



THE ESSENTIAL GUIDE

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*for* Counseling  
Black Women

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# Contents

Acknowledgments	xi
Introduction: Centering the Lived Experiences of Black Women in the United States	xiii
Part I: What Brings Black Women to Therapy	
1. Choosing Nontraditional Lifestyles	5
2. Creating a Legacy Through Work	24
3. Breaking Generational Cycles	49
4. Understanding Friendships	72
5. Embracing Newfound Freedom	91
6. Moving Beyond Stereotypes	104
Part II: Working With Black Women Clients	
7. Working With Emotions	123
8. Addressing Trauma	141
9. Addressing Mental Health Disorders via a Cultural Lens	160
Conclusion	185
References	189
Index	207

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## Introduction: Centering the Lived Experiences of Black Women in the United States

*I didn't learn to be quiet when I had an opinion.  
The reason they knew who I was is because I told them.*

—Ursula Burns

*In every crisis there is a message. Crises are  
nature's way of forcing change—breaking down old  
structures, shaking loose negative habits so that  
something new and better can take their place.*

—Susan L. Taylor

*Living in the moment means letting go of the past and not  
waiting for the future. It means living your life consciously,  
aware that each moment you breathe is a gift.*

—Oprah Winfrey

I applaud you for picking up this book. Whether you were motivated by simple curiosity or a desire to expand your understanding and improve your clinical practice, I am proud of you for thinking outside the box and outside of all limitations. You are the MVP and your clients will appreciate you; I appreciate you too.

I became a therapist to understand people. As a young girl growing up in Southern California in the 1980s, I was witness to a wide range of human behavior. I observed that while some people around me were able to make decisions that resulted in the accomplishment of their dreams, there were others whose decisions did not match the goals they set for themselves, which resulted in difficult emotions and more maladaptive decisions. It was a lot for a young Black girl like me to comprehend. So, in my truest nature, based in inquisitiveness, learning, and the application of knowledge, I sought to learn more about

people, about Black people in particular, and, even more specifically, about Black women. I think I did well.

I became a therapist because I wanted to help. We as therapists cannot fix any person. In fact, I am not sure people are required to be fixed. I believe that they can be enlightened, gain increased awareness, and learn to make decisions that are congruent with their goals of self-actualization. I see myself as a guide and a healer of wounds that are so significant that they cause people to fall into the abyss of trauma, which prevents them from being who they want to be.

For Black women, this experience is made even more painful by the fact that much of their trauma or pain is not a reflection of their decisions but, rather, that of societal norms that have marginalized them twice, as Black people and as women. I specialize in working with Black women because while they have big dreams, the barriers imposed on them often seem unbreachable, and the obstacles they face are unrelenting. And I believe that if anyone deserves a safe space to explore, gain awareness, and work toward self-actualization, it is the Black woman.

I became a supervisor and professor because I love to teach and help others apply knowledge. When students and novice counselors engage in supervision with me, they want to learn and apply their wisdom. They want to help. They want to grow. They are like you because they are curious and ready to explore concepts that were not taught in graduate school.

Most mental health clinicians are well intended. Our graduate-level education and our desire to enter into a healing profession generally yield clinicians with big hearts and an eagerness to help. In our personal lives, we're often known as the "person who listens" or the "person who gives great advice." As a result of these academic and behaviorally reinforced experiences, as well as inherent psychological and personality-related traits, most clinicians will behave with good intentions. However, those of us that work with marginalized communities know and understand that intentions do not overshadow impact. In other words, the negative impact of an intention that has been poorly executed can be greater than the intention itself. We must consider this when working with Black women. A well-intended therapist can cause damage if they are not culturally competent to the dualized, marginalized experiences of Black women.

The common impact of a well-intended but culturally incompetent therapist is that the Black woman does not feel seen, heard, and understood, and she will subconsciously realign with the stereotypes that prevent most Black women from entering therapy. The greater impact is that she may stop participating in therapy altogether and never get the structured opportunity to heal. An additional, parallel impact is that she may tell her friends and family members about her negative therapeutic experiences, which may result in them not wanting to seek or participate in therapy, either.

This book is rooted in the good intentions of the clinician who is working with a Black woman client who also needs more information and knowledge to reduce their ignorance. In other words, this book is written to make sure there is alignment between intention and knowledge, so that the therapist's impact is positive, which can not only directly aid the client but also positively impact generations to come. My goal in writing this book is for clinicians to feel celebrated in wanting to know more about their clients; to understand their cultural limitations, either as non-Black therapists or otherwise; to learn more about the intersections of race, gender, culture, and mental health and to apply this knowledge to their work with clients, without asking their clients to serve as both the client and the educator. For the Black women readers, who are also clients in therapy, my goal is for them to feel seen and to understand that they are worthy of mental health services, while being given the space to vent, reflect, introspect, process, and breathe.

