Unlearning Racism Training Guide:
Supporting Wellness for People of African Ancestry

San Francisco Health Network
Behavioral Health Services

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Table of Contents

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Introduction

Note: Throughout this guide, Black people will generally be referred to as "people of African ancestry" to honor ancestral origins and acknowledge the full range of the African-diaspora.

The health of people of African ancestry is essential for the collective. Historical oppression and racism has greatly influenced health, healthcare systems, and the perception of those in the healthcare field. Perspectives of health and the practices utilized to address the needs of people of African ancestry must shift to address the historical atrocities perpetuated against people of African ancestry. What health care looks like for people of African ancestry must be redefined using language, beliefs, and principles steeped in African-centered cultural knowledge, in the ultimate interest of people of African ancestry. Social determinants of health cannot be ignored and must be explored to understand the impact on people of African ancestry.

This series will explore the ways in which developing an African-centered approach to behavioral health, in all areas of this field, can best serve people of African ancestry, while honoring their experience, dignity, and humanity.

Note: Hyperlinks are included throughout this guide. When viewing the electronic version of this document, you can access online resources by clicking on any blue, underlined text.

Acknowledgements

Section One: The Impact of Racism and Anti-Blackness on Behavioral Health

By the end of this section you will:

❖ Understand the historical and present-day foundations of racism, anti-Blackness, white supremacy, and white hegemony

❖ Understand how anti-Blackness and white supremacy show up in behavioral health explicitly and covertly

Western society has built concepts and approaches to health in general, and behavioral health specifically, that have centered "whiteness" as the norm while pathologizing people of African ancestry. Modern healthcare systems and approaches are built upon ideologies that have viewed people of African ancestry as inferior and through a deficit lens. This has contributed to people of African ancestry's hesitancy in trusting institutions and professional practitioners in supporting their mental and behavioral health.

The focus of this section is the historical and present-day foundations of racism, anti-Blackness, and white supremacy and how these factors often show up in behavioral health. In order to unlearn racism and cultivate an African-centered approach, it's important to unpack the ideological and systemic underpinnings of racism and resulting trauma responses. Some foundational complexities that are important for behavioral practitioners to understand include:

▪ **Whiteness** - The concept of "whiteness" as it relates to race is a hegemonic system that perpetuates certain dominant ideologies about who receives power and privilege. The definition of whiteness expands and contracts to serve those in power. For example, certain European ethnic groups such as those from Ireland and Italy were not classified as "white" in the United States 200 years ago. Whiteness maintains itself through power dynamics with politics, language, religion, class, race relationships, and so forth.

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- **White Supremacy** - is the false belief that white people are inherently superior to people from all other racial and ethnic groups, especially Black people, and are therefore rightfully the dominant group in any society.

- **White Hegemony** - is the social, cultural, ideological, political, and economic dominance exerted by some members of white society as the dominant group in the United States.

- **The White Racial Frame** - provides the vantage point from which European American oppressors have established a racialized society in the United States. This racial framing shapes a racial narrative, perpetuates bias and stereotypes, and increases inclinations towards discriminatory action against people of African ancestry.

- **Racism** - is racial prejudice combined with the and social power to codify and enforce this prejudice into an entire society (*P. Bidol, 1970*).

- **Anti-Blackness** - is a form of racism that is directed specifically at people of African Ancestry. It can be understood as being a two-part formation that both strips Blackness of value (dehumanization) and systematically marginalizes Black people. This form of anti-Blackness is overt racism with deep colonial roots that regard people of African ancestry as inherently "primitive" and inferior. Beneath this anti-Black racism is the covert structural and systemic racism which predetermines the socioeconomic status of Black people in this country and is held in place by anti-Black policies, institutions, and ideologies. Anti-Blackness can be perpetuated by people of any race and is a global phenomena.

The harmful conditions caused and maintained by whiteness, white supremacy, anti-Blackness, and racism cause great harm to people of African ancestry. The ongoing and complex trauma caused by these experiences often manifests in various trauma responses in the form of things like internalized anti-Blackness, colorism, and cultural misorientation. Let's explore each of these trauma responses further:

- **Internalized Anti-Blackness** - occurs when people who experience anti-Blackness ascribe negative traits to that aspect of their identity, resulting in subjugation, self-hate, and/or dissociation from their racial identity. In addition to self-perception, internalized anti-Blackness often impacts the ways in which people of African ancestry perceive and interact with other Black people. In this way, Black people can perpetuate anti-Blackness against other Black people.

