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EMOTIONAL LABOR: HOW GENDERED RACISM AFFECTS AFRICAN AMERICAN WOMEN WORKING IN MENTAL HEALTH CRISIS RESPONSE

Dana N. Sandoval

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EMOTIONAL LABOR: HOW GENDERED RACISM AFFECTS AFRICAN AMERICAN WOMEN WORKING IN MENTAL HEALTH CRISIS RESPONSE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Dana N. Sandoval
June 2020
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ABSTRACT

The research uses the framework of emotional labor to analyze the effect of gendered racism on mental health, physical well-being, and burn out of African American women who provide mental health crisis response. The focus on the emotional toll an African American woman experiences while dealing with clients who may respond with racist and/or sexist actions or words. Also explored are coping strategies and protective factors while managing the stressors of sexism and racism while working in a mental health crisis response. The study uses in-depth interviews to explore the lived experiences of African American/Black women. Axial coding links emerging themes of the effect of gendered racism and emotional labor on Black women working in crisis response. A post-positive and qualitative design assisted in exploring the cost of emotional labor on Black women and coping strategies used when faced with the specific triangulation of oppression, gendered racism, and crisis work. Findings are that women utilize friends and coworkers to debrief and process gendered racism on the job. Also, the majority of women interviewed cited healthy coping skills and unhealthy coping skills as a way to minimize and compartmentalize gendered racism while working.
ACKNOWLEDGEMENTS

“No black woman writer in this culture can write ‘too much’. Indeed, no woman writer can write ‘too much’… No woman has ever written enough”.

-bell hooks

So many people assisted me on this journey. It is my fondest hope that everyone knows how much their support means to me. Specifically, I would like to thank Shyra Harris, LCSW and Dr. Teresa Morris for all of your help. I leaned on your shoulder, relied on you for direction, and heeded your advice (even when I whined a little bit). You are nurturing, patient, and a perfect advisor. Thank you, Dr. Heidemann-Whitt, for your encouraging words and validation. To my school tribe, thank you for understanding me, encouraging me, and grounding me. Thank you to my mother and father, who taught me it is never too late to get an education. Most important, thank you to my husband and son. Your unconditional love humbles me, and never wavering belief that I can achieve whatever I set my mind to. And to all the Black girls and women who feel ignored, unseen, and silenced. I see you, hear you, and value what you have to say.
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CHAPTER ONE

ASSESSMENT

Introduction

This research examined the question: How do African American women manage emotional labor resulting from gendered racism expressed by persons encountered while working field-based psychiatric crisis response? The post-positive paradigm was used to analyze the research question. Covered in the literature review are topics of covert racism, defining sexism, gendered racism, and stress. The role of mental health clinicians in the context of crisis work will be defined. This study used the conceptualization of emotional labor, the theoretical framework of Black feminist thought and critical race theory for exploring the unique combined experience of sexism and racism within the working environment of African American mental health crisis workers. Lastly, this section explains the potential contribution to the field of social work to assist in acknowledging and processing the triangulation of gendered racism, emotional labor, and stress.

Research Question

This research study examines the question: How do African American women manage emotional labor resulting from gendered racism while working mental health crisis response? Crisis response is the emergency care aimed to assist people who are having a mental health crisis.
Crisis intervention assists individuals in dealing with stress reactions to events. Working in the mental health field and dealing with individuals in crisis while carrying the label of "Black" and "Female" is a daily reality that affects the physical and psychological well-being of African American women. African American women come from two, if not more, devalued and marginalized groups. Stereotypes and media-based depictions of African American women as loud, crass, domineering, confrontational, and unfeminine take an additional toll on Black women. Especially in a work environment, the "emotional demands of emotional labor has dire consequences for women of color" (Durr and Wingfield, 2011, p. 566).

Working with mental health clients in crisis needs a level of attentiveness to others that demands a high level of emotional labor. According to Horchschild (1983), emotional labor is the process of workers summoning certain feelings and ignoring others in order to provide a service. Previous studies have researched the emotional labor of call center workers, child-care providers, nurses, and teachers (Kitchingman, 2018; Durr & Wingfield, 2011).

The present research study gives a voice to African American women and perceptions of sexism and racism while working with clients in crisis. Understanding and analyzing the emotional labor that African American women in the mental health field utilize may have a profound effect on their mental health, physical well-being, and burn out. Also explored are coping
strategies and protective factors while managing the stressors of sexism and racism while working in crisis response. The goal is to give a voice to a group of marginalized individuals in a safe environment. The study will examine perceptions of perceived bias and discrimination. African American women have a history of being devalued and viewed through a lens of various stereotypes. The study applies triangulation of race, sexism, and African American women who work in mental health to empower and give a voice to a traditionally marginalized group.

There is limited research on perceived racist and sexist actions on workplace and personal lives of African American women and resulting psychological distress (Moradi & Subich, 2003; Shorter-Gooden, 2004; Szymanski & Lewis, 2016). However, the researcher found no literature focused on addressing racist clients, families, and co-workers during a mental health crisis. Based on personal experience and anecdotal evidence, there appears to be a barrier between providing mental health crisis response and accepting services from people of color, specifically, African-American women. Assisting resistive individuals due to racist and/or sexist beliefs during a mental health crisis has unique challenges for female African American mental health professionals.

Paradigm and Rationale for Chosen Paradigm

Morris (2014) defines qualitative data as using words instead of numbers to gather information on the complexity of the human condition in a
naturalistic setting. As such, a post-positive paradigm was used to capture individual self-identified African American experience of women working within crisis mental health. A post-positive and qualitative design assisted in exploring the cost of emotional labor on Black women and coping strategies used when faced with the specific triangulation of oppression, gendered racism, and crisis work.

The theoretical paradigm of post-positivism will allow the researcher to gather data and ask the question, "What is really going on here, and am I seeing it all?" (Morris, 2016). The post-positive paradigm maintains that everyone has a bias; however, steps can be taken to control it. The post-positive paradigm acknowledges that bias can shape objective reality (Morris, 2016). In order to control for bias and increase objectivity, the researcher delved into personal assumptions and experiences that may influence the construction of knowledge (Rolls & Relf, 2006). First, the researcher wrote down personal thoughts within the topic, including the experience described below. Second, during the interview and analysis process, a bracketing journal explored the way personal bias may be framing the researcher's construction of knowledge in gathering and analyzing data.

I am an African-American female who has worked as a licensed psychiatric technician for over twenty years. Although I have experienced racist or sexist situations while working, for the most part, I did not believe that my ethnicity or gender was a significant factor in my interaction with clients.
However, when I started working field-based crisis response eight years ago, the number of racial or gender-motivated experiences increased significantly. Working acute mental health crises revealed a pattern of my race and gender either helping keep me safe or hindering my ability to assist in a crisis. For example, a client and family may verbalize gratitude that a familiar looking face is a source of expertise and help. Another client may call me a derogatory name and refuse and challenge every decision made.

For instance, I had a partner that is a psychologist, African American, and female (Dr. H). We frequently had issues with race or gender while working together. One day, Dr. H and I dispatched to an intermediate school for a crisis evaluation of a young Asian male who was suicidal with a plan. His parents were resistive, although both Dr. H and I educated about involuntary hospitalization, the reasons for our decision, and the fact that he legally had to go to a hospital. Although his parents refused explanations, we continued plans to have the son involuntarily committed to a psychiatric hospital.

Once the ambulance arrived, the client started to cry, and my partner put her hand on the client's shoulder as a means of comforting him. The mother became hysterical and screamed, "Do not touch him! Get your Black hands off him!" She then physically came between her son and Dr. H and said, "You will send him [to a psychiatric hospital] over my dead body. You will have to kill me first". The husband called 911 and reported that two women were trying to kidnap his son from the school. An officer arrived, who
happened to be a White male, he listened to everyone and then told the family, "he is on an involuntary hold and needs to go." The mother then said, "okay," and handed her son to the officer. To say that my partner and I were shocked and upset is an understatement. We both did not react to the aggression and hostility of the mother. We kept a neutral face and continued with our assessment and hospitalization. However, we spent the rest of our shift processing the event. At times we laughed, and at other times we were silent in our reflection and thoughts of what took place. Personally, I was shocked, saddened, and angry about the incident. We both delayed going home to our families. Our emotional state was too heavy and we did not want to take it home with us. As a result, we went to happy hour as a way to acknowledge and cope with what just happened.

Unfortunately, I have many more instances of clients calling me a "Black Bitch" or "Nigger." Also, I have had families questioning my credentials or authority to place someone on an involuntary hold. While speaking with African American co-workers, I began to see a commonality about struggling against sexism and racism while providing crisis response. Therefore, I wanted to understand if my experiences are unique or if other women in the field have the same reality as I do. In addition, I wanted to explore how African American women coped and processed racist or gender-bias experiences while working.
Literature Review

When using a post-positive paradigm, a literature review is used to develop a theory. The post-positive paradigm does not have a hypothesis, nor needs to develop a question. Instead, the literature review assists in examining a problem focus. A focus for this literature review is covert racism, intragroup racism, and sexism. In addition, the literature review defined gendered racism, stress, and mental health crisis response in an attempt to understand terms and foster thinking and learning of the subject.