Let's get grounded in some terminology so we can have the same operational definitions. It is important to provide definitions for some terms that will be used throughout this book. Our society has a proclivity for inclusivity, which overall is a positive thing, but it has had an unintended consequence of preventing us from highlighting uniqueness and individual or cultural identity formation. When the following terms are used in this book, it is within the context of identity rather than politics.

**Woman:** An adult human being who lives and identifies as female, within and despite the sex-based identification rendered at birth (Cambridge University Press, n.d.).

**Black women:** This is a political term that refers to women who have direct lineage to the African diaspora and identify based on their skin color, general culture, and/or experiences. This term is interchangeable with African American women but is not limited to women born in the United States (Collins, 2000).

**Culture:** Culture is defined as a set of unique values, traditions, and beliefs that are transferred from one generation to the next through various methods of communication Kroeber and Kluckhohn (1952).

**Intersectionality:** Intersectionality is a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking (Crenshaw, 1989). Intersectionality addresses individual cultural identities of each person through an experience of interconnectedness and overlap.

In this book, trans women are included in the definition of women. Despite the political challenges that these women experience in this country, their current

lived experiences are aligned with womanhood. The uniqueness of their identity may be included in the identification of the LGBTQ movement. However, while many of their lived experiences align with the experiences of traditional Black women, I also understand that their lived experiences may include a dynamic layer that is not specifically addressed in this book, particularly due to the socialization aligned with their biological sex and the fight to be seen as who they currently are, not who they were born as.

## TO BE SEEN

When writing on lined paper, most people focus on writing within the margins, rather than along the page's edges. Keeping the content in the center of the page signals to the reader that it is significant—it's the main idea. The margins, on the sides, are narrower, so if a reader finds any content there, it will likely be comprised of fewer words, fewer full sentences, less full content, and thus, less significant and engaging content.

For many people within minority communities, this reflects their lived experiences. Their lives, community strengths, individual challenges, and overall existence are often pushed to the side, into the margins, and given less attention than the concerns of majorities. In a world where many issues, political policies, financial investments, and health-focused approaches are engaged with the centralized community of the racial and gender majority, many marginalized people are less seen and thus may become accustomed to being misunderstood, unappreciated, and devalued. However, there are some marginalized people who still fight back and use bold approaches in making sure that their lived experiences are seen, heard, and addressed with the same level of support and rigor that majority communities receive and experience.

In reading this book, you are taking a step toward fighting back, too. You are engaging in the process of learning, understanding, and realizing new things about the marginalized experiences of Black women. In living with two marginalized identities, many Black women are pushed even farther from the centralized issues of the majority yet remain hopeful and believe that one day they will be seen for who they are and their dynamic experiences will be recognized. For many Black women, the idea of being seen and valued is revolutionary. Being seen is worth the battle of presence, the work of building a seat at the table.

By reading this book and engaging with your Black woman client, you are better equipped to see her for who she is and not just her verbalized presenting issue or nonverbalized skill deficits or emotional challenges. In reading and engaging in this book, you will have context, strategies, and tips to elevate the therapeutic experience for your Black woman client. You will be able to see her, and she will appreciate you for it. While you may not have the power or systemic support to move your Black woman client from the margins to the majority, you will and do have the power to make a client feel that she is the center of

attention without feeling a consequence, a negative engagement, or a less than ideal experience, simply because she is Black.

When you first meet with your Black woman client, ask her: What does it feel like to be seen? Take note of how she answers so that you can use this insight, along with the tools you will find in this resource book, to make your client feel seen when she is in sessions with you or in her trusted community. She is ready. And you will be too.

## HISTORY x IDENTITY = A CULTURALLY RESPONSIVE APPROACH FOR CLINICIANS

While it is challenging to acknowledge and address the role of history in our current lives, especially since we (both the reader and the client) were not the makers of that history but instead are the recipients of its impact, we must take a stance in acknowledging how history has shaped our country and created the marginalization that we see in many repressed communities. When we consider the development of patriarchy from a political perspective that predated slavery and couple it with the racial divide that was used for economic growth and sustainability, we must acknowledge that women who were Black were the members of two major political structures that needed these women to sustain the structures. In other words, without women, patriarchy could not exist, and without Blackness, racism could not exist. Black women were needed and weaponized for the very systems that kept them oppressed.