- **Colorism** - is a practice of discrimination by which those with lighter skin are treated more favorably than those with darker skin. Closely related to colorism are the issues of texturism and featurism, all of which uphold European standards of beauty. Not only are these standards often reflected in the media and societal beauty standards, studies also show that darker-skinned people are ascribed more negative qualitative traits than their lighter-skinned counterparts. This can impede equitable outcomes and access across all systems, including behavioral health systems.

- **Cultural Misorientation** - is the overidentification with European culture among people of African ancestry, resulting from European cultural oppression and coerced assimilation. The concept of cultural misorientation analyzes the degree to which certain attributes associated with European worldview (such as valuing the survival of the fittest and individualism over collectivism) serve as a detriment to the collective survival and wellbeing of people of African descent.

- **Alien-Self** - describes when people of African ancestry have become alienated from their natural orientation at the conscious level through the internalization of a European worldview.

- **Assimilation** - is a process of absorbing the culture of the dominant culture (i.e. European culture) and relinquishing one's own. In a white supremacist society, assimilation is most often coerced, whether explicitly or implicitly.

- **Stereotype Threat -** refers to the risk of confirming negative stereotypes about an individual's racial, ethnic, gender, or cultural group. For example, a Black person may refrain from raising concerns in fear that they may be perceived as angry, in such a manner that plays into the stereotypical "angry Black person" trope. This term was coined by Dr. Claude Steele.

Dr. Claude Steele

Behavioral health systems don't exist in a vacuum and are impacted by systemic racism and white hegemony. Whiteness is often enforced as "the" standard across society, causing both explicit and subtle harm to people of African ancestry. For example, in school systems Black children are more likely to be punished and pathologized for behavior challenges than white children. Studies show that these discriminatory behavior management practices start to manifest as early as pre-school.

The socio-political status of people of African ancestry in this society has caused a tremendous number of upstream factors that impact people of African ancestry disproportionately, including inadequate education, poverty, over-policing, and housing insecurity.

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This systemic oppression across generations has contributed to chronic stress and intergenerational trauma that has severely impacted the health and wellbeing of people of African ancestry, sometimes showing up as mental health disorders and/or substance use disorder.

Anti-Blackness and racism show up in behavioral health in many direct and indirect ways including:

- **Coded language -** using seemingly neutral terms that disguise explicit and/or implicit racial bias and prejudice. For example, a person of African ancestry may be noted as exhibiting "drug-seeking behavior", whereas a white counterpart may be noted as "self-medicating".

- **Pathologizing -** regarding or treating people as psychologically abnormal or unhealthy. While people of African ancestry may experience mental health challenges, pathologizing people in this way suggests the person is fundamentally defective in some way.

- **Labeling -** labeling and diagnosis are similar in some regard, but distinct in that labels are ascribed to a *person* whereas diagnoses describe a *condition*. The difference between labeling someone (e.g.; calling them a "schizophrenic") and diagnosing someone as suffering from a condition (e.g.; confirming that they may suffer from schizophrenia) is subtle yet powerful. Labeling adds to stigma and dehumanization, so it is critical that behavioral health practitioners be mindful of this distinction.

- **Hyper-assessment -** the over-use of clinical tools in assessing behavior. While clinical tools can be helpful, an over reliance on these tools as a means of understanding behavior can feel overly transactional (vs. relational) and often results in pathologizing.

- **Biased Policies and Practices** - policies and practices that favor a dominant group and/or subjugate an oppressed/marginalized group. Because bias is not always explicit, identifying bias in policies and protocols requires close examination and a willingness to transcend the status quo in the service of equity and justice.

Charge: Commit to Personal Transformation

In order to overcome anti-Blackness and racism in behavioral health, there must be a strong commitment to dismantling systems of white hegemony and instituting racial justice. Racial justice goes beyond "anti-racism." It is not just the absence of discrimination and inequities, but also the presence of deliberate systems and supports to repair harm. Racial justice requires the proactive reinforcement of policies, practices, attitudes and actions that produce equitable power, access, opportunities, treatment, impacts and outcomes for all. For example, anti-racism may look like ensuring that people of African ancestry have access to the same treatment as their white counterparts, while racial justice recognizes that treatment protocols have historically centered white normative culture and therefore prioritizes the implementation of African-centered practices for those of African ancestry. It's important to understand that obtaining racial justice is a continual process.

For systems to transform, the people within these systems must undergo a personal transformation and have a strong commitment to social justice.