Covert Racism

America has a long and complicated history of overt forms of prejudice that has seeped into every aspect of American life. Presently, African Americans make up half of the over two million individuals that are currently in jail or prison. Black Americans are nearly six times more likely to be jailed than Whites (Kelly, 2015). Schools also demonstrate overt racism in the racial disproportionality of out-of-school suspensions of students. For African American girls, the rate of suspension is six times higher than the rate of suspension of White female students. Blake, Butler, Lewis, & Darenbourg (2011) suggest that Black girls are disciplined within the schema of stereotypes rather than any perceived violent intent.

However, less overt forms of prejudice and racism are affecting African American women consistently. Modern and covert forms of racism are called microaggressions. Sue et al. (2007) defined microaggressions as "Brief,
everyday exchanges that send denigrating messages to People of Color because they belong to a racial minority group" (p.273). Microaggressions have three defining categories: microassault, microinsult, and microinvalidation.

Microassaults are specific behaviors such as avoiding, discriminating, or name-calling to hurt a person of color. Offermann, et al., 2014 define using a racial epitaph as a blatant form of a microassault. For instance, MSNBC host Don Imus called the Rutgers University women's basketball team "nappy-headed hoes" on the air (Cooky et al., 2010). Microinsults communicate a hidden or subtle insult. For example, A person may touch a Black woman's hair and scrunch their nose and ask, "How long does it take you to do that?" Microinvalidation is a person's conscious or subconscious exclusion, denial or invisibility of a person of color's feelings, thoughts, or merely existing. A microinvalidation may be a person who says in passing, "Sometimes I forget you are Black, you are just like one of us." (Sue et al., 2017). Offermann et al., 2014 explain the wide range of microaggressions such as stated above are disturbing to a person of color, and the sometimes subtle nature of the insult leaves a person wondering of the intention of the ambiguous situation. Subtle and overt microaggressions related to the workplace can lead to a decline in morale and productiveness of the recipient (Offerman et al., 2014).
Intragroup Racism

According to Hall, Everett, Hamilton-Mason (2012), intragroup racism is a minority group holds prejudiced thoughts and behaviors toward a member of the same ethnic group. Black women can experience intragroup racism in the form of hateful comments and stereotypes from other African-Americans. Like everyone else, Black people watch television, movies and news broadcasts, and receive the same images and narratives that perpetuate stereotypes. African Americans are also a product of their environment and may see Black culture as an embarrassment, uncouth, or "ghetto." Another form of intragroup racism is to believe lighter skin and more European features on a woman make her more feminine (Hall et al., 2012).

Historically, African American communities have embraced the idea that lighter skin and European features afforded more privilege than dark-skinned African Americans. Starting during the Jim Crow era, the development of class occurred in the majority of African American communities (Clark & Anderson, 1999). In order to gain entrance into exclusive sororities, fraternities, social organizations, and to gain employment in "White spaces" such as a job as a doorman or railroad attendant, a person needed to have a lighter skin tone(Clark, et al., 2004). Today, research suggests that skin tone is still a matter of emotional and physical distress for African Americans. Studies on skin tone and hypertension reveal a positive correlation between darker skin tone and higher levels of hypertension than lighter-skinned peers.
Findings show that African Americans with darker skin tones experienced more exposure to overt and covert forms of racial discrimination than lighter-skinned African Americans (Klonoff & Landrine, 2000; Krieger, 1990). These representations of intragroup racism add another layer of stress in the daily lives of African American women. Exposure to these forms of racism can negatively affect self-esteem and racial identity.

Sexism

The Women's Movement of the 1960s and 70s demanded acknowledgment of the impact of gender discrimination and the importance of social equality on women's social status. Unfortunately, White liberationists were not able to convince African American women to demand equality and stayed mostly silent. Author hooks (1981) describes "a profound silence engendered by resignation and acceptance of one's lot" (p.1). African American women were not convinced to fight and speak up for gender equality due to the conditioning that their "Blackness" trumped their "femaleness.” However, a few African American leaders came to the forefront and spoke up for gender equality including Sojourner Truth, Anna Cooper, and Amanda Berry Smith, just to name a few (hooks, 1981).

During the civil rights movement, female voices were seldom heard. According to Davis (1981), African American female activists did not receive the same commendation and respect as men rallying for racial equality. According to the novelist, feminist, and social activist hooks, (1981), sexist
gender roles were very prominent in the African American communities in the 1960s. The author explains that the Black liberation movement at that time demonstrated a hard and fast rule that women were to play a subservient role in the Black family, raise warriors for the movement, and keep the house. hooks (1981) reported although the mission was to eradicate racial oppression, it devolved into a mission to establish African American patriarchy. hooks novel (1981), Ain't I a woman: Black women and feminism, makes the following observation:

No other group in America has had its identity socialized out of existence as have black women. We are rarely recognized as a group separate and distinct from black men, or as a present part of the larger group "women" in this culture. When black people are talked about, sexism militates against the acknowledgment of the interests of black women; when women are talked about racism militates against recognition of black female interests. When black people are talked about the focus tends to be on black men', and when women are talked about the focus tends to be on white women. (p. 7)

**Gendered Racism**

Gendered racism is a specific form of oppression that exists because of the intersectionality of race and gender. African American females experience gendered racism due to stereotypes and media perceptions of Black women
(Szymanski & Lewis, 2016). Researcher Szymanski et al. (2016) studied African American women’s views on correlations of discrimination and stress. Participants in the study where asked to analyze their experiences of discrimination and explain if they felt it was a result of their gender, ethnicity, or other social factors. Findings suggested that if the race was the precipitating factor, participants had a marked increase in stress.

Literature suggests that both racism and sexism experienced by African American women must be considered in tandem to fully gain knowledge of the unique experiences of discrimination and oppression felt by most women in this group (hooks, 1981; Moradi & Subich, 2003; Short-Goodeen, 2004). Durr and Wingfield (2008) report that over 69% of African American women experience some discrimination or bias due to their gender, and over 90% of bias was perceived to be because of racial discrimination. Researchers Jones and Shorter-Goodeen (2003), explain that African American women are most often unable to decipher which form of discrimination is most harmful or detrimental, "Stressors in the lives of African American women reflect their distinct history and socio cultural experience and position in society" (p. 209). The researchers also stress the importance of understanding that African American women's stressors differ in content and magnitude from experiences by African American males and White men and women. Researcher Shorter-Goodeen (2003), clarifies African American men may have similar sociocultural and psychological experiences as Black women. However, the status of being
male transforms their experience in America. While similar, African American men face different difficulties from the labels and stereotypes that African American women face.

**Stress**

There is a strong correlation between unfavorable mental and physical health and life stress outcomes for African American women. Researcher Hall et al. (2012), report that gender, and race-related perceived discrimination and bias contribute to a multitude of stress-related problems. The National Center for Health Statistics studied over 43,000 adults in the United States (Hall et al., 2012). According to the study, Black women are twice as likely as White women are and three times more likely than White men to experience distress in the form of loneliness, depression or restlessness within the last two weeks. Research has shown that African American mental health is poorer than non-Hispanic White women in the United States in the form of a lower sense of wellbeing and higher level of emotional distress (Griffith, Neighbors, & Jonson, 2009; Jones & Shorter-Gooden, 2003).

**Mental Health Crisis Response**

People in a mental health crisis have inundated hospital emergency rooms and police teams across the country. After President John F. Kennedy signed the Community Mental Health Act of 1963, America shifted from housing mentally ill in institutions to more tolerant community based mental health treatment programs (Saxon, Mukherjee, & Thomas, 2018).
Unfortunately, the 1980s saw tremendous budget cuts, and the people served in clinics ended up homeless and with no consistent mental health treatment. Currently, America is still experiencing a large number of mentally ill people seeking services in the community. There are not enough inpatient mental health beds to house mentally ill people in crisis. Police departments and hospital emergency rooms have an increase in assisting psychiatric patients. According to the California Health Care Almanac, between 2010 and 2015 there has been a 30% increase in inpatient hospitalizations resulting from emergency room visits (MHSA, 2018).

In response to the demands made on police and hospital resources, counties across the country have developed mental health crisis teams to meet the needs of individuals who need psychiatric assistance but cannot access services themselves. States across the country have collaborated with hospitals and law enforcement agencies to provide emergency field response to the community at large. Primarily, the state of California Welfare and Institutions Code 5150 (adult) and 5585 (child) to detain individuals who are a danger to themselves, danger to others, or are gravely disabled is what governs the work of mental health crisis workers.

**Gendered Racism in Crisis Response Work**

There is a gap in the literature about the unique emotional labor experienced by African American women in positions of crisis response. There is a deficit of research specific to the intersection of crisis work, African
American females, and gendered racism. It is the researcher’s hope to add to the literature for future social work practice within the crisis mental health response arena.

Summary

The literature review explored the definition of racism and the many forms it can take. Discussed are African American women’s response to overt and covert racism and intragroup racism. Also discussed, is the majority of the feminist movement did not include African American women within the context of sexism in America. Examined is how gendered racism, stereotypes, and assumptions about Black women affect stress. As well, a detailed explanation of the evolution of field crisis response was given.

