians despite shared African heritage (Erving et al., 2021).

This project explored why African American females often seek therapy from professionals based on both qualifications and ethnicity. Their selection frequently reflects a preference for therapists whose racial identity aligns with their own, highlighting the importance of shared cultural experiences in building trust (Williams, 2011). This program development project created a best-practice resource guide to prepare and/or enlighten MFTs to establish psychological safety when working with African American females. Psychological safety is critical for ensuring clients feel included, respected, and understood in therapeutic spaces (Clark, 2020).

Answering the project questions articulated above provides MFTs with insights into African American females' feelings and attitudes about therapy and their challenges when entering therapeutic settings (Thompson et al., 2013). By considering the psychosocial impacts of race-based disparities (Hall, 2017) and addressing the superwoman schema (Woods-Giscombe et al., 2016), MFTs can create more effective and culturally sensitive therapeutic approaches.

Definitions of Key Terms

Eurocentrism

The perception of values, traditions, and behaviors based on Caucasian normative standards by how other races and global events are viewed (Awosan et al., 2011).

Medical Apartheid

The abuse of medical experimentation on members of a culture who have served as unwilling and unwitting subjects (Washington, 2006).

Over functioning/Under functioning Reciprocity

When one spouse is in a dysfunctional relationship, the term describes when one spouse is more dominant in making decisions. In contrast, the other spouse adapts to whatever the situation demands (Gilbert, 2004).

Psychological Fortitude

The mental grit or the mental toughness of a person (Walker, 2020).

Resilience

The ability to show toughness or recover quickly when facing negative life experiences proves to be more beneficial than before the experience (Bell-Tolliver et al., 2009).

Rumination

It replicates an exasperating situation that keeps one from communicating effectively and harms the mood (Walker, 2020).

Structural Racism

A belief that affects the structures of organizations, policies, practices, and norms and results in the differentiation of another race having access to goods, services, and opportunities (Garcia et al., 2021).

Literature Review

Conceptual Framework: Creating A Psychologically Therapeutic Safe Environment

The draft of a best practice resource guide developed in this project offers precise suggestions for MFTs to refer to when facing challenges collaborating with an African American

female client during therapy. Included is how to use the four stages of creating psychological safety in the therapeutic setting proposed by Clark (2020). Stage 1 is inclusion safety. At this stage, the client actively takes part in the process. Stage 2 is learner safety. The client wants to learn what is wrong and make changes. Stage 3 is contributor safety. In this stage, the client emotionally contributes to the therapy process. Furthermore, stage 4 is challenger safety. In this stage, the client wants to challenge the status quo. At each stage, the participant faces no fear of being disempowered (Clark, 2020).

Stage 1: Safety. When creating inclusion safety, it helps if a therapist understands cultural differences without feeling like they must be an expert in those differences. MFTs should acknowledge that race exists and that there are racial challenges that are sensitive when discussed. Communication should encircle the African American female clients' cultural interpretations of behavioral health preferences by building a professional relationship with the African American female client using reflective listening skills and open-ended questions to assure the client that they are being heard (Armstrong et al., 2021). African American females are often new to therapy and must be joined, prepared, and brought into the process (Boyd-Franklin, 2003).

An essential goal to remember when collaborating with African American females who are struggling with behavioral health challenges is helping them distinguish their personal experiences, which may or may not be factual, from what is real. One way to do this would be to encourage the African American female client to understand that they have personalized their internalized social beliefs, behaviors, and ideas (Williams, 2011). The therapist should be cautious not to go too deep or too fast, even if the therapist has healthy intentions to help the African American female client (Anderson & Jackson, 2019). Therapists who continue too

quickly can reinforce the sense of fear and mistrust in the therapy experience and may leave the client feeling that her feelings are not relevant and severe enough to work on in a therapeutic session. This leaves the client powerless and unwilling to discuss anything else in the session (Anderson & Jackson, 2019).

Stage 2: Learner Safety. African American females decide the level of satisfaction and security in the first therapy setting by seeing the therapist's racial identity and cultural understanding and sensitivity to their culture (Awosan et al., 2011). African American female clients infrequently discuss their history openly during the first therapy session. Therapists should recognize that African American female clients' history may be rooted in their experience of any of the various racially discriminating tactics in the environment (Anderson & Jackson, 2019). At this stage, African American female clients feel safe to learn about themselves, ask questions, participate in experiments, and even make mistakes (Clark, 2020). Therapists need to respect the African American female clients' need to learn how to make changes in their lives and give permission to African American female clients to learn in exchange for engagement in the learning process (Clark, 2020).

Stage 3: Contributor Safety. Contributor safety is an invitation and an expectation for the therapist and client to set proper professional boundaries (Clark, 2020). Regardless of the therapist's background, the MFT must manage their personal behavioral health challenges when collaborating with African American female clients from the lingering influence of the residual effects of slavery (RES; Wilkins et al., 2012). When in a therapeutic session, an African American female may not realize that their mistrust of the therapist is linked to RES (Wilkins et al., 2012). Suppose a therapist does not consider how slavery and various types of historical trauma have affected African American females' experience and their problems. In this case, it

may lead the therapist to conceptualize the case based on their earlier experiences, thereby potentially misdiagnosing the client, and causing more significant emotional and therapeutic harm (Wilkins et al., 2012).

When creating contributor safety, African American female clients must be active when facing challenges and when changing their behaviors is needed and or expected. To develop contributor safety, the client and therapist must address potential cultural blind spots.

Stage 4: Challenger Safety. At this stage, African American female clients can challenge the therapeutic process according to their stereotypes without retribution, reprisal, or risk of damaging the therapeutic process (Clark, 2020). At this point in the clinical process, the client and therapist highly respect each other. The therapeutic process progresses in motivation to help improve things; it is safe to criticize by expressing healthy dissatisfaction (Clark, 2020). Ensuring the progress and well-being of African American female clients, MFTs can cultivate a culturally sensitive therapeutic environment so this population is encouraged to access services; MFTs must be aware of the stigma of shame and embarrassment in an African American female community regarding behavioral health challenges (Woods-Giscombe et al., 2016).

Conceptual Framework: Bowen Family Systems Theory

A literature search by the scholar in 2023 revealed a continued need for more documentation of the strengths of African American females. The scholar researched literature to create awareness of African American culture's history by presenting the chaos African American females face and continue to deal with and reviewed literature confirming why African American females delay seeking and staying in therapy and their preference for African American therapists. Murray Bowen created what is now recognized as BFST. Bowen family systems theory is a comprehensive theory of human behavior that focuses on how individuals are

influenced by and influence the family system in which they operate. It identifies behavior patterns and interactions within families, emphasizing the interdependence between family members and how these dynamics shape emotional and psychological functioning. Theorists who follow his practices view a family member as part of a family system. BFST aims to create change in the individual and the family by reducing chronic anxiety. This is done by creating awareness in the African American female clients of how their emotional system works and differentiation, increasing their differentiation level (Brown, 1999). According to BFST, all families are influenced by society, race, gender, and income.

Bowen's theory includes eight basic concepts, but only four were utilized in this project. The four concepts not discussed as techniques when collaborating with African American females in this project are triangulation in relationships, family projection process, sibling positions, and societal emotional process (Gilbert, 2004). These concepts were excluded; while they exist within some African American families, they are unnecessary to supply the emotional layers to which this project addressed (Boyd-Franklin, 2003).

This project included four key concepts: self-differentiation, the nuclear family emotional system, emotional cutoff, and the multigenerational transmission process. (Gilbert, 2004). These four concepts have strategies that explore how extended family progression can help generate an idea regarding family progression (Boyd-Franklin, 2003).

Differentiation of Self (DoS). According to Bowen, humans are born into a family with a clean slate, and as the individual experiences' developmental challenges, a sense of achieving psychological autonomy develops. At the same time, the individual stays connected to their family emotionally (Brown, 1999; Erdem & Safi, 2018; Gushue & Constantine, 2003; Patrick et al., 2007). DoS is the ability to be emotionally healthy during high levels of anxiety in the family

system and be able to relate to prominent family members (Calatrava et al., 2022). By doing so, the individual, in this case, the African American female, would become aware of healthy roles, rules, and boundaries in the family system (Erdem & Safi, 2018). For some African American females, a cultural belief that exists in their family system is often related to efforts to define themselves. A person with poor differentiation cannot be emotionally separate and highly reactive to family members and others. A healthy, differentiated African American female thinks, feels, and acts for themselves. In some cases, differentiation may be viewed as desertion as the female strives to gain autonomy, move forward, and not lose herself (Boyd-Franklin, 2003; Gushue & Constantine, 2003). Healthy differentiation allows the African American female to decipher between emotional stress and situational stress and deal with them in appropriate, flexible ways, being less likely to develop psychological symptoms (Gushue & Constantine, 2003). MFTs can encourage African American female clients to understand who they are as a person while remaining connected to the core of the family system (Boyd-Franklin, 2003).

Nuclear Family Emotional System. This concept supports the idea that the nuclear family is the emotional system, not the individual (Gilbert, 2004). Bowen asserted that the family knows a great deal about the individual's strengths and weaknesses and that the anxiety and issues arising from family interactions impact an individual's psychosocial and physical functioning. (Cepukiene & Celiauskaite, 2020).

According to Bowen, the family's emotional system, as in many African American families, is the source of conflict and anxiety when the family is not communicating healthily (Gushue & Constantine, 2003). An African American female in the nuclear family may struggle to balance her emotional needs based on cultural and familial expectations while creating a sense of differentiation (Boyd-Franklin, 2003). This differentiation can be toxic if the African

American female decides to go against the family's ideas, such as attending college, especially if it is away from home, selecting some professions, marrying a person the family disapproves of, or becoming a member of a social class different from the nuclear family (Boyd-Franklin, 2003).

According to Bowen, the family's emotional progression is central. The emotional progression of the family of origin is central when the individual self-differentiates at a healthy level (Calatrava et al., 2022). When an African American female's self is poorly developed, it is more likely that other individuals' emotional functioning

A person with low differentiation seeks emotional support and affirmation and needs to know that they are needed and appreciated. Under stress, they cannot think clearly and tend to react with emotional outbursts, become overwhelmed by anxiety, and overreact (Cepukiene & Celiauskaite, 2020). African American females with a low level of differentiation have a higher propensity to experience chronic anxiety. In the family, chronic anxiety leads to anxiety and problems in the family system (Cepukiene & Celiauskaite, 2020), which could influence African American females' physical functioning, which influences overall health. Many times, these experiences are due to adverse childhood experiences or ACEs. According to Purewal et al. (2016), when children experience chronic stress, their neurodevelopment may be disrupted, potentially impairing their cognitive abilities and capacity to manage harmful or disruptive anxiety (Purewal et al., 2016). Over time, these unhealthy coping strategies may lead to illness, disability, social challenges, and early death (Purewal et al., 2016). A person with higher levels of differentiation keeps emotional autonomy within their intimate relationships and can manage anxiety under stressful conditions (Calatrava et al., 2022).

Emotional Cutoff. People try to resolve their relationship challenges that result from unresolved issues and anxiety by emotionally cutting off from their families (Gilbert, 2004). The

family emotional cutoff concept describes how a person manages the intensity of the tension between generations by keeping geographical or physical distance or through internal or emotional withdrawal or escaping. Cutting off does not resolve the anxiety created by cutting off, but it creates a different type of anxiety—the guilt of not following the patterns of the family (Gilbert, 2004).

The cultural norm for many African American family systems is regular physical involvement with extended family members (Boyd-Franklin, 2003). An undifferentiated African American female is less likely to handle chronic anxiety in essential relationships in the family when the family cannot tolerate the differentiation of the African American female, so the African American female could seek to handle that anxiety by emotionally cutting off (Boyd-Franklin, 2003; Gushue & Constantine, 2003)

An example is how an African American female familiar to me described her emotionally cutting off from her mother, who she felt was constantly trying to match her with one of the young men in the community in which she had no emotional interest. She was the oldest of nine children in rural Texas. She was raised picking cotton in the Texas heat and worked and managed to prepare meals, clean the house, and watch her younger siblings. Because she respected her mother and her mother's values, she felt she was not strong enough to go against her mother's wishes. When she was old enough to leave home, she moved to California to work as a model and maid at one of the local hotels. This process created anxiety because she had to figure out the best way to address this issue without disappointing her mother. Therefore, she resolved it by moving away and only returning for family reunions, some holidays, or a random summer vacation. When she returned for visits, nothing was said about why she left or her infrequent visits (J. Crews, personal communication, 1975). Bowen would describe this behavior as a cutoff, by which this

African American female keeps her distance by living out of state and only has infrequent visits to check off the box that she at least visited (Gilbert, 2004). The infrequent visits allow the African American female to stay connected to the family by respecting the family's rules, roles, and boundaries (Erdem & Safi, 2018).