Being in a powerless position, and at the same time being the very tool needed to maintain one's own marginalization, takes a massive psychological and emotional toll. The traumatic impact forced onto Black women is often beyond traditional words and has historical generational impacts. Acknowledging this, we can see that there are historical experiences specific to Black people, specific to women, and grandly impactful to the dualized identity of Black women. While this book is a guide for clinicians who work with Black women, this section will highlight the historical foundation of the uniqueness of the Black woman's identity, in a society that has chosen not to see her but absolutely needs her. Such a broad-based foundation is necessary for understanding the importance of a specific knowledge base for doing this work.

### Identity-Specific Issues That Affect Black Women: Race

The term *involuntary minority* was developed by Nigerian sociologist John Ogbu (1978) as he explored the variance between minoritized groups and their relative successes and challenges. Ogbu defined an involuntary minority in two specific ways, the "nature of White American involvement with their becoming minorities and the reasons they came or were brought to the United States" (Ogbu & Simmons, 1998). Involuntary minorities are different from voluntary minorities

because a voluntary minority has chosen to come to the United States to find opportunities and potential prosperity, while an involuntary minority did not have a self-determined reason or choice in being in the United States (Malone, 2023).

In consideration of Black Americans with ancestral enslavement, they are involuntary minorities. Their ancestors did not choose to be in the United States but, rather, were forced to be here because of slavery. Current day Black Americans who were born here did not choose to be here, but this is their home country. In moving to another country, they would still be a minority in that country. Even if they chose to move to a country that is highly populated by Black people, they will still be a minority because they are American. No matter where a Black American person goes, she will be a minority, voluntarily or involuntarily.

Even though forced to enter the United States, Black people fought in the Revolutionary War; their intent was to obtain freedom from slavery (Collins, 2013). Fifteen percent of the soldiers on both the American and British sides were Black people who desired independence for themselves and their families. At the end of the war, these nearly 5,000 people were forced back into enslavement; they realized that they had been deceived and used by both countries, neither of whom kept their promises (Collins, 2013).

Following the Revolutionary War, Black people, with the continued intention of independence, fought in the War of 1812. However, the outcome was the opposite of freedom; it was the denial of their participation and the committed decision to send them back into enslavement (History.com, 2022).

As further wars ensued, hundreds of thousands of Black people fought and died to protect the United States and those who had liberties to lead a life of freedom, justice, and prosperity, which despite their efforts did not include them. Counting the 12 wars the United States fought, including the Revolutionary War, Civil War, World Wars, country-to-country wars, and internal land wars, over 21% of the United States Army population has been Black (*Black-Americans: the United States Army*, n.d.). This equates to several million Black people who have fought and died for freedoms of Americans, which, due to segregation and systemic racism, did not include them. Yet, they themselves have not experienced the freedom that results from their sacrifice.

It was not until the Civil Rights Act of 1964 that Black Americans legally held the same rights as white Americans. Yet, while segregation is illegal, there continues to be overt and apparent discrimination that prevents true freedom in this country, specifically for Black Americans. This includes but is not limited to: disproportionate rates of education access and high-quality academic materials; disproportionate opportunities in safe and affordable housing and home ownership; a lack of access to wealth-building opportunities such as equal pay in jobs, access to corporate executive positions, investment in entrepreneurship and business ownership; and a lack of protection of life as proven by the disproportionate rates of death in health care, maternal and infant mortality, and murder by police.

As I lay the foundation for this book, it is important to understand the historical and racial context of what your Black women clients are facing. While this section is limited and focused on their ancestral and racial connection to fighting for freedoms that were not afforded to them, their present-day struggles are reflective of a continued fight for equality and the toll that takes on the mental health of Black Americans.

### Identity-Specific Issues That Affect Black Women: Gender

While it is common knowledge that men served their communities as hunters and women were gatherers, there are periods of history that are overlooked when considering the strength that was required to tend large areas of land and some of the physical limitations that women experienced during pregnancies or other phases of their lives. History readings describe patriarchal societies originating as a matter of circumstance in which men tended to the land that produced products that were often sold or bartered for economic sustainability or advancement while women focused on childrearing (Saini, 2023). As older men died, they passed their land to their sons who they believed were most familiar with tending to the land or livestock (Ananthaswamy & Douglas, 2018). Through this culture, men obtained power because they maintained financial access. Women, most of whom did not own land or livestock, were subjected to legal marginalization and domination, thus preventing them from having a voice in issues related to voting, banking, homeownership, and even their bodies (Pierik, 2022). While patriarchal culture governs many societies, Surowiec et al. (2019) note that historically there have been no less than 160 matrilineal societies in which power and wealth were passed down from mother to daughter and women governed the laws and practices of that society. Present day matrilineal societies include the Khasi tribe and the Minangkabau people of Indonesia, the Mosuo people of China, the Bribri people of Costa Rica, and the Akan people of Ghana.

