



## Mental health and racial trauma

**Guest: Dr Patrice Douglas**

*Disclaimer: The contents of this interview are for informational purposes only and are not intended to be a substitute for professional medical or psychological advice, diagnosis, or treatment. This interview does not provide medical or psychological advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical or psychological condition.*

### **[00:00:10] Jaia Bristow**

Hello and welcome back to the Trauma Super Conference. My name is Jaia Bristow, and I'm one of your hosts. And today I am very happy to be joined by Dr Patrice Douglas. Welcome, Patrice.

### **Dr Patrice Douglas**

Hello, happy to be here.

### **Jaia Bristow**

Happy to have you on board.

So, Patrice N Douglas is a doctor of psychology and licensed psychotherapist who specializes in anxiety, addiction, relationship health and multicultural issues. She is the CEO of Empire Counseling & Consultation, where she specializes in Black men's issues and more. You can read Dr Patrice's full bio below this video.

So today we're going to be talking about trauma and mental health, especially within marginalized communities, like the Black community. So to start off, can you tell us a bit about the connection between trauma and mental health? The impact trauma can have on one's mental health.

### **Dr Patrice Douglas**

Trauma can definitely have an impact on someone's mental health because it changes the perception of how things are occurring around them, or it brings more sensitivity and concern to things that they have experienced.

So when we look at trauma, sometimes trauma, it can be a car accident, it can be someone that's been in the military and they have PTSD, it can be someone that's been watching TV about police brutality or other types of serious murders that have been coming up recently. We don't realize that the more we watch it, the more we read about it, the more that we walk around and we're concerned, how that can create a lot of anxiety, a lot of depression and a lot of stress on our mental health and our physical well being.

The reason why it's important to have these conversations is because a lot of times everybody doesn't define trauma as something that's impactful unless it's a really big event that has occurred.

But what we've been learning for the last several years about trauma is that it can be something as little as watching a movie and seeing someone get killed, to actually being a witness of something that's happened or being a victim of it.

**[00:02:17]**

At the end of the day if you're starting to recognize that when you're in certain situations, your heart is beating really fast or you find yourself avoiding certain situations because you don't know what to expect, or you find yourself arguing with people about going somewhere, or if they notice that something's wrong with you and you're not really putting it together, you may be experiencing triggers that you weren't aware of, that something has occurred, and now your body and your mind is in protective mode to protect you from potentially something happening to you or again to you.

So that's why it's important to talk about trauma and mental health because it does go hand in hand. Also, trauma goes hand in hand with the physical element. Sometimes you don't recognize that your body is reacting to a situation because it's not sure of the perceived threat or if there is a threat. And so you may recognize that when you're in a restaurant, some people don't like sitting with their back against the door because they don't know who's coming in. So you don't even recognize that you're already setting yourself up to make sure that you're able to see the door at all times, looking for exits. And that might be because maybe you've heard of a shooting that has occurred in the area, or maybe someone has told you something has happened to them at that specific place. So now you're protecting yourself just to make sure that you are safe as well. That is a trauma response, and it's just hearsay it doesn't necessarily mean something happened to you.

So this is why it's important to have these conversations, because more than likely before you recognize that it's affecting your mental health, it's definitely affecting your physical elements.

**Jaia Bristow**

I think that's a really great definition of trauma and the impact it can have, both on one's mental and physical health. And just recognizing trauma responses, symptoms and how they can show up, because sometimes we don't always have a label to put on those experiences. So I really appreciate that. Thank you.

So I'm curious then about what are some of the considerations that need to take place when we do identify these trauma responses and we discuss trauma?

**Dr Patrice Douglas**

So some of the things that you have to identify is that if you are reading newspaper articles or you're going to certain environments and you're starting to see, you're feeling your heart beating really fast, you may be sweating, you may become agitated, you may be having bubble guts, or maybe you're even having dreams about it or are afraid to leave home, there's something going on that has triggered you to feel uncomfortable, unsafe. That is the biggest component about understanding trauma is that a lot of times we don't understand that we have triggers. Sometimes the triggers can be really big. Sometimes they're small and they build up over time, and we tick, tick, boom.