The Multi-Generational Family Transmission Process. The multi-generational family transmission process addresses how differentiation and undifferentiation are influenced by dominant family members, usually the parents. It includes patterns and themes of behaviors and family positions or roles from generation to generation (Boyd-Franklin, 2003; Brown, 1999; Gilbert, 2004).

Many families have members who keep up with the family history. This is a way to document the facts of earlier generations. Clinically, therapists may explore a family's history with a family map or genogram. A genogram is like a pedigree chart that genealogists use. The genogram is grounded in Bowen's theory. The goal of completing one is to develop a one-to-one relationship with as many living people of a client as possible and learn as much as possible about the relationships and or from generation to generation. The goal is to create a picture of the client's family members and name favorable life experiences, traditions, and behaviors from generation to generation (Gilbert, 2004).

By paying close attention to this process, the therapist can help African American females clarify how they are repeating unresolved issues in their family systems and relationships. Then, they can avoid reenacting these relationship difficulties (Boyd-Franklin, 2003). The genogram helps the client get past a roadblock in the therapeutic setting (Gilbert, 2004).

The Role of Therapists When Collaborating with African American Females

Many times, positive intentions are the results of positive expectations. Linked with this, MFTs' efforts should focus on establishing a psychologically safe therapeutic space that fosters positive experiences and expectations regarding behavioral health services while acknowledging that African American female clients have negative and ambivalent expectations, which include receiving behavioral healthcare services. MFTs must approach these expectations as a first step in developing a productive therapeutic relationship (Thompson et al., 2013). Building social capital is imperative because if therapists are perceived as intrusive too soon, this can create anxiety in the African American female client, which may cause her to shut down emotionally, a behavior they have learned when facing anxiety in their family (Boyd-Franklin, 2003; Clark, 2020). BFST has two strengths that can be particularly useful to therapists collaborating with African American females. First, it provides inclusion safety by exploring information about the extended family system of the client, such as the church community, sorority, or whether the grandparents or great-grandparents are still alive and living with the family. Secondly, it creates learner safety by supplying a theoretical framework that allows the client to ask in-depth questions about their past in order not to repeat challenging behaviors of their past (Boyd-Franklin, 2003).

To provide a positive and practical therapy experience, the therapist aims to create a welcoming environment where the client feels involved in the therapeutic process. The therapist also strives to equip the client, African American females, with the necessary knowledge to understand their actions and make positive changes. Additionally, the therapist ensures that the client feels heard and valued by affirming her contributions to the therapeutic process. The therapist must maintain a professional and objective approach, avoiding personalization of any

challenges that may arise and refraining from becoming frustrated. By prioritizing the safety and comfort of the client, the therapist can tailor the therapeutic process to promote inclusivity, learning, and a sense of contribution (Brown, 1999; Clark, 2020; Rasheed et al., 2011). Therapy takes time. The therapist helps to ease the sessions to guide the client to accept responsibility and learn from her change (Brown, 1999). As therapy progresses, therapists do many things, including staying neutral; a calm and empathetic listener is essential, as the African American female learns about herself as a part of an emotional system (Brown, 1999; Rasheed et al., 2011).

Once trust is established, the genogram is an effective tool for therapists to support psychological safety and map the African American female's family organization and membership. The genogram clears the pathway for the therapist to understand the importance of inclusion, learning, and the power of contribution safety and the strategies for challenger safety within the family of the African American female (Boyd-Franklin, 2003). When trust has not been proven, trying to get personal information too soon may prove to be ineffective, encouraging shutdown behavior from the African American female client and possibly leaving therapy before the actual work is completed because the African American female client does not feel safe (Boyd-Franklin, 2003). Once trust has been proven, the therapist can collect information on the African American female client's family system. This helps the therapist understand the historical context underlying the client's current issues or problems (Boyd-Franklin, 2003).

Historical Context for Understanding the African American Experience

A literature search in 2023 showed minimal documentation of African American females and their experiences in therapy. I researched literature to start with the history of African American females, presenting the chaos African Americans as a culture faced and, in some cases, continue to deal with. In addition, I reviewed literature confirming the reason for the delay

of African American females seeking therapy and their preference for seeking African American therapists.

African American Cultural History: Enslavement

In his book, "Post-Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing," DeGruy (2017) states that Africans were enslaved in America from the 16th century until the 13th Amendment and emancipation in 1865.. The enslaved Africans were chained while being transported in the bowels of ships with a destination to a country where slaveowners were legally and socially allowed to use any form of physical force against Africans (Wilkins et al., 2012). They were hunted like animals, captured, sold like property, tortured with hot irons, and had body parts pulled by horses (DeGruy, 2017).

In some ways, African American females did not experience slavery like African American males (White, 1999). During transportation their travels to America, African females were treated differently. They were allowed to roam freely about the ship only to be subjected to various sexual violations by the white shipmen (White, 1999). Most African American females during slavery had to watch their families sold off as they remained working on the plantations (White, 1999). The stories of enslavement were repeated over the years and generations and believed by the following generations. For example, the slave stories my grandparents told revealed that the expectations of the female involved giving birth to male babies. Sometimes, a female was hung or beaten for giving birth to female babies (F. Howard, personal communication, 1976).

Residual Effects of Slavery (RES)

African American females are diverse and react to the residual effects of slavery (RES) differently. RES can affect multiple generations because it is not necessary to have direct

exposure to the trauma of the enslaved experience for individuals and families to feel the impact (Wilkins et al., 2012). African Americans, including African American females, have impactful feelings regarding RES that result in distrust, avoidance, and apprehensive attitudes toward Whites; these attitudes are relied on to survive mentally and physically (Wilkins et al., 2012). Literature also suggests that when a therapist understands RES's relationship to behavioral health needs and the barriers to treating clients, it encourages culturally sensitive support services. This understanding would enhance engagement, retention, and satisfaction in treatment for individuals from diverse racial and socioeconomic backgrounds (Williams & Williams-Morris, 2010). When RES is untreated, it results in post-traumatic slave syndrome (DeGruy, 2017) in family members with low self-esteem, lashing out at future generations of family members and making them feel inferior (Wilkins et al., 2012).

Post-traumatic slave syndrome is a term used to explain when generation after generation teaches future generations to live in a traumatic environment. The behavioral effects of this trauma include diminished self-esteem, anger, and a sense of inferiority (DeGruy, 2017). It is also described as the ongoing existence of racism despite the notable legal, social, and political advancements made in the latter half of the twentieth century (Pouissant & Alexander, 2000). Post-traumatic slave syndrome is salient to this project because there are still unresolved losses from racial injustices.

Unethical Medical Practices

The distrust of African Americans of those who conduct research in the medical profession goes back to colonial times in America (Thompson et al., 2013; Washington, 2006). Medical research history has documented how African American females were exploited and given medication and maltreatment to learn more about the human body, all while believing that

African Americans were subhuman. Here are a few examples of African American females and others in the African American culture who experienced trauma.

Dr. Sims. Dr. James Marion Sims is one of the first noted gynecologists. Dr. Sims was an essential figure in the history of experimentation with all females, mainly African American females. His method of gathering valuable information about females was by unethical practices (Washington, 2006). However, Dr. Sims, in his discoveries, also sliced the genitalia open of female slaves while White doctors held them down until they could no longer bear to hear them scream. When they could no longer stand the screaming, the other slave females were ordered to do the holding (Washington, 2006). Simms authored many articles in journals about the results of his research on African female slaves. He was careful not to include his subjects' race due to the stereotypes about Africans and Whites (Washington, 2006).

Tuskegee Syphilis Experiment. The United States Health Service, in collaboration with the Tuskegee Institute, set out to examine the development of untreated syphilis in Black men from 1932 to 1972 (Hoffman et al., 2016). In this Tuskegee syphilis study, Black men were instructed that they would be receiving free medical care (Washington, 2006). As the investigation progressed, the researchers thought the syphilis disease acted differently in Blacks where medical staff withheld the treatment for the virus. This practice is an example of recorded horrific medical debacles (Parks, 2017; Washington, 2006).

Margaret Sanger and Planned Parenthood. The Negro Project is another example of an unfortunate American event that involved African American females in the developmental stages of the medical field. It was documented that African American females were exploited and given medication and maltreatment (Katzive, 2015).

Margaret Sanger, joined a movement to control which people become parents to improve the genetic composition of the human race in minority communities in 1920 (Murray, 2022). Murray (2022) stated that "Sanger was arrested for having a clinic that provided abortions and contraceptives to females in impoverished areas" (p. 1605). Sanger was sentenced, and at her trial, the judge, Justice Thomas, believed Sanger was working strategically, targeting the African American community for family planning measures such as placing birth control clinics in Black neighborhoods as well as persuading African American ministers to encourage African American females to use birth control (Murray, 2022).

Sanger eventually supported the development of the birth control pill. However, because of the suspicions of forced sterilization in Black communities, she faced much opposition from Blacks who felt she was spearheading a Black genocide crusade (Washington, 2006).

Adverse Childhood Experiences (ACEs)

Dr. Nadine Burke-Harris and her associates at the Bayview Child Health Center in San Diego, California, noticed the children serviced in their clinic who, after experiencing severe trauma, showed adverse health, mental health, and behavior problems (Burke-Harris, 2018). Burke-Harris (2018) focused on the significant health, mental health, and behavioral issues observed in children exposed to severe trauma. Adverse childhood experiences (ACEs), as defined by Burke-Harris (2018), are traumatic events occurring before the age of eighteen and are strongly correlated with various health problems. Burke-Harris (2018) asserted that ACEs strongly correlate to the development of several health problems. These ACEs can be single acute events or sustained over time. Individuals receive one point for each type of trauma they experienced as a child; as the number of ACEs increases, the likelihood of developing health and social-emotional issues also rises (Burke-Harris, 2018).

These ACEs have been shown to manifest themselves into adulthood as emotional, physical, and sexual abuse and emotional and physical neglect (Burke-Harris, 2018). Children may have seen the following in their home: a parent treated violently, witnessed substance abuse in the house, witnessed someone with mental illness, parents not living together or divorced, and an incarcerated household member. These researchers studied how early adverse experiences were linked to the development of behavioral problems in childhood. They found that African American children faced a higher risk of being exposed to various forms of childhood adversity and had the highest reported prevalence of each type of abuse . In addition, African American children were more likely to live with an adult who had already been arrested, often a male who leaves home with a single African American female left in charge (Armstrong et al., 2021).

The ACEs study adds value to this project as a resource because it supports the problem addressed, exploring why African American females seek therapy from professionals based not only on their qualifications but also on their ethnicity. The list of ACEs can be considered when looking at how trauma affects African American females emotionally and physically.

There is much research on ACEs. This impact persists mentally into adulthood and may remain unaddressed unless an individual seeks therapy. Recognizing the history of trauma is crucial for breaking the cycle. In some communities, like the one discussed in these articles, a significant portion of the African American population experiences trauma at some point in their lives. The effects of maternal trauma on a family can be profoundly influential. In that case, the community often treats it as normal because people see abnormal people acting abnormally and think it is normal (Chambers & Kravitz, 2011). Babcock-Feneri et al. (2016), in examining the intergenerational transmission of trauma, supported the concept that an African American mother

who experienced trauma as a child and child abuse increases the possibility that their children could develop trauma symptoms.

Barriers to Receiving Behavioral Health Services

According to the literature, mental challenges in the African American community are considered anti-spiritual. African Americans feel it goes against biblical teachings and seek counseling from their minister before seeking professional help (Boyd-Franklin, 2003). Feeling safe in therapy requires trust, which is often undermined when therapists fail to recognize the cultural and historical dimensions of their clients' experiences, such as systemic racism or intergenerational trauma (Fineman, 1994). According to Woods-Giscombe et al. (2016), African American females who seek help for behavioral health concerns may not return for follow-up care due to cultural mistrust. This mistrust may stem from comparisons to White females and a fear of self-disclosure to a non-Black therapist, as noted by Awosan et al. (2011). Behavioral health ailments in African American communities are on the rise. Suicide, once taboo in African American communities, is also rising (Walker, 2020). According to Hall (2017), the stigma of being a strong Black woman is a cover to survive emotionally as well as creates a barrier to the use of behavioral health services for African American females. The strong Black woman stigma is discussed in detail in the next section.