We offer you an opportunity to engage in this work more deeply with the following reflective exercise:

Reflect on what impact your cultural identity and personal experience has had on your perspective and approach as a practitioner.

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How have the core ideas you've received from your family, academic institutions, places of employment, or religious institutions shaped your worldview? How has this shaped your perception of people of African ancestry? How has this, in turn, influenced your work with Black people?

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Section One Recap & Reflections

Section One Overview:

✓ Western society has built concepts and approaches to health in general, and behavioral health specifically, that have centered whiteness as the norm while people of African ancestry have often been "othered" and viewed through a deficit-lens.

✓ Key to unlearning racism is deeply examining the social constructs that underpin racist ideology including white supremacy and hegemony, prejudice, and anti-blackness.

✓ Systemic racism and oppression have contributed to a number of trauma responses in people of African-ancestry including internalized anti-blackness, colorism, stereotype threat, cultural misorientation, and assimilation.

✓ Anti-blackness and racism show up in several ways in behavioral health including the use of coded language, pathologizing and hyper-assessing people of African ancestry, and through biased policies and practices.

✓ For systems to transform, it is critical for the individuals within those systems to undergo personal transformations, which requires deep reflection and an examination of one's worldview.

Section One Reflection & Evaluation:

What are some key learnings that resonated with you from this section?
How do you plan to incorporate these learnings into your work as a behavioral health practitioner?

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Section Two: Cultural Principles and Practices to Support Wellness for People of African Ancestry

By the end of this section you will:

❖ Understand the role of the behavioral health practitioner as a helper and a healer

❖ Understand the importance of African culture as a foundational element of healing and wellness for people of African ancestry

❖ Identify African-centered practices that support healthy behaviors and wellness

It's a necessity for culture—specifically cultural virtues and rituals—to be centered in the healing and wellness of people of African ancestry. As such, the culture of people of African ancestry must inform healing strategies and practices.

The following reflective questions will support the process of awareness:

Those in the field of behavioral health must examine their worldview—this includes their values, beliefs and socialization—to facilitate awareness.

Are my values inclusive?

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Do my values or beliefs cause harm or support healing for people of African ancestry?

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What narratives have I learned or been exposed to about people of African ancestry?

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Access the corresponding Module Two Training Video at https://bit.ly/UnlearnM2

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To experience an authentic paradigm shift, those in the field of behavioral health must develop an intimate understanding of worldview and embrace an African-centered worldview and African Psychology. It's imperative for those in behavioral health, those of African ancestry, and those who wish to act in solidarity with the global African community to learn the importance and functionality of an African-centered worldview.

Worldview provides a unique shared identity and experience for each cultural group based in biogenetic/epigenetic, historical, and environmental experience.

One's worldview provides meaning to one's cultural social experience and offers collective narratives for groups of people and society at large.

The concept of the African-Centered Worldview was developed by Dr. Kobi Kazembe Kambon and embodies three core beliefs.
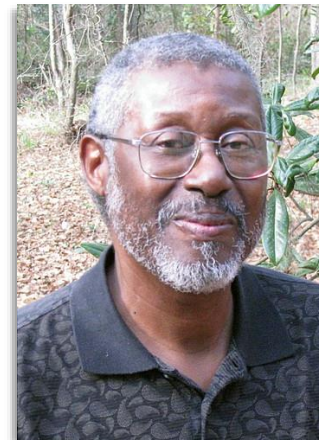
Dr. Kobi Kazembe Kambon

African-Centered Worldview: Three Core Beliefs

1. Psychology must affirm people of African Ancestry's humanity

2. The focus of African-centered psychology is the illumination and liberation of the spirit

3. The use of African values, customs, traditions and so forth to shape the reality of one's lens

African-centered Psychology is the theoretical approach for those in the field of substance use disorder, mental health, and wellness to support the health and liberation of people of African ancestry.

African-centered Psychology offers a deeper understanding of what it means to be African, African culture, and cultural adaptations (Grills, 2002, p.12).

African-centered Psychology recognizes that:

- the Spirit permeates everything and that everything in the universe is interconnected;

- the collective is the most salient element of existence;

- communal self-knowledge is key to mental health (*Parham, White and Ajamu, 1999, p.95*)

As an approach, African-centered Psychology addresses:

- **Self-Definition** - to reclaim one's African identity by reorienting and centering one's consciousness in African-centered thought, to include engaging with African culture, theories, and belief systems

- **re-Africanization** - the process of people of African ancestry reconnecting with their ancestral culture

- **Spirit** - the energy that reflects the essence and sustenance of all matter

- **Nature** - recognizing the ways in which nature serves as a guide for living peacefully in society and provides a window into the inner workings of the person

- **Communal Order and Self-Knowledge** - the recognition that through "We-ness", we come to know ourselves through our relationships with others

Optimal Psychology

Optimal psychology was inspired by Dr. Linda James Myers' questions regarding the mindsets needed to uphold white supremacist views, and a need to explore African and Eastern worldviews that traditional Western psychology had overlooked. Optimal psychology focuses on the interconnectedness that one has to all living people and things, and the important role that one's culture and spiritual nature can have in creating healthy mindsets (*American Psychological Association*).