Theoretical Orientation

This study used the conceptualization of emotional labor, the theoretical outlook of Black feminist thought and critical race theory as frameworks for exploring the unique combined experience of sexism and racism within the working environment of African American mental health crisis workers.

Emotional Labor

Hochschild (1983) coined the phrase emotional labor as a conceptual and theoretical framework for "forced effective performance that may result in negative consequences for the performer” (Hochschild, 1983 pg. 23). Jobs that require high emotional labor are proven to have decreased job satisfaction
and burnout if no coping skills are in place. While working with clients, displayed emotion that is a direct contrast to the worker’s feelings is called emotional labor. Working with clients who are in crisis demands a high level of emotional labor. This study looked at the toll of emotional labor on African American women who work in mental health crisis settings.

Critical Race Theory

Critical Race Theory (CRT) applies to social research "because it attempts to foreground race and racism in the research as well as challenge the traditional paradigms, methods, texts, and separate discourse on race, gender, and class by showing how these social constructs intersect to impact on communities of color" (Solorzano, Ceja, and Yosso, 2000, p. 63). CRT uses personal testimonies, discussion, and archives in the form of counterstories. Counterstories attempt to tell untold or different stories that challenge the views or beliefs of a dominant group. Counterstories are a safe space and place that is ideal for marginalized groups to tell their truth. (Howard-Hamilton, 2003).

Black Feminist Thought

According to Collins (2002), Black feminist thought (BFT) formulated the marginality views of an "outsider within" status. Meaning, Black women have historically been privy to dominate groups, but have traditionally been invisible and have no voice when critical dialogue happens. Black Feminist thought maintains that there is no safe place or stance for African American
women simply because there has never been one. Collin's paradigm challenges BFT "produced by Black women that clarify a standpoint of and for Black women” (Collins, 2002, p. 468).

Black Feminist Thought has a three-pronged framework that shapes the narrative of the experiences of Black women (Collins, 2002). First, that the voice of Black women will be chronicled by other African American women, regardless if the story has been documented by others. Second, BFT recognizes that every woman's story is unique. However, there are themes and intersections of experiences that many African American women share. Third, within the intersections of experience:

The diversity of class, religion, age, and sexual orientation of Black women as a group are multiple contexts from which their experiences can be revealed and understood. Black female intellectuals are to produce facts and theories about the Black female experience that will clarify a Black woman's standpoint for Black women (Collins, 2002, p. 469).

Contribution of Study to Micro and/or Macro Social Work Practice

The current study gave a voice to African American women and the perceptions of sexism and racism while working with clients in crisis. Understanding and analyzing the emotional labor that African American women expend, and the profound effects on mental health, physical well-being, and burn out. Also explored were coping strategies and protective
factors while managing the stressors of sexism and racism while providing crisis response. The study allowed a group of marginalized women to describe their perceptions of perceived bias and discrimination. Understanding the perception of how African American women cope with the triangulation of race, sexism, and working in mental health will empower and give a voice to a traditionally marginalized group.

Summary

African American women today struggle to cope with sexism, racism, and other social factors. African American women come from two if not more, devalued, and marginalized, groups and are subject to specific forms of oppression not understood or recognized by other groups. Using a post-positive paradigm allowed for the use of the theoretical orientation of emotional labor, critical race theory, and Black feminist thought to conceptualize the oppression and marginalization that African American women experience in the workplace. There is a positive correlation between stress perceived by macroaggressions and other societal factors. The current study allowed a safe space to document perceived discrimination and bias while delivering mental health crisis services.
CHAPTER TWO
ENGAGEMENT

Introduction

Chapter 2 discusses the engagement process. The post-positive paradigm calls for various types of dialogue with gatekeepers that facilitate engagement (Morris, 2014). As such, engagement with gatekeepers and participants called for specific interventions. Self-Preparation plans were a strategy utilized, defined in the context of what was needed to carry out the study. Also discussed are ethical, diversity, and political issues.

Research Site

The research project targeted participants working for both public and private mental health agencies in Southern California. Study sites include correctional facilities that provide assessment, evaluation, and treatment of inmates who are in crisis. Recruitment also included county departments that employ clinicians that work for mental health crises. County mental health crisis professionals respond with police officers or alone to provide crisis interventions in homes, schools, emergency rooms, or the community at large. Also included is a large private group home that employs an intervention counselor around the clock for group home residents who pose a risk to themselves or others.
Self-Preparation

Self-preparation started with a thorough review of the literature. The researcher created a comprehensive list of interview questions. Two separate journals assisted in analyzing data and controlling bias; one journal for personal observations, thoughts, and ideas and a separate journal to gather observations of interviewees, themes that emerged, and the language used by participants. The literature review was on emotional labor, the theoretical framework of Black feminist thought and critical race theory as frameworks for exploring the unique combined experience of sexism and racism within the working environment of African American mental health crisis workers.

The study involves detailed interviews with African American women that explored and uncovered deep-seated emotions, thoughts, coping skills, and motivation. The researcher used mock interviews with colleagues to develop an appropriate interaction style with participants. As such, viewing YouTube videos strengthened interview skills in preparation to collect data.

Bracketing of the researchers’ own story was done to acknowledge and set aside personal bias and assumptions. Writing down personal lived experiences of gendered racism allowed the researcher to first, become aware of her own expectations and experiences. Moreover, to acknowledge personal bias and to ensure objectivity and neutrality while developing interview questions.
Diversity Issues

Interlocking issues of sexism, racism, and oppression have resulted in African American women consistently overlooked, ignored, or silenced in American society. Allowing African American women a platform to tell lived stories adds depth and complexity to future literature and research. The researcher was mindful that differences in cultural norms, age, gender, and socio-class were present. In order to understand who the participant is in terms of ethnic identity, professional discipline, and work history, bracketing assisted as a means of acknowledging the individuality of participants.

Ethical Issues

Deductive disclosure or internal confidentiality is when attributes or language used by participants can be identifiable in a research study (Kaiser, 2009). Confidentiality was ethically crucial as the data collected for this study had the potential to cause deductive disclosure, given that several of the participants do work for the same or associated agencies. Consideration of the target audience for the study was needed to reason if data could potentially identify participants by shared accounts. In order to make participants unidentifiable, the researcher made sure that the names of participants were not linked with data gathered. An pseudonym was used to protect participants’ identity. All documentation was under the alias name. In addition, all records were locked in a cabinet, and only the researcher had possession of the key. Another approach was that participants were invited to review transcripts after
interviews and to omit sections that they did not want to be shared or to clarify the meaning of things shared.

Informed consent was the best way to observe ethical research principles. Much the same as a therapist advising a client of limits of confidentiality, the interview process continually practiced informed consent, evaluated, and prioritized the privacy and confidentiality of participants. Also, it was essential to respect each participant's time and listen intently to ensure the ethical treatment of all participants. The engagement phase of the study set the tone of maintaining morale and ethical values.

Political Issues

African American women’s perception of gendered racism is a complex issue within the majority community. The researcher explored the individual, sociocultural framework, and experiences of participants. For example, participants had different perspectives on what identifies gendered racism and what it means to be considered African American. Case in point, some participants did not believe being called "baby/honey/bitch" by a client or family members is sexist.

Furthermore, a few participants are bi-racial and consider themselves African-American/Black yet still identify as "other." As such, it was a challenge to use language, ideas, concepts that honored individual participant belief systems. The engagement process had to be executed in a way not to alienate and offend participants involved. One way of doing this was to ask
specific questions at the beginning of the interview to establish language and labels the participant was comfortable in using.

The Role of Technology in Engagement

Technology played a vital role in the engagement process. Email and text were used to contact the gatekeepers of participants (See Appendix C). A detailed email or text was sent out explaining the purpose of the project and expected deadlines for interviews. Participants had an option of face to face or telephone interviews. Four participants opted for face-to-face interviews, one preferred to use FaceTime technology, and the rest opted for phone interviews. The researcher used text messages to remind participants about scheduled meetings. Participants who preferred phone or FaceTime interview faxed or scanned/emailed written consents to the researcher. In addition, participants received thank you cards via email to those who chose phone or FaceTime interview formats.

Summary

Due to using the post-positive paradigm, the engagement process began with personalized emails and texts to the gatekeepers of participants. As a means of self-preparation, detailed notes in the form of journal entries were utilized to prepare the researcher for tasks and observations. Chapter two looks at how diversity, ethical, political issues may produce barriers to the
research process and provide thoughts on strategies to overcome barriers.

Last discussed is the role of technology in the engagement process.
CHAPTER THREE
IMPLEMENTATION

Introduction
This section looks at how a post-positive paradigm focuses on gathering qualitative data. First examined is the implementation of the research study. This section focuses on how the researcher engaged, interviewed, and followed up with participants. Next is an explanation of the selection process and the specific criteria of participants. Also discussed is the working environment of participants. This chapter provides detail of data gathering methods that aligns with a post-positive paradigm. Then considered are the phases of data gathering. Also discussed is the method for communicating findings and the dissemination and termination plan.