Cultural Stigma – The Strong Black Woman (SBW)

The literature indicates that African American females historically faced significant barriers to employment in their desired fields despite possessing college degrees. These barriers were predominantly rooted in racial and gender discrimination (Bryant et al., 2005). A notable observation is that many African American families are often led by female breadwinners, whose

self-reliant behavior can be interpreted positively as a continuation of resilience dating back to the era of slavery (Wilkins et al., 2012).

The concept of a strong Black woman (SBW) encompasses five primary characteristics: the compulsion to present a façade of strength, emotional suppression coupled with resistance to vulnerability, a reluctance to seek assistance from others, a drive to achieve success despite limited resources, and a tendency to prioritize the care of others over one's own needs (Woods-Giscombe et al., 2016). The underutilization of behavioral health services among African American females has been attributed to cultural biases, with research indicating that mild depression is often stigmatized within their social contexts (Hall et al., 2021). Furthermore, various factors such as financial instability, occupational challenges, familial responsibilities, lack of social support, limited access to healthcare, and experiences of violence have been correlated with increased symptoms of depression among African American females (Abrams et al., 2019).

Many African American females encounter difficulties in articulating their emotional stressors or seeking therapeutic assistance due to a perceived betrayal of the strong image that is prevalent within their socialization framework (Hall, 2017). Engaging African American female clients in therapeutic discussions serves as an effective means to understand their perspectives on the complexities of embodying the strong Black female archetype. When therapists engage these clients in a culturally sensitive manner, it fosters recognition of the clients' need to maintain a façade of independence and strength (Anderson & Jackson, 2019).

While the SBW archetype provides African American females with a sense of pride, empowerment, and resilience against racism, sexism, and oppression, it simultaneously imposes significant burdens. The expectation to consistently exhibit strength amidst multifaceted

challenges results in unrealistic demands, compelling them to navigate an escalating array of responsibilities without the support of others (Hall, 2017).

Summary

The historical trauma experienced by African American females, mainly due to the brutalities of slavery and unethical medical practices, continues to affect them across generations, even among those who were not directly exposed to these experiences (Wilkins et al., 2012). This RES underlies many of the psychological struggles that African American females face today. Additionally, cultural stigmas such as the strong Black woman stereotype can lead to psychological distress, as these females may feel pressured to endure hardship without seeking help (Boyd-Franklin, 2003).

In this context, African American females often seek therapy from professionals who not only possess the necessary qualifications but also understand their unique cultural experiences. Literature highlights a preference for African American therapists, as shared racial or ethnic identity fosters a sense of trust, empathy, and mutual understanding that enhances the therapeutic relationship. Furthermore, barriers to therapy, including mistrust of healthcare systems due to historical exploitation, pose significant concerns for African American females (Clark, 2020).

Therefore, this project aimed to draft a best practice resource guide for marriage and family therapists (MFTs) to improve their cultural competence when collaborating with African American females. By focusing on insights derived from these females' experiences with therapy, the guide encourages therapists to consider the cultural, historical, and psychological factors influencing therapy choices and the dynamics of the therapeutic relationship. The goal is to facilitate more effective and culturally sensitive therapeutic interventions that better address the needs and concerns of African American females.

The reviewed literature strongly supports the need for culturally competent therapists, particularly African American therapists, who can navigate the historical, societal, and personal factors affecting therapy choices. By acknowledging these factors and integrating cultural sensitivity into their practices, MFTs can cultivate more meaningful and effective therapeutic alliances, thereby enhancing both the quality and accessibility of mental health care for African American females.

Ethical Assurances

In the American Association for Marriage and Family Therapy code of ethics, Standard V: Research and publication indicates (AAMFT, 2015):

> Marriage and family therapists respect the dignity of and protect the welfare of participants and are aware of applicable laws and regulations. Moreover, professional standards govern the conduct of research. (p. 13)

This standard affects this project because there is a need not to repeat the historical trauma African American females have experienced when collaborating with professionals. It is also critical to get the correct information to give to therapists as a helpful resource. The data were not collected until after the university's Institutional Review Board (IRB) approved the project.

Deception

I used no deception in this project.

Confidentiality

I assigned participants a non-identifying label to keep their information confidential and explained how personal information would be managed. All data collected during the project were kept confidential on an encrypted USB flash drive.

Information and Debriefing

I provided all participants with a summary of the project.

Role of the Scholar

I was responsible for safeguarding participant welfare, systematically gathering data, and maintaining the integrity of the research project.

Many African American females who enter therapy often request an African American therapist, searching for an expert they can trust (Boyd-Franklin, 2003). The goal of this project was to create a draft for a best practice resource guide to give MFTs a different way to address behavioral health challenges when working with African American females. This resource has implications for African American and non-African American therapists (Wilkins et al., 2012).

Three questions were answered: 1. What are the critical components of a culturally psychologically safe approach for working with African American females in therapy to help continue participation in and complete treatment? 2. How can therapists create an office environment where African American female clients experience inclusion, learner, and contributor safety? 3. How can therapists help African American female clients feel safe to address cultural inaccuracies and assumptions about their culture in session?

Two conceptual frameworks were used in this research project: the four stages of psychological safety (Clark, 2020) and BFST, which explicitly addressed the generational effect of trauma, religious beliefs, generational behaviors, and stereotypes (DeGruy, 2017) on the African American family.

The project design included using a survey tool to create a best-practice resource guide for MFTs. Survey tools are vital when a researcher wants information from a specific group, such as African American females (Lowe & Zemliansky, 2010). African American females were

surveyed regarding how and why they chose a therapist. Then, the best practice resource guide was drafted based on the information gathered from the survey tool. Data collection began after the approval of National University's Institutional Review Board (IRB).

Section 2: Methodology and Design

Introduction

This project explored why African American females seek therapy from professionals based on their qualifications and ethnicity. This preference may be due to a lack of psychological safety with non-African American therapists. This lack of security leads to the underutilization of therapy and mental health resources and reluctance to seek treatment from therapists who are not Black (Clark, 2020).

This best practice resource guide aimed to raise awareness among marriage and family therapists about psychological safety when collaborating with African American females. Psychological safety can be accomplished by providing the client with a feeling of inclusion, creating a safe learning environment, allowing the client to contribute to the therapy process, and safely exposing mental challenges in the therapeutic setting (Clark, 2020).

The concept of psychological safety (i.e., learner safety, contributor safety, inclusion safety, and challenger safety) and its benefits to the therapy session are central to this project. Bowen family therapy model is another useful concept when collaborating with African American females. This theory has eight concepts; however, only four were incorporated into this project to strengthen the therapeutic environment when collaborating with African American females. The concepts used differentiation of self and how this plays out in the life of African American females, the nuclear family system and its significant role in the lives of African American females, emotional cutoffs, and the multi-generational family transmission process in African American families.

The approach outlined in this section is of utmost importance, as it involved utilizing a survey tool to gather insights from African American females of diverse socioeconomic

backgrounds. The goal was to understand their perceptions and familiarity with therapy practices to address the issue of why African American females may seek treatment based on the race of their therapist rather than their qualifications. This is particularly relevant given the potential for discomfort or lack of safety when receiving therapy from non-Black therapists, which may lead to reluctance or discontinuation of treatment.

Design and Method

An alternative methodology for this study could have been a purely quantitative approach, such as a large-scale structured survey with closed-ended questions and statistical analysis. This method would have allowed for greater generalizability and provided a clearer numerical representation of the participants' perceptions (Cobanoglu et al., 2001). However, this approach was deemed less appropriate because it would have lacked the depth of insight that qualitative elements provide. The emotional and experiential nuances of African American females' concerns about therapy might not have been captured adequately using only numerical data (Hall et al., 2021; Williams & Williams-Morris, 2010).

Another possible approach was a mixed-methods design that placed equal emphasis on both qualitative and quantitative elements. This could have involved in-depth interviews alongside a standardized survey, allowing for both statistical analysis and rich personal narratives (Gehart et al., 2001). However, this approach would have been more time-intensive and complex, requiring significant resources to analyze both qualitative and quantitative data comprehensively (Abrams et al., 2019). Given the scope and purpose of the project, a predominantly quantitative approach with qualitative elements was more feasible while still allowing for meaningful personal insights (Alessi & Martin, 2010).

Additionally, a purely qualitative methodology, such as phenomenological research or focus groups, was considered. These methods could have provided a richer, more detailed understanding of the participants' lived experiences (Awosan et al., 2011; Bryant et al., 2005). However, such approaches were less appropriate due to their limited generalizability and the potential for researcher bias in interpreting the data (Gushue & Constantine, 2003). Furthermore, the online survey format was chosen for accessibility and efficiency, making qualitative interviews or focus groups less practical for reaching a broader sample (Alessi & Martin, 2010). Ultimately, the selected methodology balanced quantitative research's ability to analyze trends with qualitative insights' ability to capture personal experiences, making it the most appropriate choice for the study. By incorporating both elements, the study provided a comprehensive exploration of African American women's perspectives on therapy, maintaining both accessibility and depth (Armstrong et al., 2021; Erving et al., 2021).

Population and Sample

The population this project focused on was African American females who may benefit from behavioral health therapy. African American females represent a diverse group within the broader Black community, with distinct cultural, historical, and socioeconomic experiences that shape their attitudes toward mental health care. While the exact number of African American females who seek or could benefit from therapy is difficult to estimate, research indicates that mental health needs are prevalent within this demographic. However, there is a significant disparity in access to mental health services.

The sample for this project included African American females who reside in Central Texas and participated in an online survey about their thoughts and experiences regarding behavioral

health therapy. Participants were required to be 18 years or older and meet at least one of the following criteria:

1. **Have undergone therapy:** These participants have experience with professional therapy and can provide insights into their reasons for choosing specific therapists and how their ethnic background influences their choice.
2. **Have considered seeking therapy:** These participants may have considered therapy but have not yet engaged in the process. Their responses help illuminate the barriers or hesitations that prevent them from pursuing it.
3. **Have never experienced therapy:** These participants may represent individuals who have not yet considered therapy or have never felt the need. Their experiences may reveal perceptions or misconceptions about therapy and their views on the role of therapist ethnicity versus qualifications.

This sample was instrumental in addressing the central research question: Why do some African American females prefer therapists based on their ethnicity (e.g., Black therapists) rather than on their professional qualifications? By focusing on this population, the project provided insights into African American females' unique needs, preferences, and concerns regarding behavioral health services.

It is essential to recognize that while all project participants identified as African American females, this group comes from a diverse cultural, geographic, and socioeconomic background. Factors such as age, education, income, and regional differences influence their experiences and views on therapy. The survey allowed participants to provide basic demographic information (such as age range, education level, and whether they live in urban or rural areas) to ensure that these diverse perspectives are represented in the findings.

Moreover, Central Texas, an area with both urban and rural populations, provides a varied demographic that enriches the data, allowing for a more meaningful understanding of the factors influencing therapy preferences. The diversity within this geographic region ensures that the findings reflect a broad spectrum of experiences among African American females.

To create a comprehensive guide for effectively collaborating with African American females, I gathered insights from those who have undergone therapy with a non-African American therapist and those who have not sought therapy. I distributed flyers containing a photo, a brief introduction, and a description of the project and its purpose. Interested volunteers could access the survey through a QR code or a link on the Qualtrics survey platform website provided by the National University. Once the participant accessed the survey, additional information on the project and an estimated completion time were included. Open-ended questions listed in Appendices A and B were used to understand better their biases towards therapy and their experiences in selecting a non-African American therapist

Materials and Instument

The instrument used in this project was specifically designed to gather both quantitative and qualitative data from participants about their experiences and perceptions of behavioral health therapy. A structured survey was developed and used via Qualtrics, a platform that facilitated easy access and completion of the questionnaire by participants. The survey included a mix of closed-ended and open-ended questions, allowing for both structured data collection and an in-depth exploration of personal insights. The closed-ended questions aimed to collect

demographic data, such as age, and education level, which helped to capture the diversity of the sample and identify potential patterns or trends in therapy preferences.

The open-ended questions presented in Appendices A and B were designed to explore participants' experiences and perceptions comprehensively. These questions focused specifically on understanding the reasons for selecting a therapist based on ethnicity, as well as the experiences of participants who had never sought therapy, those who had considered it, and those who had engaged in therapy with non-African American therapists. The open-ended format enabled participants to express their views in greater detail, resulting in richer qualitative data that could be analyzed for common themes and patterns.