So when we're looking at trauma, we want to identify it in certain areas, like at work, for example. There's a lot of trauma that happens at work. We're not talking about someone coming in and potentially causing harm to someone, but there may be some microaggressions or some racial tension at work. For some individuals that is considered trauma based, because they're walking in,

they don't know what to expect, but they know that when they walk in everybody's looking at them and they're looking for a reason to complain or reason to say that something's going on, or maybe they're not feeling validated.

**[00:05:26]**

So that person is walking into the building of their office and their stomach is bubbling, and they're going back and forth about, do I smile? Do I not smile? What do I say? What do I do? To the point when they get to their car and they finally feel like they're in a safe space, they decompress. That can be a trauma response.

Another trauma response could be that you've been watching the news, for instance, when the George Floyd murders were happening, a lot of people of color were having bad dreams. They were not able to really watch TV. They really weren't able to discuss what was happening in unsafe territories because they felt triggered. They felt like this is something that has been going on in our community for a while. I've heard about it, and I've dealt with it but seeing it actually happen on TV is something that I can't erase from my memory. And so now when the police officers are driving up and down the street or they walk past one, they're automatically in this fight or flight where they feel like they have to run.

These are all trauma responses that we don't recognize as traumas. Sometimes we may think of it as an anxiety thing, but a lot of times it's vicarious or second hand trauma.

And so for individuals and people of color, we have to recognize that trauma doesn't have to be this really big thing. It can be something that anything that our body is responding to over and over and over, it's time to have some conversations about that. What the heck is happening with me that I feel this way every time I leave the house or I talk to someone or something pops up on the TV? That's not something you should be living with for the rest of your life without support.

**Jaia Bristow**

Absolutely. And you're talking about Black communities and people of color and marginalized communities, and do you feel that it can be sometimes challenging talking about trauma and mental health within these communities? And why do you think that might be?

**Dr Patrice Douglas**

Oh, absolutely. And I think that goes back to the historical context of what mental health and trauma has looked like for minorities and communities of color. Just to go back to an example of the Black community. A lot of our trauma started with mental health back in the slave days where slaves were used as medical experiments. In fact, there's research that shows that a lot of slaves were actually concerned about living through the summer because that's where most of the experiments would take place. Whether it was women in their reproductive organs, and mind you, back then, there was no anesthesia so they were awake, very alert and having these harmful procedures done to them. As well as for some of the men that were slaves, they were used as experiments for heat exhaustion, and they were left in pits for days with no food and water.

Then when we go down a little bit further into the generations, mental health was always weaponized against the Black community. So if we said we have a really powerful relationship with God, they automatically assume that there was something crazy going on with us. So a lot of times we were

hospitalized with schizophrenia or another thought disorder where we were institutionalized, given a lot of medications. And that wasn't the case.

**[00:08:32]**

So if you look at just those two examples, the perception of what mental health is, it looks like something that you're crazy, you have to get locked up for, you have to be on a lot of medications, and you don't get to live your life in the best way possible. So these things have been told as stories throughout the generations. And even though this is an experience for the Black community, I'm sure that there are stories for other communities of color that have similar experiences where you're great, great grandma told you all these stories, and so when you are looking at it for your perspective, the first thing you're thinking about mental health is negativity.

Or because you are a person of color, the first thing that we've always been taught was be strong, you are a person of color. It's not going to be the easiest journey. Suck it up. Make sure you go to school, make sure you make money. It wasn't really talking about, you are put in a space where everything is not going to be fair to you, but if you're feeling overwhelmed, it's okay to talk about it in safe spaces. It was more about you having to survive and show everybody you can survive, not recognizing that that takes a toll, not only your physical element, but also your mental element.