Dr. Linda James Myers

Key Components of Optimal Psychology

Spirit-Centered: To center the importance of one's spirit; to focus on developing and nurturing one's spirit (which supports the collective)

Worldview: To cultivate communalism, emphasizing "we-ness" and interconnectedness; one's worldview being reflective of the extended self, spirit, nature, and community

Proper Consciousness: to develop knowledge of self and to learn and internalize one's historic culture and collective experience

Embracing an African-centered worldview, African Psychology, and Optimal Psychology can enable those in the field of behavioral health to utilize African American culture as a tool and healing factor.

African American Culture:

While it's important to note that African American culture is not monolithic, African American culture is rooted in African culture, from Western and Central African societies. African American culture is a synthesis of African and European culture, as these groups interacted under slavery. (*Scott, Hughes J. The African American Culture.*)

Components of African American of Culture:

- Family
- Oral Tradition
- Resistance
- Verbal and written expression
- Music
- Belief in God/Higher Power

African American Values:

- Strong kinship bonds
- Strong work orientation
- Strong religious orientation
- Adaptable family roles
- Education/ Knowledge of Self
- One's unique personality
- Resistance
- Healing

African American musician, Lenny Kravitz, playing a guitar, which is influenced by the traditional kora stringed-instrument from West Africa

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Supportive Cultural-Centered Practices for Those in Behavioral Health:

1. **re-Africanization** - to reclaim one's African identity by reorienting and centering one's consciousness in African-centered thought, to include engaging with African culture, theories, and belief systems

2. **Expressive Therapy** - to include expression through writing, dance, and visual art

3. **Music Therapy** - to include writing music, singing, listening to music, and drumming

4. **Spiritual Renewal** - to include meditation, traditional altar building, time in nature, and affirmations

Photo Source: Credit: Mark Adams / Getty and Unspalsh

Charge: Adopt African-Centered Practices

Ultimately, behavioral health practitioners serve in a dual role as a helper and a healer. Those in behavioral health must develop practices and healing techniques that are grounded in resonant cultural practices to best serve people of African ancestry. Healing techniques should also consider the historical and present-day collective experiences of African people.

Practices that support the healing of people of African ancestry include:

- ❑ **Grounding care in relational vs. transactional approaches**
  - ✓ Utilize African-centered counseling practices
  - ✓ Understand the importance of connecting with clients in a way that acknowledges their culture and the historical background of that culture
  - ✓ Cultivate authenticity and use techniques such as mood music, rituals, and poetry to establish a genuine connection
  - ✓ Intentionally shift the context and setting from a Western approach to an African approach (e.g.; sitting on a couch to talk vs. going for a walk)

- ❑ **Using assessments to understand how you can best support vs. to pathologize**
  - ✓ Cultivate asset-based vs. deficit-based assessment practices
  - ✓ Understand cultural strengths
  - ✓ Understand distress from a culturally-centered frame of reference
  - ✓ Help identify possible barriers to healing
  - ✓ Understand the role of ethno-centrism in misattributing cultural differences as problematic
  - ✓ Center people of African ancestry instead of whiteness
  - ✓ Help people of African ancestry discover and/or reclaim their intrinsic power to create and define their own standards of wellness, success, and happiness (a practice of self-determination)

❑ **Facilitating awareness**

- ✓ Helping people of African-ancestry practice cultural reframing
- ✓ Support reflective practices
- ✓ Assess and engage spiritual energy, providing space/tools to support the client in aligning with their own spiritual energy
- ✓ Assist clients with understanding the intersection of language with values and possible harms and/or healing
- ✓ Use culturally resonant metaphors and/or readings
- ✓ Help clients understand the source of their pain and that every thought, feeling, and behavior is intended to either help them understand an experience, support growth, or recognize trauma
- ✓ Help the client "know thyself"