Study Participants
A post-positive paradigm was used to capture individual self-identified African American women’s experience of working within crisis mental health. Participants for this study will have the distinction of providing mental health crisis response to clients and their families. Duties include crisis intervention, assessment of targeted school violence, Welfare and Institutions code 5150 and 5585 assessments, and mental health consultations. "Welfare and Institutions Codes (WIC) 5150 for adults and 5585 for minors state that suspected mentally disordered persons who pose a danger to themselves or"
others, or are gravely disabled, may be taken into custody and placed in a county-approved psychiatric facility for 72 hours of evaluation and treatment” (5150 Training, n.d.).

Although the targeted area of Southern California is a diverse geographical area, there is a relatively small number of African American women providing emergency mental health services in this locale. The narrow criteria for participation resulted in interviews with eleven women. Participants’ disciplines included seven Licensed Psychiatric Social Workers, one Licensed Marriage and Family Therapist, two Licensed Psychologists, and one paraprofessional crisis intervention counselor.

Selection of Participants

In order to provide the best sampling of qualitative analysis, the project used purposive sampling. A post-positive paradigm assumes that rigorous qualitative analysis is needed to verify objective reality. Purposive sampling allowed for careful selecting of participants who will contribute the most fruitful data. Chain Sampling and Snowball sampling after initial interviews were utilized to reach more women who meet the specific criteria for the research project (Morris, 2013). According to Patton (2002), criterion sampling uses pre-determined criteria for a comprehensive understanding of a particular characteristic of the population. Therefore, criterion sampling was utilized to identify women that can provide lived experiences of gendered racism while working mental health crisis response.
Due to the relatively small sample size of African American women working in emergency mental health response services, the researcher used word of mouth, networking at mandatory countywide meetings, and texting or emailing gatekeepers to garner interest. The first step was to email, phone, or text potential participants. Eighteen potential participants were identified as a match by gatekeepers and sent further information. The researcher identified eight African American women who met the criteria for the study. Early participants identified friends or associates as potential participants. Eventually, through word of mouth and referrals, eleven interviews were conducted.

Data Gathering

The researcher used a post-positive paradigm and as such, needed to gather data in a naturalistic setting by interviewing women to gather qualitative data (Morris, 2014). The researcher used active listening, engaging individuals, and putting participants at ease during interviews. A confident, natural, respectful, and sincere manner was cultivated to respond to the intimate and sensitive nature of the research project. To build rapport and comfort in the engagement stage, throw away questions were asked such as "Where do you work and how long have you been there?" and "What makes you come to work every day?" After the initial interviews, the researcher formulated and changed in-depth questions to reflect candid answers, responses, and language. (Please see Appendix A).
Phases of Data Collection

The first phase of data gathering was a preliminary phone interview to determine if a potential participant qualified for the study. Questions such as Do you identify as Black or African American? Where do you work? What are your duties? If a participant qualified, the researcher then asked if they were willing to meet face-to-face/FaceTime/telephone to interview. Due to the intimate and potentially emotional responses, it was essential for participants to pick a place that was comfortable for them to be candid in responses. Suggested meeting places were coffee shops, individual homes, private offices, and libraries. Participants selected the location and a time that was convenient for them unless otherwise asked for suggestions. Computer applications such as FaceTime were used to conduct personal interviews when travel and proximity to meet was an issue for the participant, i.e., where it was not practical to meet participants face-to-face. Telephone interviews were available as well. These arrangements were all set up in the first phase by phone or by email.

The second phase was the interview. In the initial stage, participants received an email, a detailed explanation of the study, potential risks, and a sample of questions to be asked [see appendix A]. Before the interview began, consent forms were gathered or signed [please see appendix B]. Also accomplished was a quick review of the limits to confidentiality and a review of consent forms. Putting participants at ease was a high priority. The researcher
started each interview with throwaway questions such as demographic and other benign questions to build rapport and to begin the engagement process. In order to develop focus and understanding of perceptions of gendered racism in the workplace, descriptive, structured, and contrast questions were formulated. At specific points of the interview, emotional checks were done, such as, "Are you okay to continue?" or "Please let me know if you need a break." No participant chose to take a break or verbalized discomfort.

The third phase of data gathering focused on providing a safe and encouraging environment to speak freely of lived experiences. After establishing the engagement stage, the researcher asked essential probing questions. The primary challenge was to redirect an interviewee after allowing time to vent or elaborate on subjects unrelated to the study. In response to occurrences of excessive emphasis on additional topics, the researcher redirected the discussion back on track to discouraged tangents and gently guided the participant to keep the interview focused on the topic of the study.

Data Recording

Participants were advised that the interviews were to be recorded. If participants declined to be recorded, the researcher was equipped to write notes during the interview. All participants agreed to be voice recorded. The researcher reviewed signed consent with the participant before the interview started to ensure that both interviewer and interviewee are both in agreement regarding the consent to record. Audio conversations were preferable as
transcripts were developed from recordings to allow for accuracy. After each interview, a journal entry was made and kept to capture immediate feelings, thoughts, concerns, and general reflections of each discussion. Another journal was utilized to explore critical phrases or ideas that were brought up during the interview. An ongoing literature review allowed for better questions and data collection. The continuance to adjust questions and focus on emerging themes in the literature discussed during interviews allowed for increasingly successful interviews.

Data Analysis Procedures

This research project used a post-positivist paradigm to analyze data. Therefore, data analysis began in the data collection process. In the early stage of interviews, microanalysis and bracketing were conducted to ensure that the researcher was open to accepting all interpretations of what gendered racism and emotional labor look like for participants (Morris, 2014). An open mind was needed when reviewing data to develop accurate theories and concepts. Immediately following the interview, the researcher wrote down observations, concerns, questions, and feelings. Journal entries were used to refine and alter the next round of interviews, and the process started over again with further journal entries.

A "bottom-up approach" of qualitative analysis explored the effect of gendered racism and emotional labor for African American women. As stated earlier, open coding was an ongoing process during the interview process.
During the last stages of the interview process, axial coding linked emerging themes of the effects of gendered racism and emotional labor on Black women working in crisis response. Experiences explored are the perception of discrimination while working. Morris (2014) stresses, "strategies for developing the theory by identifying the core category and articulating its integration of categories." The researcher used journal entries to look for patterns and themes that made up core categories. The researcher used the journals and transcripts to develop a theory to explain the unique experiences and coping strategies of African American women working crisis response.

The final step of data analysis was to make a final statement about the research question. The primary purpose of the research study was to link findings to the broader social work observations of human interactions. The current research project was interconnected with micro and macro levels of human interaction. The study allowed the researcher to assess and make a statement of the effects of gendered racism on African American women and how emotional labor and stress are conceptualized. On a macro level, a statement can be made on interventions and coping strategies that organizations can implement to assist in decreasing emotional labor and stress on women working in the specific field of mental health crisis work.

Communicating Findings to Study Site and Study Participants

Research findings will be available to all participants, mental health crises response providers in Southern California, and other agencies in the
field of health and human services which provide mental health care in the immediate area. An informal presentation will be done at a mental health conference or professional association meeting. Participants in the interviewing process will be emailed with instructions to access published research findings.

Termination and Follow Up

Although the study was conducted in one of the largest cities in the nation, the mental health community is relatively small. Especially for African American clinicians, the circle of colleagues, acquaintances, and friends is modest at best. Since the researcher works within the small community of African American mental health clinicians, it is vital to have a definite termination and follow up plan. Due to the small sample size of interviewees, a personal email was sent to each participant thanking them for their contribution and encouraging them to contact the researcher with any further questions or concerns about the final research project. The researcher’s hope is the addition to the literature will inspire a continued support system for African American women providing crisis work in mental health. Informal follow-up conversation will be conducted through staff training and professional contacts.
Communication of Findings and Dissemination Plan

The researcher hopes recognition and understanding of the unique perceptions of gendered racism while operating under the label “Black and female” will use findings. Expectantly, this research will be incorporated into new evidence for culturally competent social work practice. It is crucial for African American women who are mental health providers to explore gender and race as it relates to discriminatory actions while providing mental health crisis response. Understanding triggers, stressors, and multigenerational factors of perceived biases can allow Black clinicians to provide therapeutic coping skills and prevention strategies to mitigate gendered racism at work.

Summary

This chapter focuses on the implementation of the post-positive paradigm. The chapter explained the specific criteria for participants and a detailed explanation of the work environment of participants. Data was gathered by audio recording and journal entries on language, tone, and comfort level of the participants. Data sets were analyzed using a "bottom-up" approach. Termination and follow up was done with the research participants. The researcher discusses a dissemination plan of sharing findings with participants as well as giving a presentation for crisis mental health staff in the region.
CHAPTER FOUR
EVALUATION

Introduction

This chapter focuses on analyzing and interpreting qualitative data that answered the question: How do African American women manage emotional labor resulting from gendered racism while working on mental health crisis response? Discussed will be emerging themes regarding the coping and resilience of African American women and the effect of gendered racism while providing crisis services to the community at large. Also discussed are the implications for micro and macro social work practice. The chapter will consider the responses of interviewee’s seven survey questions (Table 1).