So this is why trauma and mental health is uncomfortable for a lot of individuals to talk about. Because when you're talking about you went through a traumatic experience, and this is what's happening, it's a form of weakness to a lot of our individuals in our communities. Instead of looking at it like, you are surviving, but maybe we need to address a few things so that it's not something that's affecting your life for years and years to come. That is the place that we're at today, where we're trying to normalize that you are not responsible all the time for the things that happen to you, but what you are responsible for is, if it's affecting you and it's affecting your quality of life, to reach out and get some support so that you can live a more healthier, happier life, in a sense.

**Jaia Bristow**

Absolutely. And I think that last point you made is so important because that's where people can get a bit caught up. Feeling like they're responsible or not responsible for what's happening to them. And like you say, you are not responsible for what's happening to you, but you are responsible for how you deal with what's happening to you. Can you give some examples of how trauma responses can show up as symptoms, especially within marginalized communities, like BIPOC communities?

**Dr Patrice Douglas**

Yeah. So we look at the DSM-5, so if you're in the mental health or medical professional it's like the big book that we utilize to pretty much diagnose a lot of things. And so when you look at this book, they give you this laundry list of things to look for as far as diagnosing someone with a particular mental illness. It can be a list of 12 things, and out of those 12 things you have to meet 5, and things like that. It's a great tool to use, and it gives perspective on what we should be looking for, but it also misses a lot of that cultural component.

So a lot of times when we're looking at anxiety for people of color, and I'm going to use an example in the Black community, even just something as simple as anxiety. Anxiety when we look at it as a disorder, we're looking at somebody that's like rocking back and forth in their seat. They may be biting on their nails. They may be avoiding certain situations, and overall, they're just very antsy as a person.

**[00:11:49]**

But when we're looking at it for people of color, it looks like high function anxiety. Like they're still going out, they're still going to work, when you talk to them they seem, what we call "normal", but while they're in that situation, they are feeling like they're having a heart attack. Or maybe it's showing up as an imposter syndrome where they're doing things but they're not really confident about what they're doing, or they're avoiding their goals. Like, I want to have a goal to finish my doctorate, I want to have a goal to hit six figures in my business, I have all these goals but because you're feeling overwhelmed and anxious about everything, even though you're handling your day to day, when it comes to advancing yourself to a place you want to be, you're finding every excuse not to.

That's not in the DSM-5. Imposter syndrome is not in the DSM-5, but you're going to see a lot of that with people of color. Or, for example, another disorder that we commonly see but it's not always diagnosed, is agoraphobia. A lot of times agoraphobia and social anxiety are mixed up. People think that social anxiety means that you don't like to be around large crowds of people, so going to amusement parks or movie theaters. You really don't like hanging out with a lot of people. That's not social anxiety. Social anxiety is you are more concerned about the perception of how people are viewing you to the point where it's affecting your ability to go places because you're more concerned about if you're being accepted. And you're having regular or negative thoughts about how people perceive you, therefore you just don't hang out with your friends.

Agoraphobia is typically what we see in a lot of incarcerated individuals, which is important to acknowledge, because a big portion of men that are part of communities of color are incarcerated. A lot of times because they're in tight spaces, in prison you've definitely got to watch your back, they develop a lot of tendencies to where they don't want to go to large places where they don't feel like they can protect themselves.

Or it could be historical where, for instance, there's an example in the DSM about medical procedures and going to the doctor. For the Black community, it's not that we don't want to go to the doctor and get well, because we do. But historically, what we've been told, and maybe what we have seen, is that when our family members go to the hospital, they either don't come back out, which means they passed away, or they go home and they pass away, or we're hearing stories about how doctors don't care about us because I went and they didn't give me any medications, they said I was fine, and I'm still in pain.

So there's medical mistrust that comes with the communities of color. So we're not going to the doctor because we're being hard headed, it's because we don't trust that the medical professionals really want to help us. So that creates fear about going to the dentist or going to a medical professional. These are things that are not really talked about in the DSM but meets criteria for people of color.