Given the emphasis on qualitative data, great care was taken to ensure the trustworthiness of the data. The credibility of the data was established by surveying responses from multiple participant groups—those who had undergone therapy, those who had considered therapy, and those who had never sought therapy. This allowed for the comparison of responses and the identification of common trends across different groups. Transferability was ensured by thoroughly documenting the context of the study, including the demographic characteristics of the participants, so that other researchers could determine whether the findings are applicable to similar populations. Confirmability was maintained by keeping a detailed audit trail of the data collection process, including any decisions made throughout the research, while dependability was assured by maintaining consistency in the data collection process. All participants were asked the same set of open-ended questions, and the survey platform remained accessible over a defined period to allow for a consistent collection of responses.

To manage researcher biases, I engaged in reflexivity throughout the study, continually reflecting on my own potential biases and how they might influence the data collection and

analysis processes. Furthermore, peer debriefing was employed, where peers familiar with the research design and the study population provided feedback to ensure that my interpretations were grounded in the data and not influenced by preconceived notions or personal biases.

In terms of permissions, the use of the Qualtrics survey platform was approved, and informed consent was obtained from all participants before they proceeded with the survey. The informed consent process clearly explained the purpose of the study, the voluntary nature of participation, and how the data would be used. Participants were also informed that their responses would remain confidential and anonymous throughout the study.

In conclusion, the instrument used in this project was carefully crafted to gather both quantitative and qualitative data from African American females regarding their experiences and preferences related to behavioral health therapy. The integrity of the data was ensured through rigorous data collection and analysis methods, while researcher biases were managed through reflexivity and peer debriefing. The pilot testing process allowed for the fine-tuning of the instruments to improve their clarity and usefulness, ensuring that the findings accurately reflected African American females' experiences and preferences concerning therapy selection in Central Texas.

Project Goals and Objectives

The central aim of this doctoral project was to develop a comprehensive resource guide designed to support marriage and family therapists (MFTs) in their crucial role of cultivating psychological safety when collaborating with African American female clients. This project explored why African American females seek therapy from professionals based on their qualifications and ethnicity, with a particular focus on the potential lack of psychological safety when working with non-African American therapists. Through an online survey, I gathered

insights into the experiences of African American females regarding therapy, specifically their perspectives on seeking therapy from non-African American therapists. Other goals of the project were to identify a suitable sample size and gain a deeper understanding of the decision-making process involved when selecting a therapist. The stakeholders in this study included the interviewees and myself, each with distinct objectives. The participants shared personal experiences, including reasons why they may not have sought therapy for behavioral health challenges in the past. Ultimately, the project aimed to promote greater awareness among all involved parties to improve future treatment outcomes for African American females.

While the exploration of preferences regarding therapist qualifications and ethnicity was a key focus, the project's central goal was to develop a comprehensive best practices guide for therapists working with African American females. The survey findings were intended to inform the creation of practical recommendations that would help therapists create a culturally competent, sensitive, and supportive environment for African American females, thereby addressing their unique mental health needs in a way that feels psychologically safe and appropriate to them.

The best practices guide would provide actionable insights derived from the survey participants' experiences, aiming to improve therapeutic outcomes for African American females. The guide would include recommendations on understanding cultural differences, building trust, and recognizing the specific challenges that African American females may face when accessing therapy. The ultimate goal of the guide is to help therapists foster an environment of psychological safety and trust, encouraging African American females to seek therapy and engage more comfortably in the therapeutic process.

This comprehensive approach combining the exploration of preferences with the development of a practical guide aligns with the overall purpose of the study, which is to highlight the need for more research focusing on the therapeutic experiences of African American females. The findings from this project are expected to contribute to a broader understanding of how therapists can better support African American females and improve their engagement with therapy. The creation of the resource guide is expected to serve as a valuable tool for MFTs, enabling them to enhance the therapeutic experience for African American female clients and ensure they receive the support they need in a psychologically safe environment.

Project Procedures

I developed a comprehensive best practice resource guide by gathering insights from various sources. To do so, I surveyed African American females who have undergone therapy with non-African American therapists or had considered but not participated in therapy. Interested volunteers accessed the survey via a QR code or a link on the Qualtrics survey platform website provided by the National University. The survey had additional information regarding the project and an estimated completion time (See Appendix C). The survey explored the factors a person considers while searching for a therapist. Additionally, it examined the individual's previous therapy experience and overall perspective on therapy, including any impact their cultural or familial background may have had on their opinion. Another critical aspect that the survey touched upon was the significance of a therapist's ethnicity, specifically whether they were African American or non-African American.

The survey required that the participants confirm that they are over 18 and identify as African American females. It detailed the project's introduction, potential risks, and benefits,

privacy, and confidentiality policies, how the results will be utilized, the project's significance, and consent for participation.

To ensure fairness and accuracy in participant responses, the Qualtrics survey platform blocked the IP addresses from submitting multiple answers, as recommended by Alessi and Martin (2010). While cookies can track user activity on websites and collect personal information, the online survey platform did not utilize cookies, as participant personal information was optional beyond basic demographics. Upon completion of data collection, the scholar compiled a valuable resource guide.

Data Collection and Analysis

Researchers have shifted from traditional paper-and-pencil surveys to Internet surveys in recent years, mainly due to the widespread availability of computers and online access (Alessi & Martin, 2010). Alessi and Martin (2010) explained that user-friendly survey software has simplified the questionnaire design and collection process. This project used a survey to gather the opinions of African American females who had not received therapeutic behavioral health services and those who had received such services from non-African American therapists, to better understand their overall experience with behavioral health therapy. Recruitment of participants and data collection commenced once the National University Institutional Review Board (NU IRB) granted approval. African American females who had not been in the therapeutic setting received the questionnaire in Appendix A, while those who had been in the therapeutic setting received both the questionnaire in Appendix A and continued to answer the questions in Appendix B.

Both instruments were online surveys created using the Qualtrics survey tool, which allowed for survey creation, distribution, collection, and analysis. Once the surveys were

designed and set up online, this scholar monitored the responses, checking for completed and pending submissions. Participants had approximately two weeks to complete the survey. The questions focused on the four stages of psychological safety and explored how Behavioral Family Systems Therapy (BFST) concepts are reflected in the participants' lives.

Research has shown that web-based surveys are more efficient and cost-effective than fax or email surveys (Cobanoglu et al., 2001). With web-based surveys, researchers can block internet provider (IP) addresses to prevent participants from taking the survey more than once and turn off cookies to ensure completion on the first attempt (Alessi & Martin, 2010). The data collected from these surveys was used to explore why some African American females may choose therapists based on the color of their skin rather than their skills and to develop a draft for a best-practice resource guide for incorporating psychological safety in therapeutic settings to encourage participation in therapy with non-African American therapists.

To analyze the data, a mixed-methods approach was employed. The closed-ended quantitative data were analyzed using descriptive statistics to determine trends and patterns among participants' responses. This provided a broad overview of the demographics of the sample, as well as their general attitudes toward therapy and therapist selection. The responses to the closed-ended questions were analyzed using frequency distributions and measures of central tendency to examine factors such as the participants' preferences for therapist ethnicity, their history with therapy, and perceived barriers to therapy.

The open-ended qualitative data, which provided more detailed insights into participants' reasons for choosing therapists based on ethnicity or qualifications, were analyzed using thematic analysis. This process involved reading through participants' responses and identifying common themes or patterns that emerged from their experiences and perceptions. Thematic

analysis allowed for a deeper understanding of the nuances in participants' thoughts about therapy, their psychological safety concerns, and their views on how therapist ethnicity influenced their decisions.

To ensure the trustworthiness of the analysis, the qualitative data were coded and categorized independently by the scholar, with a second coder reviewing the findings for consistency and agreement. Any discrepancies between the coders were resolved through discussion to ensure that the themes accurately reflected participants' responses. This process enhanced the credibility and confirmability of the analysis.

The integration of both quantitative and qualitative data provided a more comprehensive understanding of the factors influencing African American females' decisions regarding therapy and therapist selection. The final step in the analysis was to synthesize the findings into actionable recommendations for the development of the best-practice resource guide. These recommendations aimed to address the unique needs and concerns of African American females in therapy settings, with a focus on enhancing psychological safety and trust between therapists and clients, particularly when working with non-African American therapists.

In summary, the data analysis process involved both quantitative and qualitative methods to uncover trends, patterns, and themes that informed the development of a best-practice guide. This guide was intended to help therapists understand and address the cultural, psychological, and safety-related factors that influence African American females' engagement with therapy, especially when working with non-African American therapists.

Assumptions

In this project, it was assumed that African American females’ attitudes toward choosing a non-African American therapist are stable and that those interviewed were forthright in their

responses to interview questions. Despite the assumption that all therapists are trained to provide effective therapy, African American females may still prefer to work with someone from their community. Additionally, it is assumed that some African American females reject therapy from non-African American therapists and may even avoid becoming therapists themselves. Finally, it is assumed that African American females are more likely to engage in therapy if their therapist is also African American.

Limitations

It is essential to keep in mind that participants who have not received counseling may have unresolved trauma that can be triggered. Therefore, taking measures to minimize this and any risks is crucial. Furthermore, it is vital to have a diverse sample size, including females from various backgrounds, to address this scholar's project questions effectively. To guarantee confidentiality, online surveys or surveys accessible via mobile devices only require generic demographic information. The online survey tool Qualtrics gathers input from African American females, ensuring sufficient participation to avoid biased outcomes. One potential concern for this endeavor is the number of responses from African American female participants. The survey questions were mostly closed-ended, but respondents may have wished for opportunities to provide open-ended feedback on most queries. Another potential challenge is that some individuals may have wished to give more detailed responses than the survey requires or permits.

Delimitations

To keep the project organized and achieve significant outcomes, a strategic decision was made to focus specifically on African American females rather than broadly addressing African American families or females of other racial and ethnic backgrounds. The decision was to only focus on African American females and acknowledge the unique cultural, social, and systemic

challenges faced by African American females, providing an opportunity to delve deeply into their experiences and perspectives. Historically, African American females have been underrepresented in research that examines their mental health needs, behavioral patterns, and interactions with therapeutic services (Abrams et al., 2019; Woods-Giscombe et al., 2016). While a growing body of literature addresses these issues, much of it is outdated or lacks the specificity needed to fully address the complexities of their lived experiences (Erving et al., 2021).

This project aimed to bridge that gap by developing a best-practice resource guide for MFTs collaborating with African American female clients. The guide is a vital tool to help MFTS navigate the unique challenges of engaging and retaining this demographic in mental health services. Research has shown that African American women often encounter barriers to accessing and utilizing mental health care, including stigma, mistrust of the medical system, and culturally incongruent care approaches (Armstrong et al., 2021; Hall et al., 2021). Furthermore, cultural constructs like the Strong Black Woman schema, which emphasizes resilience and self-silencing, can exacerbate mental health disparities by discouraging help-seeking behaviors (Abrams et al., 2019).

The resource guide empowers therapists to provide affirming, effective care by incorporating culturally sensitive strategies and drawing from evidence-based research. It highlights the importance of addressing systemic inequities and leveraging African American females' strengths, such as their strong sense of community, spirituality, and resilience (Bell-Tolliver et al., 2009; Bryant et al., 2005). This focus on culturally tailored interventions aligns with the broader goal of improving mental health outcomes for African American females while advancing equity in therapeutic practices.

Summary

The project identified the most effective therapy methods for African American female clients. To address this issue, a best practice resource guide draft provides a suitable solution to the project's problems, purpose, and questions. Utilizing an online survey tool, the scholar gained valuable insights into why some African American females prefer therapists based on skin color rather than just qualified certification. This information helps create a safe and secure therapeutic environment for African American females who may not feel comfortable receiving therapy from non-African American therapists.

To ensure the project's accuracy, the sample population consisted of African American females. This choice is appropriate since this group's beliefs and experiences serve as MFTs' focal points in developing a best practice resource guide. Participants were given a link to consent and complete the online survey tool. The survey's questions assisted in developing a psychologically safe therapeutic environment for African American females in the therapeutic setting. The project results are presented in the following section.