Table1. Interviewee’s Pseudonym to Protect Privacy.

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Education</th>
<th>Place of Employment (Crisis Response)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple</td>
<td>B.A. Psychology</td>
<td>Crisis Intervention Counselor-Residential Youth Center</td>
</tr>
<tr>
<td>B</td>
<td>LCSW</td>
<td>Mobile Crisis Response for large Department of Mental Health</td>
</tr>
<tr>
<td>Jessica</td>
<td>LMFT</td>
<td>Crisis Intervention for a large network of hospitals</td>
</tr>
<tr>
<td>Victoria</td>
<td>MSW</td>
<td>Crisis Intervention Therapist-Residential Youth Center</td>
</tr>
<tr>
<td>Harper</td>
<td>MSW &amp; PsyD</td>
<td>Mobile Crisis Response for large Department of Mental Health</td>
</tr>
<tr>
<td>Anne</td>
<td>LCSW</td>
<td>Police Mobile Mental Health Crisis Team</td>
</tr>
<tr>
<td>Stephanie</td>
<td>LCSW &amp; PsyD</td>
<td>Mobile Crisis Response for large Department of Mental Health</td>
</tr>
<tr>
<td>Zoe</td>
<td>PsyD</td>
<td>Provide Crisis Response for Youth Detention Center</td>
</tr>
<tr>
<td>Melody</td>
<td>LCSW</td>
<td>Mobile Crisis Response for large Department of Mental Health</td>
</tr>
<tr>
<td>Mary</td>
<td>LCSW</td>
<td>Police Mobile Mental Health Crisis Team</td>
</tr>
<tr>
<td>Nubian Bree</td>
<td>LCSW</td>
<td>Mobile Crisis Response for large Department of Mental Health</td>
</tr>
</tbody>
</table>

Note. Bachelor of Arts (B.A.), Master of Social Work (MSW), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Doctor of Psychology (Psy.D)
Data Analysis

Results of Research Question

RQ1: Do You Enjoy Your Job? /What Makes You Come Back Every Day?

Over 60% of participants reported that the primary motivation for doing crisis work is to help mentally ill individuals. Harper, who provides field-based mobile crisis services, explained, "I think what I enjoy most is that you really have the opportunity to help people who are struggling and in crisis." Stephanie, who is a supervisor for a field-based crisis service, stated, "I personally have a passion for the severely mentally ill population because I feel like they're the most marginalized." Nubian Bree expressed her motivation for working crisis response, "helping people, helping families, saving lives."

Half of the participants cited the fast-pace and spontaneity of crisis response as the reason they come to work every day. Five out of eleven respondents stated, "Every day is different." Twenty-five percent of the participants shared the importance of supporting co-workers. Zoe explains her motivation, "I'm on a team, and so what makes me come in versus calling out sick or a mental health day is thinking of not leaving my team hanging." Harper considers her partner the reason she can do crisis work, "Often times I feel like I'm working with my best friend, so that makes it worthwhile".
RQ2: Have You Ever Been Called A Racial Slur While Providing Crisis Response?

Over 90% of participants have been called a racial slur while working mental health crisis response. One respondent, B, who works mobile psychiatric crisis response, reported, "She called me a nigger bitch…she kept repeating it over and over". While Harper, who also provided mobile psychiatric crisis response, stated, "She’s yelling across the street, 'nigger! Filthy nigger!' and I mean at the top of her lungs". A few participants, 27%, believe being called a racial slur was better than being physically hurt. Stephanie explained, "I've been chased and spit on and had my hair pulled and attacked. So like, people calling me names is probably the least of my worries". Jessica observed, "I get called a Black bitch a lot… I'm more concerned with my physical safety". It should be noted that the sole participant who has not experienced being called a racial slur at work, sees a person in crisis one time a week versus the majority of participants who see clients in crisis more than 50% of the workday.

RQ3: Have You Ever Felt Your Professionalism Was Questioned Or Been Asked For Credentials/Your Discipline?

Over 90% of interviewees provided examples of individuals in the community or co-workers that questioned professionalism. Commonly, the family of a person in crisis provided the most resistance. Apple, a supervisor at a residential treatment facility, had a parent question her intervention with her daughter, "Are you a nurse?" Mary explains:
I'll get parents who don't understand mental health and they will be 'Oh hell no! You are not a doctor, they said a doctor will be here' You know, a lot of the time, my skill level will be questioned and they wonder if I really do have the ability to help them.

Harper, who has a PsyD and an MSW stated, "A supervisor came up to me and said 'What are you, a community worker'?"; Harper provided another noteworthy example "Our Program Head came to the office one day….and asked 'Oh, are you our new ITC'?". Harper expounded upon her experiences with coworkers' assumptions about her discipline.

I oftentimes wonder what information [they] used to make that type of determination. Cause you don't know me, you haven't spoken to me. I can only assume that you use my ethnicity and perhaps even my gender because I don't know if he would have said the same thing to an African American male.

**RQ4: Have You Ever Been Called a Sexual Slur While Providing a Crisis Response?**

Over 60% of participants have experienced gendered slurs while providing crisis interventions. Stephanie reported, "Oh yeah. Bitch a lot. Yeah. All the time," and Mary stated, "They'll be like, 'fuck you, bitch! You stank ass, hoe!'". Interestingly, 42% of the women who have been called sexual slurs gave

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1 A community worker is a paraprofessional position that requires a high school diploma.  
2 Intermediate typist clerk  
3 Supervisor
examples that are both racist and sexist. Mary stated, "they're calling me, you
know, 'you nigger bitch.'" Nubian Bree, who provided examples while working in
the jail setting, "I had one lady, whenever I came to her door, she would say 'get
away from my door you Black bitch! You can't help me stupid".

RQ5: Have You Ever Been Discriminated Against by African
American Clients or Family During a Crisis Response?

Participant's responses to discrimination by other African Americans were
decidedly mixed. Approximately 50% of the participants agreed that African
Americans have discriminated against them. Zoe, a psychologist who works
crisis within a youth detention center, reports her clients' families have said things
like, 'Oh, you're a traitor. How could you do this to your own people?'." B, who
works on a police team, "sometimes I will get Black people looking at me and
shaking their heads because I am working with police," and Apple said,
"Sometimes we have a tendency not to trust ourselves." Nubian Bree recalled an
incident of assisting a woman onto an ambulance for a 5150 hold, "She was
screaming and yelling, 'You did this!, you Black bitch!, I can't believe you! How
could you do this to another Black woman!?'

It is interesting to note that 4 out of 11 respondents who denied gendered
racism while performing crisis response did make the distinction of an incidence
of gendered racism in their private life. Ann explained, "Um, to be honest, I don't
feel like I've had a lot of that in the work setting at all. Okay, in regular life, yes.
But not at work", while Jessica reflected "Not in the work setting," and Victoria reported "No. Not on a professional level".

RQ6: Has Your Ethnicity Helped You While Providing Crisis Response?

It is noteworthy that 100% of respondents believe their race has helped them while providing crisis response. Mary explained, "I can quickly establish rapport," and Jessica reported, "When you are working with people who look like you, they know that most of the time, our intentions are good." Over 27% of interviewees reported they view their ethnicity as an instrument while working.

For example, Mary said, "I sometimes feel my natural state of being is a tool. Let's face it. Office Mary isn't going to work". Nubian Bree stated, "In the jail, I was like, a bonus. Many people looked for me in a crisis situation because it just helped that I looked like the person who needed help."

It is essential to highlight that 36% of respondents underscored the belief that their race helps any person of color who is in crisis. Anne, who speaks some Spanish, "Sometimes when I'm working with Hispanic clients…it helps me join with them. The fact that you're not Hispanic, but you attempt to speak Spanish, it almost makes them feel, like, more happy". Another respondent, Stephanie, shares the importance of aligning with ethnic clients, "It is good with any family of color. It is helpful when another person of color shows up". Apple made a statement about working with individuals in crisis:
I know this may sound kind of crazy, but I feel like we⁴ seem to work better with this population⁵ than others. [Maybe] because we are strong and we've had to endure a lot; we didn't have a choice to quit or fold and give up.

**RQ7: What Coping Skills Do You Use When You Feel Mistreated Or Disrespected By A Client Or Family Of A Client?**

Every respondent identified coping skills as a tool to lessen the emotional toll of perceived gendered racism. Participants identified talking about events with co-workers, family, or friends as a way to cope. B, who is a supervisor in the jail setting, stated, "I vent to my partner." Jessica explained, "I call co-workers to sort of validate me," and Ann revealed, "I probably ranted to my husband...I definitely ranted to him cause he will be like 'WHAT?' And then I'll be like 'yeah'...it makes me feel all like, you know, someone's got my back."

The majority, 60%, stated that grounding techniques help manage gendered racism on the job. Victoria explained, "I take a pause," while Jessica said, "I take a deep breath." More than 50% of the respondents cite spirituality as a skill to cope with stressful situations at work. Twenty-seven percent of women highlighted the importance of healthy eating, having a routine, and working out as a means to de-stress. Thirty-six percent of women use laughter and humor to deal with gendered racism while working on a mental health crisis. Stephanie

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⁴ African American women  
⁵ Individuals in mental health crisis
explains, "I've laughed every single time because it\(^6\) is just so shocking." Just under 40% of women contribute clear boundaries as a means of coping skills. Zoe explains, "I have good boundaries. I refuse to take this home with me."