This is why it's important to understand culture. It's important to understand what's going on in communities of color, because there's reasons why we are experiencing these things. And it's not always that it's directly happening to us. It's part of our legacy. It's part of our generations. That's why it's important to understand what culture means before addressing trauma.

### **Jaia Bristow**

Absolutely. I think that makes so much sense. And I really appreciate you giving those examples and talking about that nuance that people don't necessarily understand. And a white therapist working with the DSM-5 might not understand the experiences of a Black person, especially a Black man.

**[00:15:28]**

And so for you, who is Black, for starters, and who also does a lot of work within the DSM-5 and works with a lot of Black communities, could you talk a bit more about, you've given some examples, but could you talk a bit more about how other people can show support and things to be aware of, especially for white therapists, working with clients of color or for people who just want to be supportive to people in their lives?

**Dr Patrice Douglas**

Absolutely. So the first thing I always start with is, you have to see color. We're in a stage now in life where saying, 'I don't see color' is not going to fit anymore if you don't recognize that I'm Brown, if you don't recognize that I am a part of a community of color. And I say that to say that everybody that has Brown skin is not considered part of the Black community. They can be part of the Latinx community, they can be a part of the Indigenous community, they can identify as biracial. So you don't want to automatically assume that they're Black. But you definitely don't want to say that I can help you or I support you because I don't see color, then you don't support me as a person. Who I am, while it is a color, it is attached to an identity with a culture, and that culture means a lot to me and anybody else.

The first thing I always say is, please do not say that you see color. You need to recognize that I am a Black woman, I'm a Black individual and while you may not fully know what it's like to walk in my shoes, you're willing to open yourself up to understand and not assume. The biggest things that happens when it comes to dealing with the Black community and others trying to help, whether it's medical, mental health or whatever, is the automatic perceived notions or the stereotypes that people see in entertainment. We do not all come from the ghetto. We all did not have bad childhoods growing up. We all did not have single parent households.

So if you're going into sessions or you're going into conversations with these things like, 'oh my gosh, I know that your life had to have been difficult', you're already stereotyping me. I might have come from Beverly Hills and had a great childhood, and then I started dating someone, and that's where my story gets a little rocky. It may not have anything to do with my childhood at that moment where it was traumatic.

So if you're going into, like, there's always something negative or something that's terrible happening in the Black community that we need to address, then you're already stereotyping me and this is not going to be a good situation. You want to go into it having your ears fully open and just listening to the experience and tailoring how you want to support that person by that experience. So that means that if you are a clinician or you are a medical professional, you're going to really take time to build trust with this person.

First of all, I just told you guys how our historical context leads us to not want to seek out any help. So if I'm coming to you, you're my last choice, which means that you probably have a small window of opportunity to convince me that I can trust you. So it's going to take a while for us to build that connection. That's something that cannot be rushed. That's one thing.

The other thing is that while you are supporting a community of color, it's okay to recognize that you don't know everything and you don't understand everything, but that's where resources come in. Google can be your best friend. There are professionals in the field that are willing and able to do consultations or get any feedback or supervision that can help you fully understand what's going on. You're not going to know everything out the gate, but one of the things that makes it impactful and feels like an ally to the Black community, is if you take the time to research and understand that stuff.

**[00:18:47]**

The other thing is that we definitely don't want to minimize what the experience is. So, for example, if somebody said, 'well, slavery happened so long ago, why are we still talking about it?'. Well, because it's something that is part of our legacy, and it's something that still affects us to this day. Why are we talking about the Civil Rights Movement and the whites only and the colors only? Because a lot of those people are still alive that were part of that. So it didn't happen that long ago where it's extinct, like dinosaurs. And even if it was extinct, like dinosaurs, we still talk about dinosaurs. So why are we trying to minimize the impact that life has had on the Black community or people of color? Black people are not the only ones that have had a really tough time generational wise. I mean, if we look at the history of Indigenous communities, and they're still going through that with Thanksgiving, which is not really their holiday, or now we're talking about Indigenous Day versus Columbus Day, we can't act like those things don't exist just because it makes others uncomfortable.