❑ **Goal-setting**

- ✓ Become an objective companion that focuses on helping them develop the skills to bring relief from distress
- ✓ Assist the client in identifying and prioritizing "needs" vs "desires"
- ✓ Help the client identify goals that restore balance
- ✓ Encourage goal-setting that aligns consciousness with one's purpose
- ✓ Help the client establish their "rebirth" (rebirth is defined by the client and is a process that allows them to feel newness or a sense of a fresh start intellectually, emotionally, behaviorally, and/or spiritually)

❑ **Supporting healthy transformation**

- ✓ Focus on the development of problem-solving skills
- ✓ Help the client discover their personal power; this should look like helping them to leverage their power and believe in themselves to engage in change and/or self-mastery
- ✓ Become an advocate for your client

Section Two Recap & Reflections

Section Two Overview:

✓ Those in the field of behavioral health must develop an intimate understanding of worldview and embrace African-Centered Worldview and African Psychology.

✓ Worldview provides a unique shared identity and experience for each cultural group based in biogenetic, historical, and environmental experience. It's imperative for those in behavioral health to adopt and embrace an African-centered worldview to best serve people of African ancestry.

✓ Optimal psychology focuses on the interconnectedness that one has to all living people and things, and the important role that one's culture and spiritual nature can have in creating healthy mindsets.

✓ Embracing an African-centered worldview and psychology facilitates the efforts of those in the field of behavioral health and wellness to view and utilize African American culture as a tool.

✓ Those in behavioral health must develop practices and healing techniques that are grounded in resonant cultural, relational practices to best serve people of African ancestry.

Section Two Reflection & Evaluation:

What are some key learnings that resonated with you from this section?
How do you plan to incorporate these learnings into your work as a behavioral health practitioner?

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Section Three: African-Centered Behavioral Health

By the end of this section you will:

❖ Understand and apply tools and strategies to cultivate supportive and inclusive spaces of wellness that center people of African ancestry

❖ Understand how behavioral health professionals can leverage their positional power to advocate for anti-racist practices and policies

Behavioral Health involves the connection between behavior and the health and well-being of the body, mind, and spirit.

Utilizing an African-centered worldview, those in behavioral health should focus on the holistic integration of health, mind, body, spirit, and emotions—centering the spirit, known as the "Ba" in Ancient Africa. The spirit, or the soul, is the essence of one's self and the connector to all living things and the Divine Creator.

Regardless of one's religious or spiritual beliefs, the essence of the self is a grounding self-concept that is critical to one's sense of identity, wholeness, and wellness.

Access the corresponding Module Three Training Video at https://bit.ly/UnlearnM3

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Ideologies and practices in African-centered thought that support collective health include:

Ma'at:

is a Kemetic teaching that provides a path and guide to a more meaningful and rewarding life. Those of this path embody the following seven virtues: truth, justice, propriety, harmony, balance reciprocity and order.

Ubuntu:

Is a traditional African principle. Originating from the Zulu and Xhola languages, Ubuntu represents the concept of "we-ness" and the idea that humanness is found through our interdependence/ interconnectedness, collective engagement, and service to others.

The Seven R's:

were identified by Dr. Niara Sudarkasa as a reflection of how families in West Africa generally govern themselves; Healers should be mindful of how important these are in collective healing work with families.

1. **Respect** - a appreciation for self and others

2. **Responsibility** - to take on a burden or task

3. **Reciprocity** - a mutual exchange

4. **Reverence** - a deep respect for a higher power

Dr. Niara Sudarkasa

5. **Restraint** - the ability to control one's urges and/or desires

6. **Reconciliation** - to restore harmony

7. **Reasoning** - to make meaning of situations and/or circumstances

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To support the wellness and healing process of people of African ancestry, those in behavioral health should be knowledgeable of contributors and barriers to health and wellness.

Contributors:

- African American/ African Culture
- Healthy family and/or Kinship Bonds
- African-centered worldview
- African-centered cultural rituals and practice
- African-centered Identity

Barriers:

- Toxic Elements of Western Culture
- Racism and Anti-blackness
- Poverty
- Discrimination
- Criminalization
- Violence
- Miseducation
- White Racial Frame
- Dehumanization

Understanding both contributors and barriers, it is imperative that those in behavioral health engage in an authentic, supportive relationship that helps to illuminate the path to health and wellness by focusing on the wellness-factors offered by contributors and the harm caused by these sorts of barriers. It is also critical to understand the systemic nature of these barriers.

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Charge: Advocate for Systemic Change

Systemically, using your voice and practice to advocate for policies and practices that support the wellness of people and families of African ancestry is critical.