Over 75% of respondents admitted to unhealthy coping skills. Overeating was the most common coping tool at 54%, with overdrinking as the second most common at 45%. Mary observed, "It's always after a cluster\(^7\). I don't know why…I want a steak or a burger. Or I'll go home, and I'll have some wine, and I will be like, 'oh. I deserve this. It's been a crazy day.'" Zoe, who works at a Youth Correctional Facility, identified nightly marijuana use, "I'll smoke weed at the end of the night…because if I don't, I'll be just like completely wrapped tight."

Approximately 20% of participants cited shopping as a way to cope. Nubian Bree explains, "I use a lot of retail therapy…I will reward myself after a call with something. Let's shop." Another 36% reported rationalizing and intellectualization as a means to cope with gendered racism that comes from clients. B explains, "I have told myself mental health is genetic, and the person\(^8\) is just upset because they don't know better." Nubian Bree explains, "I just see people for the sick person that they are and try not to internalize what they're saying but in the moment…it definitely does sting". Mary observed, "Carrying around the emotions of a psychotic person calling me out of my name is not worth carrying or being emotional about."

\(^6\) Incident of racist or sexist slur.  
\(^7\) A bad incident while working mobile health crisis response.  
\(^8\) Individual or family member experiencing a psychiatric emergency.
RQ8: What Could Your Job Do Differently To Assist You in dealing With Gendered Racism By Clients Or Families In Crisis?

All participants believe that their place of employment could actively assist in dealing with gendered racism while working. Forty percent of interviewees believe that a supportive, empathic, and understanding supervisor can help in coping with gendered racism. Jessica, who provides psychiatric evaluations in the hospital setting, stated, "Let your worker know that you support them in their decisions. Just be more supportive." Anne, who works for a police mental health response unit, suggested, "Supervisors that are willing to back up clinicians; just be more supportive." Debriefing with staff after an incident was cited by over 20% of respondents as a means of support. B reported, "debrief and talk more about the importance of self-care."

More than 50% of interviewees cited culturally sensitive training of staff as a means to confront gendered racism by co-workers. According to 20% of respondents, Human Resources should be more involved when it comes to gendered racism in the workplace. Harper commented, "Follow through on staff who are racially insensitive," and Nubian Bree said, "there should be some type of penalty for co-workers who are blatantly biased or racist." The same number, 20%, suggested Human Organizations that provide crisis response need to hire more clinicians of color. B responded, "I wish it would be more Black women doing this work...just Black people in general."
Additional Themes

Additional information gleaned from the interviews can provide a more comprehensive view of the data. It is vital to delve into lived experiences by African American women as a means to understand the emotional toll mental health crisis work demands. This research explores environmental, cultural, and social factors participants added. The data introduced various themes that will be addressed in this section, including:

- The additional toll of emotional labor
- Resilience
- Skin tones of respondents
- Socioeconomic status/geographical location
- Ageism
- Stereotypes

The Additional Toll of Emotional Labor

Over 90% have experienced negative emotions during incidents of gendered racism at work. Anne admits, "I get super upset. Like my neck gets hot." Mary spoke of her experiences, "I feel diminished. Like everything that I worked, for...it doesn't count." Victoria also talked about her emotions after a covertly racial incident with a co-worker, "I did my cry. I literally did my crying in my office" (personal communication, July 21, 2019). Zoe explained her feelings, "I internalize a lot of times." Nubian Bree talked about her lack of feelings after working crisis services for over ten years, "I can't say I have become
desensitized, but the sting is no longer there...I mean, it does make me feel some type of way, but does it bother me as much as it once did? No, not as much."

B, who is a supervisor in the jail system, reflected on suppressing her emotions while working with a problematic White female subordinate: "I prepare myself mentally….that my emotions do not match hers. I remain neutral the entire time. I need to remain professional because I don't want that image…I could be categorized as the angry Black female". Nubian Bree spoke of her experience working as an acting supervisor for a mobile crisis team. She identified a White female who was especially difficult while she was in charge,

She had an angry outburst, was yelling and screaming in the office…I told her to stop, not even in an aggressive tone, but later I was told that I was unprofessional for telling her to stop, it is a bunch of bullshit. I felt like; I can't win. People are so ignorant and so determined to protect the 'little ol' White lady.' It is layered and difficult; no one acknowledges it or understands. But it's there.

Resilience

Five out of eleven women spoke about their ability to stay calm while facing overt racism while providing crisis response. Mary reports, "My partners will say that I get like this calmness, but that's just me managing my emotions." Harper talked about how she emotionally removes herself while the incident is happening, "I really go to another place, like, a safer place." B, who works in a jail setting, stated, "I do try and remain calm and act like this is not bothering me."
Jessica spoke on her experience of regulating her emotions, "Usually I just remain calm...it can be uncomfortable...I kind of take it in stride because I know how it is...it becomes less about the crisis and more about who I am as a person."

Over 45% of women do not allow racially or gender-motivated incidents to affect their job. Apple explains that gendered racism on the job motivates her: "That made me want to do my job even more. You will never look at me and say, you can't do your job because of the color of your skin." Jessica talked about her knowledge and expertise helping when family or clients question her professionalism, "At this point, I know what my qualifications are, I know what I've been called in here to do." Mary explains how she is able to do her job when she feels mistreated or disrespected,

Because of my own trauma and how I grew up, I have this ability to compartmentalize; I'm able to shut off one door and open another and then close off one part and then open another...I don't know why. That's just how I manage my emotions.

**Skin Tone**

Over 55% of respondents commented on skin tone during interviews. Four of the women reported they are of a lighter complexion, and people's perception of them being perhaps of mixed race may be a factor. Anne explained, "I'm Black, I'm not dark, super dark or anything...so sometimes people think that I'm
mixed. I think that has been to my advantage." Stephanie, who is of African American and Spanish ancestry, made an observation.

I am a light skin Black person with a kind of ambiguous look to some people…I think there is something to be said about the perception of other people in terms of colorism…So I definitely recognized that I'm treated differently than my dark-skinned co-workers when they go out and engage and participate in crisis intervention or are interacting with family members, they receive much more discrimination than I do.

Nubian Bree, described providing crisis response, and a mother of a client was transfixed with her skin tone. The mother approached Bree, "she grabbed my face and said,' Oh My God! You're beautiful. I mean, you're so Black. But you are beautiful.' She kept repeating this all the while holding my face."

**Socioeconomic/Geographical Location**

Almost 50% of respondents talked of resistance while providing services in a higher socioeconomic location. Three of the six cited Orange County, an area of Southern California that is known for its higher socioeconomic status, as a difficult place to provide crisis intervention as a Black woman. Jessica explained, "In Orange County…I felt it was a more of 'are you qualified to be here?'…I have had families say 'anybody but you; There has to be someone else'". Nubian Bree gave an account of a crisis call that involved a mother seeking services for her son, "they were from Orange County, the mother came
out asking 'What are your backgrounds?...You could tell she was disappointed.' 
Anne detailed, "When I was in Orange County doing CAT\textsuperscript{9}, I would get all the time 'who are you?'. It happened more often when you would go to, like, the higher socioeconomic areas. Yeah. All the time."

**Ageism**

Although this research did not ask questions about age, 45% of respondents believe looking young is another layer or barrier to providing crisis mental health services. For instance, Jessica commented, "People are looking for reasons to discredit you and your qualifications. I think it has to do with my looking younger than I am. I think it has to do with being only 5'3". I think when I walk into a room; people make assumptions based on all those things." Victoria responded, "I was discriminated against because of my age. This man said I'm not talking to nobody who's as young as my daughter." Stephanie, who is a supervisor for a court-mandated mobile response team, stated, "I'm a small Black woman, and I look young...it happens quite regularly that I go out with my team and they don't think I'm the lead or the supervisor."

One respondent described her experiences of looking young. Zoe works for a Youth Correctional Facility where all clinical staff is called Doctor if they are a PsyD or Ph.D. Zoe reports that she rarely gets addressed as Doctor Zoe among co-workers or clients, "literally. I will be next to a co-worker, and another worker will come up and say 'Hi Dr. Susan, Hey Zoe.' She experiences

\textsuperscript{9} Orange County 24-hour Mobile Crisis Assessment Team
resistance from people whom she has corrected several times to call her Dr. Zoe. She observed,

Is this like a racism thing? Or like a stereotype? Or is this like me just not advocating for myself? Or using my voice? Because I do feel really young, and I do feel sometimes people look at me as a child versus like an adult.

**Stereotypes**

A substantial number of women interviewed voiced concerns about being perceived by a stereotype while working crisis response. A common theme was "angry Black women." Over 70% provided some comments or responses that explored a stereotype. B provided an example, "If I respond with anger or frustration, I could be categorized as the angry Black women." Another interviewee Jessica gives her account,

When I say it[^10], it's threatening, demanding, and hostile. It's 'angry Black women,' but when someone else says the exact same thing, even if they hit a desk hard in frustration, even if they raise their voice, it's not perceived in the same manner.