And lastly, what I say is check your biases. If you are in a space where you may have Black friends, but you're not the biggest fan of Black people or you don't think that their issues are a big deal or that you do feel in ways you do have racist ideation, then you need to check that at the door and work that out with yourself before you touch a person of color. There's no way that you should be stepping into a space and trying to support them to prove to yourself that you're not a racist. If you are opening up your doors to help someone that's a person of color to prove that you're not that type of person, then you just confirm that you are that type of person. So make sure you're going to your therapy, make sure you're researching. If you're not in a space where you can pull away from those ideations, then it's not best for you to support someone of color.

So those are pretty much, if you're still with me at this point, those are the tips and ideas that I give about helping someone of color deal with trauma and really understanding how to support them. It's to really just take reflection of yourself and recognizing and making sure that you actually see them as a person of color that may have gone through some things or some traumatic things, but you're not coming to them in a place of already mapping out what's wrong with them. Let them tell you what's wrong with them.

### **Jaia Bristow**

I really like that. I appreciate that a lot. And I think it's so true. And it's really important to take into account the systemic context. Like you say, it's not just about slavery and the fact that that happened not that long ago, but it's the impacts of that that are still impacting whole communities. And the fact that the way different people and different groups of people were treated, some are superior and some are inferior, that was not an accident, that was not genetics or because some people were superior and inferior. That's because people chose to put those systems in place. So it's really important to factor that in.

But then what I'm also hearing, which is also super important, is also focus on the individual. So, yes, a Black person will have experienced systemic and institutional trauma, for sure, because of the way we live. But that doesn't mean that they grew up, like you say, in the ghetto and have had a terrible childhood and that their parents were in prison or whatever stereotypes people might have.

And it's something I teach in my workshops as well, really taking into account the systemic and the individual to be able to really see the person in front of you. And then, like you say, I really appreciate what you're talking about, about checking one's assumptions, one's biases, the stereotypes one might have. The same way you were talking about noticing trauma responses in oneself and triggers. It's also the same work that sometimes goes into noticing biases, noticing if we're recoiling from

someone because they look different to us and all those kinds of things. So I think that's really valuable. Everything you've spoken about today.

### **[00:23:35] Dr Patrice Douglas**

It's a system that nobody asked for. The biggest thing that I always ask people that say, 'it's over, why are we still talking about this?'. Why is news still popping up? Why are things that are obviously triggering and bringing back the past used to weaponize against communities of color? So if it's so long ago, why are we still having similar instances today? It's not over. And the more that we try to sweep it under the rug and act like it didn't happen, that's more of the uncomfortability of the community that was causing this generations ago.

So when it comes to trauma, it's uncomfortable. Nobody wants to be traumatized. So instead of acting like it didn't happen, let's address what did happen and how that's impacting, and how we can cope with that impact today. That's the biggest key. It's not going to go away, but we can cope with it so that it's this big, to something that we can manage, which can be this big.

### **Jaia Bristow**

100%. And so how do we cope with that exactly? We've talked a bit about the links between mental health and trauma. We've talked about how trauma impacts communities of color a lot more. And so now we can talk about what to do when we recognize, or how do we recognize trauma responses we spoke a little bit about and what to do with those?

### **Dr Patrice Douglas**

So you have to be honest with yourself, if you're finding yourself going back and forth about certain things that you want to do with certain people or go to certain places. Or you find yourself becoming a little bit more irritated with your family, more anger outbursts because you are in an environment most of your day that is very negative for you, you're bringing it home and you're lashing out at your friends or your family.