Section 3: Findings, Implications, and Recommendations

The central aim of this doctoral project was to develop a comprehensive resource guide designed to support marriage and family therapists (MFTs) in their crucial role of cultivating psychological safety when collaborating with African American female clients. In this context, psychological safety refers to creating an environment where clients feel valued, secure, and empowered to actively participate in the therapeutic process without fear of judgment or misunderstanding. Achieving this safety is integral to fostering a strong therapeutic alliance, particularly when addressing culturally sensitive issues. This resource guide intends to enhance the cultural competency of MFTs, mainly those not African American, thereby supporting the therapeutic engagement and treatment outcomes for African American females. The project also sought to raise awareness among MFTs regarding the nuanced experiences African American females often face, particularly when engaging in therapy with therapists who may not share their cultural background.

The project employed a mixed methods approach, utilizing qualitative and quantitative survey items. The survey invited African American female participants to share their personal experiences and insights related to behavioral therapy.

The data collection process emphasized confidentiality and ensured the privacy of all respondents, thereby encouraging honest and open participation. Participants were informed that their responses would be anonymized and securely stored to protect their identities. This assurance was crucial in fostering trust and openness throughout the study. The survey was designed to take approximately 15 minutes and included a variety of question formats, such as qualitative, open-ended, quantitative, and closed-ended items. Importantly, participation was entirely voluntary, with respondents retaining the right to withdraw from the project at any point.

These measures ensured an ethical approach to data collection while respecting the autonomy and privacy of all participants.

The survey was distributed to recruit participants through three businesses: a hair salon, an eyelash salon, and a community service Christian organization primarily serving African American females. These businesses were selected to ensure a diverse sample of African American female participants with various educational, social, and economic backgrounds.

To ensure a comprehensive understanding, the recruitment process targeted two distinct groups: individuals who had participated in therapy and those who had considered therapy but ultimately decided not to engage. Of the forty-three participants, 25 were individuals who had been in therapy, while 18 were individuals who had considered therapy but chose not to pursue it. The sample size allowed for a robust analysis of the findings and provided valuable insights into the therapeutic experiences of African American females.

Analyzing the project's findings involved a systematic approach to synthesizing quantitative and qualitative data. The quantitative component included survey items that captured participants' preferences, experiences, and perceptions regarding psychological and cultural safety in therapy. These responses were summarized using descriptive statistics to identify general trends and patterns, such as the preference for therapists who shared the participants' cultural or racial backgrounds. These trends provided a foundational understanding of African American female clients' overall perceptions and experiences in therapeutic settings (Awosan et al., 2011)

The responses to open-ended survey questions were analyzed using thematic analysis to identify recurring patterns and themes. This process began with the scholar becoming familiar with the data through repeated readings to understand participants' narratives comprehensively.

Initial codes were then developed to categorize the data based on meaningful text segments. These codes were refined and grouped into broader themes that exposed critical concepts of the participants' experiences. For instance, themes such as trust and shared cultural understanding, navigating microaggressions, and therapeutic rapport through cultural competence emerged as critical components influencing perceptions of psychological safety.

The trustworthiness and credibility of the findings were strengthened through careful emphasis on practical rigor and transparency. Credibility was further established by integrating quantitative and qualitative data sources, including a survey with objective and open-ended responses, to ensure consistency across the findings. Reflexivity was maintained throughout the study, with the scholar recognizing personal biases and expectations regarding the survey results. The scholar did not allow self-awareness or experiences to soften the impact of preconceptions when interpreting the data. Collectively, these strategies enhanced the credibility of the findings, providing a solid foundation for understanding how marriage and family therapists can foster culturally and psychologically safe therapeutic environments for African American female clients.

The integration of quantitative and qualitative findings allowed for a distinctive understanding of how marriage and family therapists (MFTs) can create culturally and psychologically safe environments for African American female clients. The quantitative data provided a clear overview of general preferences and trends. In contrast, the qualitative data offered more profound insight into participants' lived experiences, revealing the complexities of cultural and psychological dynamics in therapy. This mixed methods approach ensured that the analysis captured the breadth and depth of the participants’ experiences, ultimately contributing to the project's comprehensive findings.

Participant Demographic Information

The demographic profile of the survey participants, as presented in Table 1, reflects a broad range of educational backgrounds and age groups. Among the forty-three respondents, the highest representation came from individuals holding a 4-year college degree (34%), followed by those with some college education (31%). Professional degree holders constituted 25% of the sample, while smaller proportions reported having either a high school diploma (6%) or a 2-year college degree (3%). This diversity in educational backgrounds underscores the varied experiences and perspectives that African American females bring to the therapeutic process. In terms of age, the largest age group in the sample was the 35-44 category, accounting for 25% of the participants. The 25-34 and 55-64 age groups represented 19% of the sample, followed by participants aged 65-74 (16%). The 18-24 and 75+ age groups comprised smaller portions of the sample, each containing 6% of the total. This age distribution suggests that African American females across different life stages are engaged in or have considered mental health therapy, reflecting the growing recognition of the importance of mental health within this community.

Table 1

Demographic Characteristics for Total Sample (N = 43)

Demographic Characteristics		N	%
Educational Background			
	High school diploma	2	(6.0 %)
	Some college	10	(31.0 %)
	2-year college degree	1	(3.0 %)
	4-year college degree	11	(34.0 %)
	Possessed a professional degree	8	(25.0%)
	Doctorate	2	(6.0 %)
Age			
	18-24	2	(6.0 %)
	25-34	6	(19.0 %)
	35-44	8	(25.0 %)
	45-54	3	(9.0%)
	55-64	6	(19.0 %)

	65-74	5	(16.0 %)
	75 +	2	(06.0 %)
Therapy		25	(54.0%)
No Therapy Experience		18	(46.0%)

Foundational Findings

The research involved female participants who openly shared their personal experiences, including reasons for either participating in or not seeking therapy for behavioral health challenges. The primary goal was to increase awareness among all stakeholders to improve future treatment outcomes. The central aim of this doctoral project was to develop a comprehensive resource guide designed to support marriage and family therapists (MFTs) in their crucial role of cultivating psychological safety when collaborating with African American female clients. The confidentiality of the participants was strictly supported, and the surveyed females willingly volunteered to participate by responding to the survey questions. Participants cannot be identified by their responses, ensuring strict confidentiality. The scholar identified consistent, relevant, applicable descriptions, themes, and patterns across the participants throughout the thematic analysis process.

The survey sought to address key issues in the therapeutic experiences of African American females, particularly the factors influencing their continued participation and successful completion of therapy. The findings are organized around three central project questions explored through various themes. Some of the survey questions (see questions in Appendix C) relate to the project but do not answer the project questions; however, the results are provided because they provide foundational data for this project. The responses to these survey questions are in Tables 2-9 below. While not directly addressing the primary project

questions, some questions offer valuable insights into broader aspects of the therapeutic experience. These include:

It is essential to address the issues surrounding the incongruence between the question stems and response options provided to participants, as noted in several instances throughout the data collection process, as illustrated in Tables 2-7. These inconsistencies did not impact the accuracy and depth of the insights gathered, ultimately affecting the study's ability to measure the intended construct of cultural safety and inclusion directly.

When discrepancies occur between the wording of survey questions and the response options, it can lead to participants selecting answers that may not fully capture their experiences or perspectives on the specific topic being explored. In this case, some of the questions may have failed to clearly reflect the unique cultural and psychological considerations that are central to the study. For example, the question related to the importance of contributing to the therapy process when disagreeing with the therapist was not fully aligned with the study's primary focus on cultural safety. As a result, the responses may reflect a more general view of therapy, rather than one that addresses the specific needs of African American female clients, including those that relate to their unique cultural or psychological experiences.

This misalignment likely resulted in some responses being less reflective of the factors that directly contribute to a culturally psychologically safe therapeutic environment. Participants may have provided feedback on their therapy experiences in a more general context, without considering the cultural safety aspects, which were a core focus of the study. Additionally, this inconsistency could have reduced the study's ability to capture the specific experiences of African American females in therapy, particularly in relation to how they navigate cultural safety, inclusion, and the presence of cultural issues in their therapeutic process.

To address these challenges in future studies, a more rigorous review of the survey instruments should be performed to ensure that response options align with the specific aims of the study and allow for the collection of data that speaks directly to the cultural factors at play.

Tables 2 and 3 provide essential data that serves as a foundation for understanding the experiences of African American females in therapy. They highlight areas of concern and opportunity that directly inform this project.

Table 2

Did You Experience Any Anxiety Once You Decided to Seek Therapy?

Response	Number	Percentage
Never	4	16%
Sometimes	11	44%
About half the time	4	16%
Most of the time	2	8%
Always	4	16%
Totals	25	100%

Table 2 reflects the prevalence of anxiety experienced by participants when deciding to seek therapy. This data emphasizes the need for a culturally and psychologically safe approach that acknowledges and mitigates the barriers created by anxiety. With 68% of respondents reporting some level of anxiety ("sometimes," "about half the time," "most of the time," or "always"), the findings underline the importance of establishing trust and comfort early in the therapeutic relationship.

Table 3

Were There Opportunities for You to Explain How Your Family's Emotions Influenced Your Decisions?

Response	Number	Percentage
Strongly disagree	1	4%
Somewhat disagree	1	4%
Neither agree or disagree	3	12%

Somewhat agree	10	40%
Strongly agree	10	40%
Totals	25	100%

Table 3 focuses on clients' opportunities to discuss how their family's emotions influenced their decisions, with 80% either "somewhat agreeing" or "strongly agreeing" that they had this opportunity. These findings highlight the importance of integrating clients' cultural and familial contexts into the therapeutic process. Many participants stressed the value of communicating openly about their experiences and discomfort during therapy. This emphasis directly addresses the project by underscoring clients' need to feel active and involved in their treatment.

Table 4

Did the Therapy Experience Offer You an Oopportunity to Learn?

Response	Number	Percentage
Far exceeds expectation	5	20%
Exceeds expectation	8	32%
Equal expectations	7	28%
Short of expectations	4	16%
Far short of expectations	1	4%
Totals	25	100%

Note: Some response options may not align with the question stem due to copy-and-pasting issues. However, they are presented here to reflect the order of responses and maintain congruence with other questions in the survey.

Table 4 outlines the responses to the survey question, "Did the Therapy Experience Offer You an Opportunity to Learn?" It specifically addresses the concepts of psychological safety and learner safety. The data reflects the opinions of 25 participants regarding how well the therapy experience met their expectations in terms of learning opportunities. According to the responses, five participants (20%) indicated that the experience "far exceeded" their expectations, while

eight participants (32%) felt it "exceeded" their expectations. Additionally, seven participants (28%) reported that the experience met their expectations, whereas four participants (16%) expressed that it fell "short of" their expectations. Only one participant (4%) felt that the experience "far short" of their expectations.

Table 5

If You Decide to Seek Therapy. Would It Go Against Any Family Values or Beliefs?

Response	Number	Percentage
Always	0	0%
Most of the time	0	0%
About half the time	3	10%
Sometimes	2	7%
Never	25	83%
Totals	30	100%

Table 5 "If You Decide to Seek Therapy, Would It Go Against Any Family Values or Beliefs?" shows the distribution of responses regarding how therapy might conflict with participants' family values or beliefs. A significant majority of participants (83%) indicated that seeking therapy would never go against their family values or beliefs, while a small portion (17%) indicated that it could sometimes or occasionally conflict. None of the respondents reported that therapy would always or most of the time conflict with their family values or beliefs.

This question and its findings are particularly relevant to Bowen's family systems theory, which emphasizes the critical role of family dynamics in shaping an individual's behavior and decisions (Bowen, 1978). According to Bowen, individuals are influenced by their family systems, and their decisions—such as whether or not to seek therapy—are often guided by family beliefs, emotional patterns, and relational dynamics. The high percentage of respondents indicating that therapy would not conflict with family values suggests a level of flexibility and

support within their family systems regarding mental health care. This finding aligns with Bowen's concept of differentiation of self, where individuals can make decisions independently of family pressures, reflecting emotional autonomy while still maintaining familial connections (Gilbert, 2004). In contrast, the 17% of respondents who indicated that seeking therapy might conflict with family beliefs highlights potential areas of family tension or societal stigma around mental health, particularly in the African American community, where cultural perceptions and historical factors may influence attitudes toward therapy (Erving et al., 2021).

These results underscore the importance of understanding family dynamics in therapy, as Bowen's theory suggests that therapists should consider the family system and the emotional pressures that may influence clients' decisions. By recognizing these dynamics, therapists can work with clients to promote greater self-differentiation and help them navigate family expectations, thus creating an environment that supports psychological safety (Brown, 1999).