Zoe also reports moderating her responses while working due to "I always feel like I gotta pick my battles... then it becomes like, now you're being Black. You're the 'angry Black women.'" Harper described how she is aware that her gender and race affect everything she does, "when I walk down the street, you

[^10]: Say something that is bothering her to a supervisor.
see an African American female…you make whatever judgments you make.”
Nubian Bree explained how she turns a positive spin on people's assumptions about her. However, she does say it comes at a cost.

It's always at the forefront of my mind…I don't want to be seen as the hypersensitive Black woman. I'm trying to give people what they don't expect…I let them see something beyond what they see in the media or what they've encountered…today they are going to get some Black girl magic, some Black excellence…but that's a heavy burden as well.

Data Interpretation

Co-Worker Bias

It was surprising to this researcher that 5 out of 10 interviewees spoke of incidents of co-workers’ or supervisors' racist/sexist bias in the work setting. Responses include co-workers who refuse to address the individual with the honorific of Doctors, supervisors who mistake individuals as paraprofessional staff, and difficult co-workers who complained to higher-ups that she is "angry" and/or difficult. The majority of respondents reported that they tempered their responses or made sure to remain calm and unaffected to combat co-worker or supervisor bias or racism. This finding is consistent with a study done by Rattan & Dweck (2018) that illustrates when women or minorities are confronted with overt prejudice in the workplace, two immediate responses happen; the worker confronts the prejudice or remains silent.
The present study has a mixture of both confrontation and silence. The study by Rattan & Dwek (2018) shows that when a participant had a confrontational style, "they exhibited a more positive outlook.....and because of this positive outlook, experiences of everyday prejudice were less undermining to belonging and workplace satisfaction." (p. 683). This study supports several respondents' reports of a silent response of "letting it go" or "I remove myself from the situation." Confrontational responses included "I use this time to educate them" or, "I told her to stop."

**Gendered Racism**

A little over half, 6 out of 11 of participants, described incidents that were racist and sexist in tandem. The majority of women have been called either a 'Nigger bitch,' 'Black bitch,' or similar. Most slurs had a racial and sexist component to it, revealing a pattern of being called not only a racial slur but a sexist slur as well. This finding is consistent with research from several scholars (hooks, 1981; Maradi & Subich, 2003; Shorter-Gooden, 2004) that report racial and gender insults in tandem, make it difficult, if not impossible, to tease out if the incident is racially or sexually motivated. According to researchers, Jones and Shorter-Gooden (2003), African American women are often unable to decipher which form of discrimination is the most harmful or detrimental. However, an article by Durr and Wingfield (2008) found that over 90% of women believed that if perceived racial discrimination was the root cause of an incident of gendered racism, it was perceived as more hurtful.
It should also be noted that several respondents talked of incidents of other African Americans, calling them a 'Black bitch' or 'Nigger' during a crisis response. Over 55% openly discussed their views on how skin tone may have an immediate effect. Respondents acknowledged that their lighter skin tone had helped them to receive better treatment while providing crisis response in the community. These observations add another layer of how skin tone can affect hostility from clients and their families. These findings are consistent with Clark et al. (2004) study of the privilege of lighter skin and European features that can afford individuals navigating in "White spaces." This finding is also consistent with Klonoff & Landrine (2000) and Krieger (1990) study that shows darker-skinned African Americans have higher levels of hypertension in comparison to their lighter skin peers. This study shows a perception of darker skin receiving worse treatment and more incidents of gendered racist responses. Prior research substantiates the claim of elevated stress and anxiety that after long-term exposure can lead to emotional distress and physical ailments such as hypertension and increased risk for depression (Klonoff & Landrine, 2000; Krieger, 1990).

**Emotional Labor**

Respondents, 9 out of 11, admitted to negative emotions when confronted with gendered racism while providing crisis response. A significant theme was the suppression of emotions or silencing themselves so as not to be seen as "the angry Black women." Respondents (6 out of 11) described efforts to trying to
remain calm as a way to maintain professionalism. Interviewee, B, explained she needed to remain calm "because I don't want that image\textsuperscript{11}". This finding is consistent with a study done by Abrams, Hills, and Maxwell (2018) that finds oppressive stereotypes have fostered an environment of not asking for assistance when stressed. This researcher observed that the majority of respondents combated harmful externalized perceptions and negative psychological messages by using their hidden need to ask for help.

Participants also described both physical and emotional discomfort, "my neck gets hot," "the sting is no longer there," and "I did my cry in my office." Others reported the emotional feeling connected to incidents of gendered racism. Findings by Durr & Harvey-Wingfield (2011) are consistent with the experiences mentioned above acknowledge the amount of acting that is involved in order to successfully navigating crisis response. Durr & Harvey-Wingfield, (2011) observed, "For professional black women, the performances that they feel compelled to give are shaped by the ways intersections of race and gender isolate them and place them under greater scrutiny." (p.564). This researcher observed that African American women feel the need to "perform" and are hyper-aware of how their race and gender may be perceived in the work setting.

**Coping and Resilience**

A dominant finding of the study was coping skills; both healthy and unhealthy (Table 2). Respondents spoke of healthy coping,

\begin{footnote}{11}Stereotype of an angry Black woman\end{footnote}
processing/validation, exercise, grounding techniques (deep breathing), spirituality, and laughter/humor, whereas unhealthy coping skills included overindulging of food and/or alcohol, overspending/shopping, oversleeping, and lashing out at family members.

Table 2 Example of Coping Skills.

<table>
<thead>
<tr>
<th>Healthy Coping</th>
<th>N</th>
<th>Unhealthy Coping</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process the event</td>
<td>10 (90%)</td>
<td>Overeating</td>
<td>6 (54%)</td>
</tr>
<tr>
<td>Count/Deep Breath/Pause</td>
<td>7 (63%)</td>
<td>Overdrinking</td>
<td>5 (45%)</td>
</tr>
<tr>
<td>Watch TV/Movie</td>
<td>7 (63%)</td>
<td>Rationalize</td>
<td>4 (36%)</td>
</tr>
<tr>
<td>Spirituality</td>
<td>6 (54%)</td>
<td>Retail therapy</td>
<td>2 (18%)</td>
</tr>
<tr>
<td>Boundaries/Leave work at work</td>
<td>4 (36%)</td>
<td>Overthinking</td>
<td>2 (18%)</td>
</tr>
<tr>
<td>Humor</td>
<td>4 (36%)</td>
<td>Lash out-family</td>
<td>1 (09%)</td>
</tr>
<tr>
<td>Listen to music/podcasts</td>
<td>3 (27%)</td>
<td>Marijuana/THC</td>
<td>1 (09%)</td>
</tr>
<tr>
<td>Feedback/Validation (supervisor)</td>
<td>3 (27%)</td>
<td>Oversleep</td>
<td>1 (09%)</td>
</tr>
<tr>
<td>Exercise/healthy eating</td>
<td>3 (27%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive self-talk</td>
<td>1 (09%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy</td>
<td>1 (09%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Four out of eleven participants rationalized incidents of gendered racism such as, "it's better than being physically attacked" or "they have a mental illness/sick." Stephanie explains, "I have been physically attacked, so being called a racial or gender slur is the least of my worries." The women's responses speak to the importance placed on resiliency and strength while working crisis response. This finding is consistent with Abrams, Smith, & Maxwell (2018) article that finds it can be overwhelming for Black women to fulfill the expectation to constantly display strength. The article found that women who receive validation
or subscribes to the Strong Black Woman (SBW) schema have difficulty expressing a need for help or showing vulnerability.

When respondents were asked if their race or gender helped them during crisis response, all respondents believed that being a Black woman can be an advantage. These findings correspond with Abrams, Smith, & Maxwell (2018) article that stated African American women have attempted to uphold the SBW schema of constant resilience, independence, and strength as the hallmarks of combating the realities of gendered racism in the environment. In order to maintain the SBW persona, many Black women have used strength and resilience as a means of concealing trauma. As a result, African American women who constantly rely on resilience are at risk for negative mental health and physical outcomes, including distress, anxiety, and depression.

The article by Abrams, Hill, and Maxwell (2018) also explains that self-silencing is a hallmark of imposed resilience. According to Abrams et al., (2018), self-silencing or silencing behaviors is a way of "biting one's tongue" in order to prevent conflict, possible loss, or retaliation. The overuse of self-silencing is evidenced by the present examination of how respondents emotionally regulate after an incident of gendered racism. Interviewees made observations such as "I need to remain calm because I don't want that image^{12}\textsuperscript{12} and "I didn't say anything cause you're not going to make me look stupid right now." Other respondents made similar statements such as, "I've had to suppress my comeback". Healthy

^{12} Of an angry Black women.
coping skills and endurance is a testament to the respondent's strength and resiliency despite adversity. However, relying only on coping skills while not seeking help can have an adverse effect on a crisis worker's mental health. The article points out that using self-silencing can have dire mental health consequences over time, including a vulnerability to depression and anxiety (Abrams, Smith, & Maxwell, 2018).