If you find yourself using substances to get through the day or to sleep. A lot of times, people have night terrors or insomnia, so they may use marijuana or alcohol or something to soothe, if you're using that. If you're having thoughts of, what would it be like if I wasn't here anymore? Not necessarily that you want to harm yourself, but you're fantasizing about what that would look like if you could just go to sleep and never wake up. If you find yourself isolating more or finding yourself eating more or eating less, or even when you get on social media or watching the news, you're finding your heart rate going up or you're feeling outraged or you're feeling tearful, emotional, there's something that's going on that is bringing you to this conclusion. And while, because we go through life and we're just going through the motions, sometimes we don't just sit and figure it out.

These are all things that you shouldn't be dealing with on a long-term basis. You shouldn't have to be drinking alcohol every night to go to sleep or to make the thoughts go away. You shouldn't be going home and feel like you're lashing out your family because work is a place that is very negative for you, and you're not feeling so very well, and so you have to put on a front over there, but at home you can be your most vulnerable self, which is very unhappy. If you find yourself having flashbacks of certain situations, and after you have that flashback you're not feeling so well, believe it or not, something traumatic has happened to you.



**[00:26:41]**

And that doesn't mean that something's wrong with you. It doesn't mean that you're a weak person. It doesn't mean that you're not able to survive or still be a strong individual. It just means that whatever this situation was, impacted you in a way that you can't just shake it off. Or you've been going through it for so many years it's piled on stress that at some point you've just got to address.

So it's important to talk about things that are going on with you, whether you want to talk about it with your family to get off your chest and process it. Sometimes we keep everything up here, that's creating a lot more anxiety and depression. But more than ever, it's time to go to therapy. Therapy is really helpful. We're not judging you. Sometimes there may be situations that you want to talk about, whether it's like domestic violence, it's maybe a sexual assault that happened years ago and it's coming up in your relationship in different ways, you don't really want your partner to know just yet. This is a time where you can come to therapy, and not only talk about it and let it out in a safe space, but also get the tools and the information on how to deal with these things.

We can't always erase what's happened in the past. We can't always erase what has impacted us, but we can work through it where if we do have a flashback or we are in a situation where it feels very familiar, we have techniques that can get us through that situation. Or we may think about it for a second, but it's not having the physiological response that it once did.

So pretty much what I'm saying is that you're a human being. You may be a person of color, but you're a human being. And we are only made to be so strong at certain times, and certain times we have to lean on people for support. If you feel like that's not with your family, then come see a therapist and come talk to us. If your family is saying, 'hey, something's wrong with you. You're more irritable. You're drinking more. Ever since you've been working at this job, you have changed'. Or, 'how come when we're driving you flinch a little bit?'. Or, 'when we're on outings you're looking around everywhere. It just seems like you're uncomfortable'. If it's starting to impede your life in that way, it's really time to have a conversation with a professional. And please do not take it as your family is calling you weak. They're trying to point out things that maybe you're not recognizing that are showing concern for them about you. If somebody's bringing it to your attention, it's coming out of love and not out of judgment.

So pretty much we always leave it down to go see a therapist. I know in the pandemic a lot of therapists are full. I'm definitely full right now. But if you can find the support, whether it's with your medical insurance, you can pay cash, sliding scale, there's really no bad moment or bad time to go to therapy. It's a place where you can really just be more self aware with yourself and learn how to deal with life in a healthy, safe way.

### **Jaia Bristow**

Absolutely. And you mentioned the pandemic and therapists being more full. Can we take a few minutes to talk about the impact of the pandemic, and the trauma that that can be causing on people? Because you gave a few examples at the beginning of different types of trauma but I think it's really important to acknowledge that we are still living through a global pandemic, and that is having a trauma impact on lots of people. And also how trauma works, with the more layers we have, the more it impacts us.

So for people, especially, like you say, because communities of color and Black communities have already, a lot of the time, more trauma. Not again, on an individual level, necessarily, it's not

comparing, but on a systemic level, then also how the pandemic will impact that or has been impacting that?