Project Question 1

What are the critical components of a culturally psychologically safe approach for working with African American females in therapy to facilitate continued participation in and successful completion of treatment?

This question addresses the need for a culturally safe and inclusive therapy environment that encourages African American females' ongoing engagement in therapy. Several survey responses align with this objective by emphasizing the importance of contributing to the therapeutic process and feeling included, especially when disagreements arise with the therapist.

Table 6

Could You Contribute to Your Therapy Process Even When Disagreeing with the Therapist?

Response	Number	Percentage
Never	4	16%

Sometimes	11	44%
About half the time	4	16%
Most of the time	2	8%
Always	4	16%
Totals	25	100%

The question in Table 6 assesses whether the therapeutic environment promotes open communication, respect, and empowerment, which are essential for psychological safety (Clark, 2020). The ability to express disagreement without fear of judgment reflects the therapist's cultural sensitivity and willingness to honor the client's voice and perspective. This aligns with creating an inclusive, collaborative process where clients feel valued.

Table 7

Importance of Contributing to the Therapy Process When Disagreeing with the Therapist

Response	Number	Percentage
Not at all important	0	0%
Slightly important	3	10%
Moderately important	7	20%
Very important	12	40%
Extremely important	10	30%
Totals	32	100%

Table 7 shows the responses to *Q1* regarding the importance of contributing to the therapy process when disagreeing with the therapist. A significant majority of participants (70%) rated this aspect as "very important" or "extremely important," indicating that a large portion of respondents believe that being able to express disagreement with the therapist is crucial for their participation in therapy. This finding directly ties to the central aim of Question 1, which focuses on creating a culturally and psychologically safe approach for working with African American females in therapy.

Psychological safety in therapy involves an environment where clients feel secure and valued enough to express themselves openly without fear of judgment or retaliation. The responses to this question suggest that clients place a high value on being able to contribute to the therapeutic process, even when they disagree with the therapist. This reflects an important aspect of a culturally safe therapeutic environment, as it shows that clients want their voices to be heard and their perspectives to be respected. In the context of African American female clients, this is particularly significant, as they may experience unique challenges related to race, gender, and cultural expectations that could influence their ability to speak up in therapy (Anderson & Jackson, 2019). Therefore, therapists must foster an atmosphere that encourages open dialogue and empowers clients to express their concerns or disagreements, as this contributes to a more effective and supportive therapeutic relationship (Bryant et al., 2005).

Table 8

Were You Able to Share Your Experiences of Emotional Challenges with Your Therapist?

Response	Number	Percentage
Definitely not	1	4%
Probably not	0	0%
Might or might not	4	16%
Probably yes	8	32%
Definitely yes	12	48%
Totals	25	100%

This question is relevant to PQ1 because it examined the client's ability to openly share emotional challenges, a fundamental aspect of creating a culturally safe and psychologically supportive therapeutic environment.

Table 9

Did You Experience Any Anxiety During Your Participation in Therapy?

Response	Number	Percentage
Strongly agree	2	8%

Somewhat agree	10	40%
Neither agree nor disagree	5	20%
Somewhat disagree	6	24%
Strongly disagree	2	8%
Totals	25	100%

This question provides information on PQ1 by highlighting how anxiety can act as a barrier to continued participation in therapy. Research indicates that anxiety in therapy may stem from a lack of psychological safety, which is essential for clients to feel secure and open in sharing their experiences (Clark, 2020).

Table 10

If You Answered Question 21, What Was Your Anxiety Level After Taking Part in Therapy?

Response	Number	Percentage
High anxiety I felt unsafe	1	4%
Low anxiety. I felt a little safe	11	48%
No anxiety: I felt safe	11	48%
Totals	24	100%

This question addresses PQ1 by assessing whether therapy alleviates anxiety, indicating a safe, supportive, and effective therapeutic environment.

Table 11

How Comfortable Did You Feel Disagreeing with the Therapist When It Was Necessary?

Response	Number	Percentage
Extremely uncomfortable	0	0%
Somewhat uncomfortable	3	12%
Neither uncomfortable nor comfortable	5	20%
Somewhat comfortable	9	36%
Extremely comfortable	8	32%
Totals	24	100%

The question in Table 11 provided insight into PQ1 by evaluating the client's ability to engage in open dialogue with their therapist, which is essential for creating a psychologically safe environment.

Table 12

If There were Obstacles while Receiving Therapy from a Non-African American Therapist, How did You Respond to Them?

Responses / Theme	The number of responses reflecting the theme	Percentage
Not applicable	5	25%
No obstacles	2	10%
Quit without explaining	3	15%
Cultural competence	3	20%
Client's burden to educate the therapist	2	10%
Coping strategies were necessary	2	10%
Desire for representation in therapy	2	10%
Totals	19	100%

The analysis of Question 15, which asked participants about their responses to obstacles encountered while receiving therapy from a non-African American therapist, yielded valuable insights into the challenges faced by African American female clients. Ten participants' responses were analyzed thematically, revealing significant patterns related to cultural competency and therapeutic engagement.

A prominent theme was the critical role of cultural competency in therapy. Many participants expressed feelings of being misunderstood or unsupported when their therapist lacked awareness of their cultural or identity-related experiences. For example, one participant emphasized the desire to find a therapist who could understand the "cultural overlay" of their issues, highlighting the importance of cultural alignment in fostering effective therapeutic relationships. Several participants expressed frustration about educating their therapists about

their cultural context. One participant remarked, "I didn’t want to educate them on my dime," indicating that this additional burden detracted from their ability to engage fully in the therapeutic process. Such experiences suggest that therapists' lack of cultural awareness may place an undue emotional and financial strain on clients, potentially leading them to seek out therapists with a better understanding of their lived experiences.

Clients employed various strategies to navigate these obstacles, with some disengaging entirely by quitting therapy when their needs were not met. Others took more proactive approaches, such as researching new therapists who might better align with their expectations. One participant shared their efforts to bridge gaps in understanding, noting that they tried to "patiently share knowledge or ask questions for clarity." Despite the challenges, this indicates that some clients were willing to invest time and effort into fostering a more productive therapeutic relationship.

Representation in therapy emerged as another significant theme. Some participants preferred therapists who shared their cultural background, believing that shared identity could facilitate better understanding and connection. One individual appreciated their therapist, describing him as a "Black gay male" who demonstrated a genuine passion for understanding their issues. However, even with cultural alignment, challenges sometimes persist. For instance, a participant recounted an experience with a therapist who focused excessively on their own trauma, detracting from the therapeutic focus.

Overall, the thematic analysis underscores the importance of cultural competency, proper client-therapist fit, and the considerable effort clients often undertake to address obstacles in therapy. These findings highlight the need for mental health practitioners to prioritize cultural

responsiveness and address systemic barriers in the mental health field to ensure equitable and effective treatment for all clients.

Project Question 2

How can therapists create an office environment where African American female clients experience inclusion and safety?

This project question emphasized the therapist's role in establishing a physically and emotionally safe environment for African American females. Several survey questions specifically address aspects of inclusivity and safety within therapy.

Table 13

Are There Any Behavioral Health Issues You May Avoid Discussing When Working with A Non-African American Therapist?

Theme	The number of responses reflecting the theme	Percentage
Cultural Competence	12	28%
Trust and Therapeutic Relationship	10	22%
Avoidance of Sensitive Topics	8	17%
Preference for African American Therapists	9	20%
Importance of Lived Experience	6	13%
Totals	45	100%

The responses to Q11 of the remaining fifteen participants who provided detailed responses were analyzed thematically. From the responses to Q11, the scholar learned that some participants related to PQ2, specifically addressing how therapists can help African American female clients feel safe in discussing cultural inaccuracies and assumptions. The scholar's thematic analysis of the question reveals several key themes related to the importance of cultural competence, trust, and therapeutic effectiveness, particularly when working with African

American female clients. One theme is the expectation that therapists, particularly those who are not African American, must have a strong understanding of their own cultural background to build trust and effectively engage in the therapeutic process. As one respondent explained, they "would expect [a therapist] to understand my cultural background" and highlight the importance of understanding "African American cultural issues, trauma, and family dynamics". This response reflects a common sentiment from the responses that cultural experiences, such as growing up in an African American household and facing racial oppression, are deeply integral to the healing process. Participants believed that a shared cultural understanding is essential for establishing a therapeutic relationship founded on trust. Thematic analysis can help avoid topics when clients feel their therapist may not fully understand the complexities of their experiences. One individual commented, "It would be hard to explain or trust to discuss all aspects of life" with a therapist who does not share or deeply understand their cultural background. 28% had a preference for working exclusively with African American therapists. Some respondents specifically indicate that African American therapists are better equipped to empathize with and understand their struggles, pointing out that therapists who share similar cultural experiences can offer more insight. These responses underscore the importance of cultural competence in therapy, suggesting that therapists should be educated about cultural issues and gain a deep understanding of these issues through personal experience.

Table 14

How Were You Included in the Therapy Process?

Response	Number	Percentage
Never	1	4%
Sometimes	4	16%
About half the time	3	12%
Very important	8	32%
Extremely important	9	36%

Totals	25	100%

Note: Some response options may not align with the question stem due to issues with copy and pasting; however, they are included here to reflect the order of responses and maintain consistency with other questions in the survey. Questions regarding anxiety, comfort in expressing disagreement with the therapist, and the overall quality of the therapy experience—both positive and negative—offer valuable insights into clients' emotional and psychological reactions to therapy. While these aspects may not directly address questions of cultural safety or inclusion, they underscore important factors that influence client engagement in therapy, such as the significance of feeling heard and supported. The themes in these questions include anxiety and emotional discomfort within the therapeutic setting, the effect of cultural differences on the therapeutic relationship, and client preferences for therapists who demonstrate cultural competence.

This question addressed PQ2 by focusing on inclusion within therapy, a key element in fostering a sense of safety and participation for clients. The question's emphasis on inclusion directly relates to creating a safe, culturally competent space that fosters positive therapeutic outcomes.

A thematic analysis of the responses to Question 2 revealed three themes: the importance of emotional safety and comfort in communication, the significance of a culturally competent and inclusive therapeutic environment, and the critical role of active therapist engagement. Emotional safety and comfort were highlighted as essential for clients to feel secure and understood in the therapeutic space, with one participant noting, "It’s important to feel safe and comfortable when communicating with my therapist." Participants emphasized the importance of therapists showing cultural awareness and sensitivity, as noted by one respondent, "My therapist

must understand the cultural nuances and experiences that affect me". Additionally, active engagement by therapists was valued, with participants emphasizing the importance of therapists who actively listen, validate their experiences, and ensure clients feel heard and respected throughout the therapeutic process. One participant shared, "I need a therapist who listens and validates my experiences, someone who makes sure I feel heard". This reflects the findings of Awosan et al. (2011), who highlighted the importance of a therapist's active engagement in fostering therapeutic trust.

Project Question 3

How can therapists help African American female clients feel safe to address cultural inaccuracies and assumptions regarding their culture in session?

This question ensures that African American female clients feel comfortable discussing issues related to their racial identity, cultural background, and unique experiences.

Table 15

If You Sought Therapy, Would You Prefer an African American Therapist?

Response	Number	Percentage
Extremely likely	18	60%
Somewhat likely	9	30%
Neither likely nor unlikely	2	7%
Somewhat unlikely	1	3%
Extremely unlikely	0	0%
Totals	30	100%

This question explores PQ3 by highlighting the significance of cultural alignment between therapist and client in cultivating a psychologically safe and inclusive therapeutic environment. Many respondents indicated that they were extremely likely or somewhat likely to prefer working with an African American therapist. Participants who had engaged with African

American therapists reported enhanced feelings of safety and inclusion, whereas those with non-African American therapists encountered challenges in bridging cultural gaps.

Table 16

Are You More Likely to Trust An African American Therapist?

Response	Number	Percentage
Extremely likely	13	43%
Somewhat likely	9	30%
Neither likely nor unlikely	2	7%
Somewhat unlikely	1	3%
Extremely unlikely	5	17%
Totals	30	100%

Table 16 highlights African American female clients' trust in African American therapists, which is relevant to how therapists can help clients feel safe addressing cultural inaccuracies and assumptions in session. The table shows that most participants are likely to trust an African American therapist (73% indicated either extremely likely or somewhat likely). Interestingly, 17% of respondents indicated they were extremely unlikely to trust an African American therapist. This may suggest that trust is not solely based on ethnicity but on other factors, such as the therapist's perceived competence and understanding.