Implication of Findings for Micro and/or Macro Practice

On a micro level, it is crucial for social workers to understand the complexity, intersectionality, and environmental factors that affect Black women's reality. A social worker providing therapy or a treatment plan must acknowledge experiences of gendered racism and other societal factors such as co-worker bias or the toll of emotional labor. Understanding the emotional toll needed to combat gendered racism in the workplace and beyond can assist in a therapeutic alliance. Additionally, the present study can promote adaptive coping strategies, such as processing events, spirituality, grounding techniques that can replace maladaptive coping skills highlighted in this study.

On a macro level, participants believe that frequent cultural competency training, sympathetic/supportive supervisors, and follow-through from human resources can have a positive outcome. Supervisors and other managers can play a supportive role when incidents of bias that happen in the workplace can assist with the emotional toll of providing crisis response. Also, debriefing with all staff after a witnessed incident of discrimination is encouraged. Another
consideration for macro social work is the active recruitment and retention of African Americans to provide crisis response in the community.

Summary

Ten out of eleven women in this study had lived experiences of gendered racism while working mental health crisis response. The chapter examined the responses of participants to seven interview questions. Questions included types of racial/sexist slurs experienced, if professionalism has been questioned or challenged, and what employers can do to assist. Additional themes, such as emotional labor, resilience, and skin tone, were discussed. Data interpretation illustrated topics such as co-worker bias, gendered racism, coping, and resilience that was linked to existing literature. Lastly, the chapter suggests practical micro and macro social work interventions assist Black women who provide mental health crisis response.
CHAPTER FIVE
TERMINATION AND FOLLOW UP

Introduction

This chapter provides information on the researchers’ efforts to end the relationship with study participants. Included will be steps taken to communicate findings to study participants if requested. Next, a detailed dissemination plan for research findings and recommendations for future research will be discussed.

Termination of Study

In conclusion of the interview portion of the study and after all interviews were transcribed, participants were emailed their individual interview transcript. This research provided one month to review and make corrections to any portion of the interview they would like omitted or added to their personal interview. One participant requested changes and one omission. All suggestions were changed to the personal transcript.

A hand written thank you note detailing how personal and intimate responses assisted this writer in completing the study was mailed to each participant. This researcher respectfully thanked each participant for volunteering in the study as a means of formal termination.

Communicating Findings to Study Site and Study Participants

At the completion of each interview, participants were sent a debriefing statement. This statement informed participants that if they are interested in
obtaining a copy of the results of this study, they may do so by consulting the ScholarWorks database after publication in July 2020.

Ongoing Relationship With Study Participants

There will be no need of ongoing communication with participants as it relates to the study or study site. The researcher may interact with past participants in the work setting due to working mental health crisis response. However, there has been a formal termination with each study participant as it relates to this study.

Dissemination Plan

In order to ensure the widest possible audience is exposed to the research findings, specific channels will be used to disseminate research data. The paper will be published through California State University San Bernardino ScholarWorks and kept electronically. The research findings will be transferred to PowerPoint form for providing training at research site and school settings. All participants will be emailed an electronic link to access research findings on California State University San Bernardino ScholarWorks website.

Summary

This chapter provided details of the termination process with interview participants. The chapter also explains how findings are communicated to the study site and study participants. Next was an explanation of the formal
termination of any ongoing relationships with participants. Last discussed is the dissemination plan of research findings to the widest audience
APPENDIX A

INTERVIEW QUESTIONS
Interview Questions

For confidentiality, purposes please choose a name that I can use. For the purpose of this study I will call you by your pseudonym.

Why did you choose that name?

DEMOGRAPHICS

1. Where do you work and how long have you been there?

2. What are your job title?

3. What is your job duties?

4. What is your race/Ethnicity?

   Prompt: do you prefer the term African American/Black/Bi-racial etc.?

THROW-AWAY QUESTIONS-GETTING COMFORTABLE

Do you enjoy your job?/What makes you come back to work everyday?

How much of your day (week; month) is spent with a person in crisis?

RACIAL/SEXIST EXPERIENCE

Have you ever been called a racial slur while providing crisis response?

Clarify if needed: By a client or a family member or even a bystander?

(Prompt): How did you feel during that time? How did you respond? Did this affect your ability to do your job? Do you think this occurred because of your ethnicity, gender, or both? Did you act as if this did not bother you?

PROFESSIONALISM
Have you ever felt your professionalism was questioned or been asked for credentials/your discipline?

Ex. Have you ever been mistaken for a secretary or a paraprofessional?

(Prompt): How did you feel during that time? How did you respond? Did this affect your ability to do your job? Do you think this occurred because of your ethnicity, gender, or both? Did you act as if this did not bother you?

**INTRAGROUP RACISM**

Have you ever been discriminated against by African American clients or family during a crisis response? If yes, please give examples.

Have you ever been in a situation where you felt your race helped a family during a crisis situation? If yes, please give examples.

(Prompt): How did you feel during that time? How did you respond? Did this affect your ability to do your job? Do you think this occurred because of your ethnicity, gender, or both? Did you act as if this did not bother you?

**COPING SKILLS/EMOTIONAL LABOR**

What coping skills do you use when you feel mistreated or disrespected by a client or family of client?

What could your job do differently to assist you in dealing with gendered racism by clients or families in crisis?

**TERMINATION/PROBING QUESTIONS**

We are almost done with the interview. I would like to know what thoughts or feelings you had while answering these interview questions.

Is there anything you would like to add before we conclude? Anything important that I should know or understand? Did we not discuss something that you think is important?
APPENDIX B

IRB APPROVAL FORM
Researcher(s): Dana Sandoval

Proposal Title: How do African American Women Manage Emotional Labor Resulting from Gendered Racism?

# SW1964

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

X Approved

To be resubmitted with revisions listed below

To be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

Investigators' signature missing

Missing informed consent Debriefing statement

Revisions needed in informed consent Debriefing

Data collection instruments revision

Agency approval letter missing

CITI missing

Revisions in design needed (specified below)

[Signature]

Committee Chair Signature

Date: 5/22/2019

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student
APPENDIX C

INFORMED CONSENT
INFORMED CONSENT

The study in which you are asked to participate is designed to examine African American female mental health practitioners’ experiences of emotional labor while dealing with clients. The study is being conducted by a MSW student, Dana Sandoval, under the supervision of Dr. Janet Chang, Professor in the School of Social Work at California State University, San Bernardino. This study has been approved by the Institutional Review Board Social Work Subcommittee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to explore the amount of emotional labor African American female mental health professionals have to experience while dealing with clients who may respond with racist or sexist actions or words.

DESCRIPTION: Participants will be asked of a few questions on lived experiences of African American/Black women working in crisis response and their emotional labor resulting from gendered racism and some demographics.

PARTICIPATION: Participation in this study is entirely voluntary. Participants can refuse at any time or completely stop the interview without any consequences.

CONFIDENTIALITY OR ANONYMITY: The participant's identity will not be recorded and a fake name will be assigned for identification purposes. The research participants will have an opportunity to edit or review her specific audiotape or written notes if requested. The written notes or audiotape will be destroyed after the completion of the study.

DURATION: Each interview is estimated to last about 30-45 minutes.

RISKS: There are no foreseeable risks to the participants. However, due to the nature of the topic, participants may feel discomforts or uncomfortable to answer the questions. At the conclusion of the interview, each participant will be given a debriefing statement where a few mental health agencies are listed, in case she needs to see a mental health professional.

BENEFITS: There will not be any direct benefits to the participants.
CONTACT: If you have any questions about this study, please feel free to contact Dr. Janet Chang at 909-537-5184 (email: jchang@csusb.edu).

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (http://scholarworks.lib.csusb.edu) at California State University, San Bernardino after December 2020.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here Date

I agree to be tape recorded: _______ Yes _______ No
APPENDIX D

EMAIL TO GATEKEEPERS
I am currently an MSW student at Cal State University San Bernardino in pursuit of a Master’s in Social Work degree. My graduation requires a research study as a condition of graduation. The purpose of my research is to explore the emotional toll African American female mental health professionals may experience while dealing with clients who may respond with racist or sexist actions or words in the scope of their job. Participation in this study is voluntary. You can refuse at any time or completely stop the interview without any consequences.

I want to thank you in advance for your time and consideration to be a part of my project. I am passionate about the subject and I hope to contribute to the field of Social Work by documenting the lived experiences of African American women who provide the vital and necessary mental health crisis response for clients and their families.

If you are still willing to participate, I would like to move forward to schedule your interview. We will meet at a place and time of your choosing between the dates 6/24/19 and 8/25/19. The interview will take approximately 45-60 minutes. I can be reached by school email (005988238@COYOTE.CSUSB.EDU). I can also be reached by phone or text message 951-818-5516. Also, I have attached the Informed Consent for you to review, print, and sign. Please bring the signed copy to the scheduled interview. If you prefer I call you and bring these items to make it more convenient please let me know and I’d be glad to have it at the interview and ready for you. Looking forward to hearing from you soon. Please reply ASAP to schedule.

Sincerely yours,

Dana N. Sandoval
MSW Student
951-818-5516
Dana_carroll@msn.com
REFERENCES


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