**[00:30:20] Dr Patrice Douglas**

Absolutely. I know people don't like to say that there are good things that have come out of the pandemic and bad things that have come out of the pandemic, because at the end of the day, we lost a lot of people to this virus. And I definitely don't think that that should ever be minimized. But what has transpired in the pandemic is a lot of awareness.

The world has been so busy about making money, going to work, making a family, being an entrepreneur, all these things, that when we had to slow down, we recognized that we were using a lot of these areas as coping skills to deal with things that we weren't ready to deal with in the inside. So a lot of couples, they had to realize that, wow, I actually am having a problem with you. I actually don't like you, and I haven't liked you for a while, but I was going to work so I only had to deal with you 2 hours out of the day. But now that I'm at home with you all the time, we're just budding heads too much. So people were learning a lot about themselves and their partners and recognizing that maybe they haven't been doing so well, but because they had a lot of distractions, they were able to cope with each other a little bit more.

You also have individuals that if they were at home by themselves, being at home 24/7 by yourself and having really not a lot of people to talk to can be very isolating. And so those negative thoughts, those depression feelings were coming in. As well as maybe you aren't hanging out with your friends as much. They told us, don't be around anybody. So phone calls and text messages kind of stopped. Outings, maybe your friends were more acquaintances that you hung out with more. Now that you didn't have those components, people were questioning where their friendships were.

And then you have the better component of the pandemic was a lot of remote work. A lot of people got to work at home, so we were able to thrive at home and be more in tune with their families and take more breaks. And for communities of color, those microaggressions, those racial tensions at work did not exist because I didn't have to walk into a space where I was uncomfortable. I didn't have to walk into a space where somebody is asking me about my head wrap, or why is my hair different or all these things that come up with, especially women of color that happened in these workplaces.

So a lot of things have transpired. And now what we're coming back to is, not only are we recognizing that we are still scared of the pandemic, about getting the virus even if we are vaccinated, or going back to work into a space where it was unhealthy and we don't know how to cope with that, or recognizing that maybe the things that we thought was important to us is not really important. It was actually harming us more than helping us. These are the things that we are having a hard time accepting. And now more than ever, we need support with.

But the medical and mental health profession is overwhelmed in a system that's really not supportive of everybody getting mental health. It's like if you can grab it, you can afford it, go ahead. Other than that, you're kind of on your own. So we're just seeing a portion of what's to come as far as everybody dealing with depression, anxiety and trauma when it relates to COVID. Whether you have COVID yourself or you knew somebody that had COVID, these are experiences that we will never forget. And even though everybody's like, are you ready to get ready for the wave of people that are going to come because of the trauma that comes with COVID? All of us will tell you that the day that we all got locked down was the day that we started feeling the effects of what the pandemic was doing.

[00:33:56]

I know for myself last year, my business boomed like 150% easily. Because everybody had time to work on themselves. Everybody was afraid of the unknown. And it was OK a little bit earlier this year, and then when everybody started getting COVID again, it felt like we were going to *deja vu*. So this is something we've been dealing with since day one, and it's going to have an effect, not only on us as an adult, but our kids are really going to have a difficult time readjusting to what they thought life was going to look like and what it looks like now.

So while we talk about COVID in a negative sense, there have been some great things that have come out of it as far as boundaries, understanding that people can work from home, that that balance is healthy, but also it can be a better, safer place for people of color to not feel like they have racial tension at work, or they're in a space where they're not accepted for who they are. And so a lot of people of color really just want to stay remote. I think that's something that has to be considered. And more research is coming out about racial tensions and why remote work for people of color is more beneficial than uncomfortable work environments, brick and mortar.

### **Jaia Bristow**

Thank you for that. And can you tell us, I think we're almost coming to an end here, but can you tell us a little bit more about your work? Because I know that you're fully booked at the moment for one-on-one sessions, but you also run, I think they're online courses, specifically around the DSM-5 and Black communities. So could you tell us a bit more about those?