Evaluation of the Outcomes

The outcomes of this project provided insights into how marriage and family therapists (MFTs) can create culturally and psychologically safe environments for African American female clients. These findings align with established research and theoretical frameworks, particularly BFST and Clark's four stages of psychological safety. The project highlighted the essential role of cultural competence and psychological safety in meeting the unique therapeutic needs of African American females. Existing literature supports these findings and suggests areas for deeper exploration and understanding.

Psychological safety enables clients to feel comfortable expressing their thoughts, disagreeing with their therapist when necessary, and discussing personal or cultural issues without fear of judgment or invalidation (Clark, 2020). Abrams et al. (2019) emphasized the importance of an environment where clients can freely express discomfort or disagreement with therapeutic approaches. This supports the idea that being able to disagree in therapy reflects an inclusive space where cultural concerns are addressed and welcomed (Bryant et al., 2005). Clark's (2020) framework on inclusion safety, which serves as the foundation for psychological safety, is relevant here as it highlights the increased comfort and trust African American female clients feel when working with therapists who share their cultural background. This aligns with the study's findings, where clients reported feeling more comfortable with therapists with similar cultural experiences.

In line with Clark's inclusion safety, respondents noted that culturally attuned therapists can better address the challenges of the SBW schema, which often pressures African American females to suppress vulnerability. Abrams et al. (2019) described how a culturally sensitive therapist can counteract this dynamic, fostering a space where clients feel empowered to express their authentic selves without fear of rejection. Bowen family systems theory provides further context by emphasizing the multigenerational transmission of unresolved emotional and cultural issues. African American females often carry the weight of historical and familial dynamics, including emotional cutoff and systemic oppression (Brown, 1999; Haefner, 2014). As Bell-Tolliver et al. (2009) noted, African American families value collectivism and interdependence, which can influence the therapeutic process. Therapists who integrate cultural competence can address these dynamics, aligning with BFST's focus on differentiation and emotional connection, fostering a therapeutic environment conducive to healing.

More recent studies by Bakić-Mirić et al. (2022) emphasize the critical role of cultural competence in healthcare settings. Understanding and respecting cultural differences among patients can significantly enhance communication, trust, and overall health outcomes. This aligns with this project's findings, highlighting the importance of cultural competence and psychological safety in creating effective therapeutic environments for African American female clients.

The project discussed how cultural competence enables therapists to address unique therapeutic needs by fostering an environment where clients feel safe and heard. This mirrors Bakić-Mirić et al.'s (2022) claim that culturally sensitive communication is essential for building trust and improving patient engagement. Bakić-Mirić et al. (2022) also asserted that cultural competence can reduce health disparities by ensuring healthcare providers understand and respect their patients' cultural backgrounds. This supports this project's emphasis on the need for therapists to recognize and appreciate the cultural contexts of their clients to deliver effective care.

Furthermore, Bakić-Mirić et al. (2022Hall) discussed the influence of cultural competence on patient satisfaction and adherence to treatment plans. This supports this project, highlighting how culturally attuned therapists can better address challenges such as the SBW schema, fostering a space where clients feel empowered to express their authentic selves without fear of rejection.

Family dynamics, cultural stigma, and mistrust of mental health professionals are significant barriers for African American females seeking therapy (Hall, 2017). These factors contribute to reluctance to therapy, highlighting the importance of understanding how cultural beliefs shape psychological safety (Clark, 2020). Cultural competence, which includes sensitivity

to these values, is essential for creating an environment where clients feel safe and heard (Williams , 2005). Research further suggests that inclusion in therapy helps clients feel respected and valued, which is key to building trust and ensuring active participation (Sue et al., 2019). The preference for therapists who share a similar cultural background aligns with findings by Anderson and Jackson (2019), emphasizing the need for specialized training for therapists working with African American females. Studies also support that racial and cultural congruence in therapy is vital for effective treatment (Meyer & Zane, 2013; Walker, 2020). However, some participants in the study reported positive experiences with non-African American therapists, indicating that therapeutic techniques such as active listening, empathy, and validation can bridge cultural gaps effectively when used skillfully (Bryant et al., 2005; Woods-Giscombe et al., 2016).

Trust is central to therapy's success (Clark, 2020), and the results also align with Boyd-Franklin's (2003) work, which stressed the importance of acknowledging systemic barriers and microaggressions frequently encountered by African American females. Participants who experienced racial microaggressions or cultural misunderstandings in therapy with non-African American therapists expressed frustration and disengagement, underscoring the need for ongoing cultural competency training and the adoption of culturally relevant interventions (Erving et al., 2021).

The limitations of the study must be noted. Although the sample was diverse in age and education, it consisted of individuals already open to therapy, which may have influenced the positive outcomes reported regarding psychological safety. Additionally, prior exposure to therapy emerged as a key factor. Participants who had worked with African American therapists reported higher levels of safety and inclusion, while those with non-African American therapists

described challenges related to bridging cultural gaps. This finding aligns with research by Awosan et al. (2011), which emphasizes the importance of addressing cultural assumptions and biases in therapy.

The findings contribute valuable evidence to the literature on African American females' preferences and experiences in therapy, highlighting the need for tailored therapeutic approaches that consider both cultural and historical contexts. These outcomes support existing research on race, gender, and mental health, including the disproportionate psychological distress faced by African American women (DeGruy, 2017; Williams & Williams-Morris, 2010). Furthermore, the findings reinforce the broader implications of systemic racism and its effect on mental health service utilization (Garcia et al., 2021; Washington, 2006).

This project emphasized the critical importance of cultural competence and psychological safety in therapy for African American females. While the findings align with existing theoretical frameworks and literature, they also highlight the need for continued research to further explore these dynamics across diverse demographic groups and therapeutic settings. The central aim of this doctoral project was to develop a comprehensive resource guide to support marriage and family therapists (MFTs) in fostering psychological safety when working with African American female clients. By integrating cultural sensitivity into their practice, therapists can enhance both engagement and therapeutic outcomes for African American females, addressing both individual and systemic barriers to mental health care. This resource guide aims to provide practical tools for therapists to create culturally safe environments that acknowledge

the unique challenges faced by African American women, ultimately improving the effectiveness of therapeutic interventions and promoting long-term mental wellness.

Action Plan

This project's primary deliverable is the development of a comprehensive Best Practices Resource Guide for marriage and family therapists (MFTs) working with African American female clients in therapy. This guide, A Best Practices Resource Guide for MFTs Collaborating with African American Females in Therapy (Appendex D) is designed to help therapists adopt culturally competent practices that foster psychological safety, enhance client engagement, and improve therapeutic outcomes. By integrating the findings from this research, the guide provides actionable recommendations for MFTs to better support African American females in therapy, specifically addressing issues such as racial trauma, microaggressions, and cultural sensitivity. This resource guide is included in Appendix D and represents a critical tool for ensuring that therapists approach their work with an understanding of the cultural dynamics that impact African American female clients.

The resource guide could be distributed through professional organizations like the American Association for Marriage and Family Therapy (AAMFT), which has a wide reach within the profession. By partnering with such organizations, the guide can be implemented in therapist training programs, workshops, and continuing education sessions to improve the cultural competency of MFTs. This distribution plan ensures that therapists across the country will have access to resources that help them create culturally safe environments for their clients. Implementing the guide into training programs will directly address gaps in therapist education related to race, culture, and systemic barriers, which are crucial to successfully engaging with African American female clients (Anderson & Jackson, 2019; Awosan et al., 2011).

Another key component of the action plan is the ongoing promotion of cultural competency training for therapists. Evidence suggests that addressing cultural dynamics, racial trauma, and microaggressions within therapist education is critical for building trust and fostering effective therapy sessions (Boyd-Franklin, 2003).

Implications and Recommendations for Practice

The project findings provided crucial insights into improving therapeutic practices for African American female clients. Several recommendations are directly derived from the project and supported by existing literature.

One key recommendation is enhancing cultural competency training for marriage and family therapists (MFTs). Participants' strong preference for African American therapists underscores the importance of culturally informed practices. MFTs should receive regular training focused on understanding the unique cultural dynamics of African American female clients, including racial trauma, microaggressions, and historical healthcare mistrust. This training will help therapists avoid perpetuating misunderstandings and create a more inclusive environment (Boyd-Franklin, 2003).

Another important recommendation is fostering inclusion and psychological safety. Psychological safety is essential for active client participation and better therapeutic outcomes. Therapists should adopt strategies that create an inclusive atmosphere, such as actively listening to clients, using culturally sensitive language, and ensuring clients feel empowered to disagree with their therapists. This approach aligns with Clark's (2020) stages of psychological safety, where inclusion safety is the first step in building trust within the therapeutic relationship.

Addressing cultural assumptions in therapy is also critical. Many African American female clients reported frustration with having to "educate" their therapists about cultural issues.

Non-African American therapists should engage in self-education about cultural experiences, such as systemic racism and historical trauma. This proactive approach to cultural sensitivity will help avoid placing the burden of education on the client and create a safer space for discussing culturally sensitive issues (Gilbert, 2004).

Expanding access to African American therapists is another vital consideration. The project highlighted the difficulty many African American females face in finding African American therapists, often due to geographical or insurance-related barriers. Institutions, professional organizations, and insurance companies should work to recruit and support African American students in therapy programs and ensure diverse therapist options within insurance networks. Expanding access to culturally aligned therapists will improve engagement and retention rates for African American females (Williams & Williams-Morris, 2010).

Finally, creating inclusive therapy spaces is recommended. Many African American females feel more comfortable in therapy spaces that reflect their cultural background. Therapists should consider incorporating culturally relevant decor, literature, and case studies into their therapy spaces. These actions demonstrate respect for clients' cultural identities and help foster a positive and inclusive environment for therapy (Stevens-Watkins et al., 2014).

If implemented, these recommendations could improve the therapeutic experience for African American females by addressing cultural barriers, fostering psychological safety, and ensuring that therapy is inclusive and culturally competent. By taking these actions, MFTs could provide better support and possibly improve mental health outcomes for this population.

Recommendations for Future Projects/Research

The findings from this project provided valuable insights into the unique challenges African American females face when engaging in therapy, particularly with non-African

American therapists. However, future research can build on these insights to address the project's limitations and deepen the understanding of culturally competent mental health care.

One limitation of this project was the narrow scope of data collection, which was confined to specific community settings. Future studies should expand the scope to include diverse contexts, such as collegiate, urban, rural, and clinical environments (Awosan et al., 2011; Bell-Tolliver et al., 2009). By exploring how geographic location, socioeconomic status, education level, and age affect therapy experiences, researchers can better understand the challenges African American females face in different settings. Comparative studies across these contexts can reveal unique barriers and inform tailored strategies to support engagement in therapy (Abrams et al., 2019; Anderson & Jackson, 2019).

Future research should also examine the intergenerational transmission of attitudes toward mental health care. Previous studies, such as those by Suggs et al. (2022), have highlighted the role of familial beliefs and parental influences in shaping perceptions of therapy. Understanding how these intergenerational dynamics influence African American females' attitudes toward mental health services could provide critical insights into the cultural hesitancy and mistrust of healthcare systems within this population. This research could inform interventions that target individual clients and familial and community-based attitudes toward therapy.

Additionally, future studies could investigate the long-term outcomes of therapeutic interventions. While this project focused on immediate preferences and perceptions, further research could explore whether clients who work with culturally competent therapists or therapists who share their cultural background experience higher rates of treatment completion, sustained mental health improvements and overall satisfaction with therapy (Bryant et al., 2005;

Erving et al., 2021). Such studies would provide robust evidence for the importance of cultural competence in achieving positive therapeutic outcomes.

Research into effective training programs for improving therapists' cultural competence is another critical area for exploration. Clark's (2020) framework for psychological safety offers a valuable model for developing training programs that emphasize creating inclusive, culturally sensitive environments for African American females. Identifying the types of training that lead to meaningful improvements in cultural competence could help bridge cultural divides and improve therapy outcomes.

Gender dynamics in therapy also warrants further investigation. While this project primarily examined racial and cultural factors of African American females, exploring the intersection of gender with these dimensions could provide a better understanding of client-therapist relationships. For instance, future studies could examine the dynamics between African American female clients and non-African American male therapists to uncover additional factors influencing trust and engagement in therapy (Hall et al., 2021; Thompson et al., 2013). This research would help therapists adopt a more comprehensive approach to supporting African American females.