The following are actionable steps that you can take to leverage your positional power to advocate for anti-racist, just practices and policies:

- ❑ **Commit to continual investment in cultural humility**
  - ✓ Create and/or seek learning communities specific to cultural humility
  - ✓ Advocating for institutionalizing practices
  - ✓ Allocate funds for ongoing learning
- ❑ **Focus on racial-justice and not just "anti-racism"**
  - ✓ Recognize that focusing on "anti-racism" is not enough--this hyper focuses on what *shouldn't* be done vs. what *should* be done
  - ✓ In addition to advocating for future change, advocate for restoration to address previous harm caused
- ❑ **Create supportive and inclusive spaces**
  - ✓ Recognize the value and importance of having people of African ancestry in positions that influence organizational culture, policy, and practice

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Section Three Recap & Reflections

Section Three Overview:

✓ Utilizing an African-centered worldview, those in behavioral health should focus on the holistic integration of health, mind, body, spirit, and emotions—centering the spirit as the essence of one's self.

✓ Ancient and modern African-centered ideologies such as the seven virtues of Ma'at (truth, justice, propriety, harmony, balance reciprocity and order), Ubuntu (self-identity through interconnectedness), and "the seven R's" (respect, responsibility, reciprocity, reverence, restraint, reconciliation, and reasoning) are supportive of the collective health and well-being of people of African-ancestry.

✓ It is critical that those in behavioral health understand the contributors and barriers to health and wellness, including the systemic nature of the barriers that many people of African-ancestry face.

✓ Behavioral health practitioners should use their voice and leverage their positional power to advocate for anti-racist, just practices and policies

Section Three Reflection:

What are some key learnings that resonated with you from this section?
How do you plan to incorporate these learnings into your work as a behavioral health practitioner?

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Additional Resources
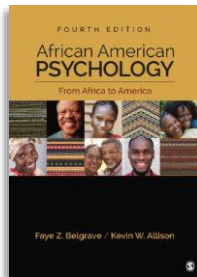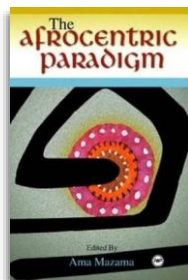
African American Psychology: From Africa to America
by Faye Z. Belgrave & Kevin W. Allison

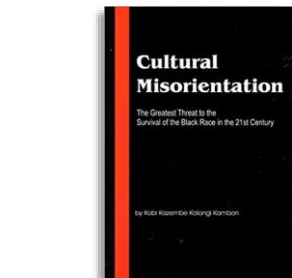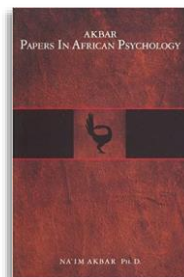African American Relationships, Marriages, and Families: An Introduction by Patricia Dixon
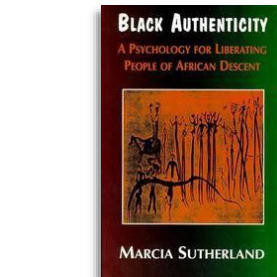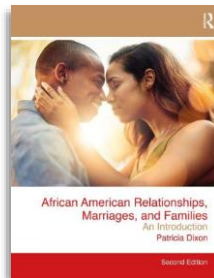
Black Authenticity: A Psychology for Liberating People of African Descent
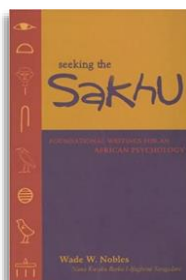by Dr. Marcia Sutherland

The Afrocentric Paradigm
by Dr. Ama Mazama

Akbar Papers in African Psychology
by Dr. Na'im Akbar
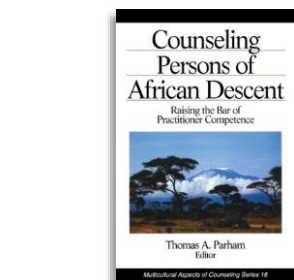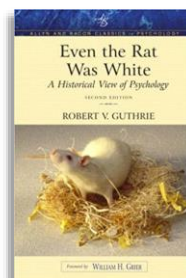
Cultural Misorientation
by Dr. Kobi Kazembe Kambon

Seeking the Sakhu: Foundational Writings for an African Psychology
by Dr. Wade Noble

Even the Rat Was White: A Historical View of Psychology
by Dr. Robert V. Guthrie

Counseling Persons of African Descent: Raising the Bar of Practitioner Competence
by Thomas Parham

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