### **Dr Patrice Douglas**

So of course, my practice is Empire Counseling & Consultation. I'm licensed in multiple States, so I have clients throughout the country, United States. But like I said, I'm definitely booked right now. I have a waiting list so if you're interested, you can always go to the website and get on the waiting list. But I do have a course. I have a couple of courses. I have one that's called *DSM-5 for the Culture*, and basically we are looking at the DSM-5 from a culture lens. We're not trying to shame the DSM-5. We want to utilize it because that is a tool that we need as professionals to put a name to what is going on with our clients.

But sometimes the DSM is missing some of the cultural components that may look like a hindrance, or it may be missed because it seems like they're functioning very well, but that is the actual opposite of culture standards of how they're dealing with the disorder. So we're actually going through the most popular topics or popular disorders in the DSM, and we're looking at it per community standard. So right now we are in the Black community, and we have done anxiety, depression, and what's coming up next is substance use disorders.

How it kind of works right now is that I go about 4 rounds of registrations for people to access the webinar for about 30 days, and then after that, we move on to the next disorder. And once we're done with that community, all the disorders will be available at once. And then hopefully after we're done with the Black community, we'll be moving on to either the Indigenous community or the Latinx community with respect to professionals in their community that's going to be assisting with this webinar.

So it has been very popular. It's actually been worldwide. I've had people from all over the world joining in on the webinar. And even students feel like it's really helpful just to understand some of the things that may be missed that's not on that checklist. As well as we talk about what are things that

you can ask that will give you a better assessment? And what are some things to avoid saying or asking when it comes to treating that community of color?

**[00:37:31]**

So that is called the *DSM-5 for the Culture* and you can find more information about that at [dsm5fortheculture.com](http://dsm5fortheculture.com). The next disorder, which is substitute disorders, will launch mid November. So it's coming up pretty soon. And then after that, we were probably going to trauma related disorders.

I also have another webinar that's more for the general population, it's called, *I Have Anxiety & Depression, Now What?*. And it's a pretty short webinar, I think it's 45 minutes going over what are the different types of depression? What are the different types of anxiety? How to cope with some of those things, as well as even looking at diet and activity as ways to help with that. And when do you need to see a therapist? So that webinar is available to the public. Anybody can take a look at it. You get to own that webinar. So once you download it and pay for it, it's yours for a lifetime. And that one has gotten pretty good reviews, and people really enjoy that. It's very simple and just straight to the point and very clear and concise. You can find that on my website at [patricendouglas.com](http://patricendouglas.com)

**Jaia Bristow**

Amazing. Thank you so much, Patrice. And thank you so much for the incredible work you're doing. I really appreciate it. I'm so glad you're creating these online courses and webinars on these topics that you're bringing culture to the DSM-5 because I think it's so important and thank you so much for your time today.

So can you just remind people how they can find out more about you and your work, your websites, your social media handles all of that.

**Dr Patrice Douglas**

Yeah. So if you want to see some of the infographics that I post or some of the things that I talk about like culture, because I love pop culture and combining it with mental health, you can definitely check me out on Instagram [@thepatricenicole](https://www.instagram.com/thepatricenicole). I'm on Twitter as well, [@patricendouglas](https://twitter.com/patricendouglas), as well as Facebook at [Patrice N Douglas](https://www.facebook.com/Patrice.N.Douglas).

If you're wanting to look and see some of the media things that I have done, I've been featured in a lot of publications, you can definitely check out those resources at [patricendouglas.com](http://patricendouglas.com)

And of course, if you're interested in getting on my waitlist, because unfortunately, I am booked for individual sessions, you can always check out my website [empirecounseling.net](http://empirecounseling.net)

**Jaia Bristow**

Amazing. Thank you so much, Patrice. I really appreciate it.

**Dr Patrice Douglas**

Thank you.