Expanding sample sizes and participant diversity is essential for addressing the limitations of this project. Including a broader demographic, such as African American females from different regions, age groups, and educational backgrounds, would provide more generalizable findings (Abrams et al., 2019; Suggs et al., 2022). Incorporating qualitative interviews alongside surveys would also offer deeper insights into African American females' experiences and perceptions, complementing the quantitative data and enhancing the understanding of their needs (Awosan et al., 2011; Bryant et al., 2005).

This project's findings highlighted the critical role of cultural competence in using psychological safety for African American females in therapy. By pursuing these recommendations, future research could contribute to more effective, inclusive, and culturally sensitive mental health services, addressing systemic barriers and improving therapeutic outcomes for African American females.

Conclusion

The findings of this project underscored the critical need for marriage and family therapists (MFTs) to understand and address the unique cultural dynamics influencing African American females' engagement in therapy. Quantitative data revealed that 60% of participants preferred working with therapists who share their cultural background (see Table 18), and 43% expressed greater trust in African American therapists than in non-African American therapists (Table 19). These preferences highlight the importance of cultural alignment in fostering trust and therapeutic engagement.

Thematic analysis further identified essential components for creating a psychologically safe therapeutic environment, including trust, inclusion, and the ability to express cultural concerns without fear of judgment. These findings emphasize the importance of cultural competency training for MFTs, open communication about cultural differences, and practices that ensure clients feel valued and respected throughout the therapeutic process. This project significantly contributes to the literature on cultural competency in therapy by providing actionable recommendations for MFTs to enhance their practices. Developing a resource guide prioritizing psychological safety and cultural sensitivity can improve therapeutic outcomes and strengthen the therapeutic alliance for African American female clients.

The alignment of qualitative findings with existing literature, such as the works of Armstrong et al. (2021) and Awosan et al. (2011), reinforces the importance of culturally tailored approaches. Research highlights that addressing systemic and cultural barriers, such as the mistrust of healthcare systems and the SBW schema, is crucial for fostering openness and trust in therapy (Hall et al., 2021; Woods-Giscombe et al., 2016). Historical and systemic factors, including those outlined by DeGruy (2017) and Washington (2006), further emphasize the need for therapists to adopt frameworks that account for racism's pervasive effects on mental health.

In conclusion, the project's findings and the supporting literature emphasize that prioritizing cultural understanding and responsiveness is crucial for addressing the unique challenges faced by African American females in therapy. By integrating culturally sensitive practices, MFTs can help dismantle structural barriers and provide the support needed for African American females to thrive. These efforts represent a significant step toward achieving equity and inclusion in mental health care.

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Appendixes

Appendix A

Questionnaire for African American females who have never been to therapy.

Question	Desired Information	Rationale
1. Would you tell me something about yourself?		Joining with participant
2a. Age		See if age affects choices.
2b Education level		Wanting to see if the choices to select a therapist based on skin color is different when the African American female has more education
3. What are the relationships with family members/siblings/ extended family/ partners/ friends/ children like now	Identify any dysfunction	BFST differentiation of self
4. How satisfied are you with your overall behavioral health?	Behavioral health level Learner Safety	Psychological safety
5. If you did decide to seek therapy, would it go against any family values or beliefs?		BFST emotional dynamics
7a. Would you need to see an African American therapist? Why or why not?	Addressing the problem statement	
7b. Are you more likely to trust an African American therapist? Why or why not?	Inclusion safety	Psychological safety
8. How important is the therapist's cultural understanding when selecting a therapist? How would you evaluate their cultural knowledge?	Inclusion safety	Psychological safety
9. How important is it for you to contribute to the therapy process when disagreeing with the therapist?	Contributor Safety	Psychological safety
10. Are there any behavioral health issues you may avoid discussing when working with a non-African American therapist?	Challenge safety	Psychological safety and BFST

Appendix B

Additional Questionnaire for African American Females who have been to therapy.

Question	Desired information	Rationale
How were you included in your therapy process?	Inclusion safety	Psychological safety
Were you able to share your experiences of emotional challenges with your therapist?		BFST
Did the therapy experience offer you an opportunity to learn? If so, please explain.	Learner safety	Psychological safety
If there were obstacles while receiving therapy from a non-African American therapist, how did you respond to them?	Learner safety	Psychological safety
In what ways was therapy better than you imagined?	Learner safety	Psychological safety
Did you experience any anxiety once you decided to seek therapy? If so, please explain.		BFST
Were there opportunities for you to explain how your family's emotions influenced your decisions?	Contributor safety	
Could you contribute to your therapy process even when disagreeing with the therapist?		BFST
In what ways was therapy worse than you imagined?	Challenger safety	Psychological safety
What was your anxiety level after taking part in therapy?		BFST
How comfortable did you feel disagreeing with the therapist when it was necessary?	Challenger safety	Psychological safety
Did you continue the session with your therapist, or did you stop when the session topic was painful?		BFST

Appendix C

Survey Questions

Q 1 What is your age?

Q 2 What is your educational level?

Q 3 What are your relationships with family members, siblings, extended family, partners, friends, and children like now?

Q 4 How satisfied are you with your overall behavioral health?

Q 5 If you did decide to seek therapy, would it go against any family values or beliefs?

Q 06 If you sought therapy, would you prefer an African American?

Q 07 Are you more likely to trust an African American therapist?

Q 08 How important is the therapist's cultural understanding when selecting a therapist?

Q 09 How would you evaluate a therapist's cultural knowledge?

Q 10 How important is it for you to contribute to the therapy process when disagreeing with the therapist?

Q 11 Are there any behavioral health issues you may avoid discussing when working with a non-African American therapist?

Part 2. Questions 12 - 24 continue the questionnaire for African American females who have been to therapy.

Q 12 How were you included in the therapy process?)

Q 13 Were you able to share your experiences of emotional challenges with your therapist?

Q 14 Did the therapy experience offer you an opportunity to learn

Q 15 If there were obstacles while receiving therapy from a non-African American therapist, how did you respond to them?

Q 16 In what ways was therapy better than you imagined?

Q 17 Did you experience any anxiety once you decided to seek therapy?

Q 18 Were there opportunities for you to explain how your family's emotions influenced your decisions?

Q 19 Could you contribute to your therapy process even when disagreeing with the therapist?

Q 20 In what ways was therapy worse than you imagined?

Q 21 Did you experience anxiety during your participation in therapy?

Q 22 If you answered agree to question 21, what was your anxiety level after taking part in therapy?

Q 23 How comfortable did you feel disagreeing with the therapist when it was necessary?

Q 24 If you did not continue the session with your therapist by stopping the sessions earlier than the treatment plan? Why?

Appendix D

Best Practice Resource Guide for Marriage and Family Therapists (MFTs) Working with African American Female Clients

Introduction

This guide is designed to equip Marriage and Family Therapists (MFTs) with actionable strategies to create culturally and psychologically safe therapeutic environments for African American female clients. By fostering inclusion, addressing cultural assumptions, and enhancing cultural competency, therapists can improve therapeutic engagement and outcomes for this population.

Understanding Psychological Safety and Cultural Competence

Definition of Psychological Safety Psychological safety involves fostering an environment where clients feel respected, safe, and encouraged to engage fully in the therapeutic process without fear of judgment or misinterpretation. (Clark, 2020)

Importance of Cultural Competence Cultural competence means recognizing and respecting the distinct cultural, historical, and social factors that influence the experiences of African American women. This includes acknowledging the effects of systemic racism, historical trauma, and cultural stigmas related to mental health. (DeGruy, 2017; Williams & Williams-Morris, 2010).

Strategies for Therapists

1. **Active Listening and Validation**

   Demonstrate genuine interest in clients' experiences and validate their feelings and concerns, especially when discussing culturally sensitive topics (Bryant et al., 2005).

2. **Cultural Humility**

   Acknowledge and respect the client's lived experiences and cultural background (Bakić-Mirić et al., 2022).

3. **Continuous Cultural Competency Training**

   Engage in regular training on cultural dynamics, racial trauma, and microaggressions (Nair & Good, 2021; Stevens-Watkins et al., 2014).

Building Trust and Inclusion

Key Components of a Trusting Therapeutic Relationship

• Transparency in therapeutic goals and methods (Erving et al., 2021).

• Consistent and respectful communication (Thompson et al., 2013).

• Acknowledgment of systemic and personal challenges faced by African American females (Hall et al., 2021).

Strategies for Fostering Trust

1. **Addressing Historical Mistrust**

   Acknowledge African Americans' historical mistrust toward mental health professionals (Parks, 2017).

2. **Creating an Inclusive Environment**

   Decorate the therapy space with culturally relevant materials (Awosan et al., 2011).

3. **Empowering Clients**

   Allow clients to lead discussions on their cultural and personal identities (Williams, 2011).

Addressing Cultural Assumptions and Microaggressions

Recognizing and Mitigating Microaggressions

Microaggressions are subtle, often unintentional, expressions of bias or stereotypes. They can harm the therapeutic relationship by making clients feel invalidated or misunderstood (Meyer & Zane, 2013).

Strategies for Therapists

1. **Self-Reflection and Awareness**

   Reflect on personal biases and how they might affect client interactions (Gushue & Constantine, 2003).

2. **Proactive Education**

   Educate yourself about African American cultural norms, values, and experiences (Abrams et al., 2019).

3. **Open Dialogue**

   Encourage clients to share any experiences of cultural misunderstandings or biases (Stevens-Watkins et al., 2014).

Creating a Safe and Culturally Responsive Office Environment

Therapy Environment Checklist

1. **Cultural Representation**

   Include books, artwork, and decor that reflect African American culture (Boyd-Franklin, 2003).

2. **Welcoming Atmosphere**

   Ensure all staff are trained in cultural competence (Bakić-Mirić et al., 2022).

3. **Accessible Services**

   Offer flexible scheduling and payment options (Armstrong et al., 2021).

Practical Techniques for Therapists

Techniques for Addressing Cultural Concerns

1. **Cultural Genogram**

   Use a cultural genogram to explore family dynamics, cultural values, and historical influences (Wilkins et al., 2012).

2. **Narrative Therapy**

   Encourage clients to share their stories and reclaim their narratives (Williams, 2011).

3. **Affirmation and Empowerment**

   Highlight the client's strengths and resilience (Stevens-Watkins et al., 2014).

Recommendations for Systemic Change

Improving Access to African American Therapists

• Advocate for recruitment and retention of African American therapists in mental health programs (Gehart et al., 2001).

• Partner with insurance companies to ensure diverse therapist options in networks (Suggs et al., 2022).

Continuing Education and Resources

Recommended Reading

Bell-Tolliver, L., Burgess, R., Brock, L. (2009). African American therapists working with African American families: An exploration of the strength's perspective in treatment. *Journal of Marital and Family Therapy, 33*(3), 295-307. https://doi.org/10.1111/j.1752-0606.2009.00117.x

Boyd-Franklin, N. (2003). *Black families in therapy*. The Guilford Press.

Sue, D. W., Neville, H. A., Smith, initial. (2019). Racism in counseling and psychotherapy: Illuminate and disarm. *American Psychologist*, *79*(4), 593–605. http://dx.doi.org/10.1037/amp0001231

Burke-Harris, N. (2018). *The deepest well: Healing the long-term effects of childhood trauma*. Mariner Books.

Hall, J. C. (2017). No longer invisible: Understanding the psychosocial impact of skin color stratification in the lives of African American women. *Health and Social Work*, *42*(2), 91–78. https://doi.org/10.1093/hsw/hlx001

Hall, J. C., Conner, K. O., Jones, K. (2021). The strong black woman versus mental health utilization: a qualitative study. *Health and Social Work*, *46*(1), 33–41. https://www.doi.org/10.1093/hsw/hlaa036

Woods-Giscombe, C., Robinson, M. N., Carthon, D. Johnson, S. D. & Corbie-Smith, G. (2016). Superwoman schema, stigma, spirituality, and cultural sensitivity providers: factors influencing African American women's use of mental health services. *Journal of Best Practices in Health Professions: Diversity, Research, Education, and Policy, 9*(1), 1124–1144. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7544187/

Training Programs

• Cultural Competency Training by the American Association for Marriage and Family Therapy (AAMFT).

• Workshops on Racial Trauma and Healing offered by community-based mental health organizations (Stevens-Watkins et al., 2014).

Conclusion

By implementing the strategies outlined in this guide, MFTs can create a culturally and psychologically safe environment for African American female clients. This approach enhances therapeutic outcomes and fosters trust and inclusion, ensuring therapy is a transformative and empowering experience (Bryant et al., 2005; Hall, 2017).