As we consider the role of patriarchy in the lives of women, it is important to note the foundation of religion and the spoken and unspoken rules, expectations, norms, structure, guidance, and limitations that religion places on women. There are no less than 45 biblical scriptures that impact the lives of women and which claim that the man is closer to God and the woman is closer to the man, the specifications of an ideal woman, the role of the woman in the home, and how a woman should dress.

Universally, religion has served as the moral and righteous path for one's being and one's path toward salvation. Many women lean toward these scriptures, despite the negative implications on their mental and physical health. In fact, there are many women who use these scriptures to justify pro-life principles, infidelity in the marriage, self-sacrificial behaviors, and the deferment of dreams.

When considering the role of religion in the lives of Black women in the United States, it should be noted that approximately 64% identify as religious with an adherence to biblical principles, versus 51% of Black men in the United States (Mitchell & Mitchell, 2024b). Thus, more than 50% of Black American women follow religious teachings despite the negative implications the teachings may have on their lives. I tread carefully around the concept that religion is both positive and negative because it is manufactured (Harrison, 1990). However, when anything compromises mental health, contextually it may be unhealthier than not.

Culture serves as a guardrail of status quo and the continuation of ideology. There is a culture to womanhood that dictates the meaning and behaviors of femininity, as well as the details of womanhood, mothering, wifehood, careers, and even when it is appropriate to aspire to and utilize legal and societal rights. In the 1986 journal article, "The Politics of Self-Respect," Diana Meyers writes that "women have traditionally been victimized by a mandatory right to play a distinctively 'feminine' role which has undermined their self-respect." Through further explanation, she says that culture sets morals and values for beings, categorizes each being into boxes, and then expects each being to operate based on a cultural rule. A variation from the rule can upset the structure of society and, rather than address the variegated needs of that being, that being is ostracized and given two options: Revert and follow the rule or stay on the margin and risk a loss of belonging and safety. Many women who may want to redefine womanhood for their individual selves are forced to make the overt decision between security within norms that they do not value or insecurity while creating and demanding an experience they deserve. For some women, this concept has formed the foundation of their feminist beliefs and values. Yet, for Black women, the strategic risk of an added experience of insecurity is a much heavier decision to make. Thus, many Black women have stayed the course toward security, in fear that entering another marginalized experience would compromise their mental health and even their physical safety. There are many times when Black women reluctantly lean into the ideas, notions, and created rules of womanhood and femininity simply to avoid an added push deeper into the margins characterized by social unacceptance and a lack of safety.

### Intersections of Race and Gender for Black Women

From a research perspective, intersectionality is defined by Hernandez (2008) as

an analysis of the dynamic interplay of one's gender identity, ethnicity, sexual orientation, religion, age, disability status, and other diversity characteristics upon multiple aspects of one's identity, including the resources and lack of

resources these differences convey in the individual within their current societal context. (p. 11)

To understand the intersections of race and gender for Black women, the clinician must take a qualitative approach through talking, interviewing, comprehending, synthesizing, and adding the information to their personal schematic frameworks. While quantitative data is important, it simply lacks the nuances of all those who live at the center of intersections.

Allen (1998) noted that she and Black women have an identity that is socially constructed and based on her physical salience and her awareness of being socialized as a Black woman. To her, this makes her an outsider within any majority-based group and creates challenges such as conflictual encounters and dialectic tensions in the ethic of caring. According to Allen (1998), Griffin (2012), and hooks (1989), the conflictual encounters and dialectic tensions in the ethic of caring have implications for both Black and non-Black women leaders. Conflictual encounters are experiences with others who, for example, directly express or imply that a Black woman is either undeserving of her position and is present in a company because of her double minority status (Allen, 1998, p. 578). In these encounters, a Black woman may believe she has to choose between her race and gender in situations of opposition by determining, for her situational survival, if she aligns more with defending and advocating based on her race or defending and advocating on her gender (Allen, 1998, p. 578). Unintentionally, a Black woman may also be placed in a position of being a representative of her race, gender, or both (Allen, 1998, p. 579). Black women may internalize these experiences, bury their feelings, and lose focus on their position or purpose within the organization. Allen stated that Black women are only embraced through structured stereotypes that limit how they can express their emotions. These limitations can influence a Black woman's perspective of self as well as how she chooses to interact with others. Direct conversations addressing these experiences in the safe, nurturing, and developmental space of clinical supervision can serve as a validation of her being and help the Black woman client reconnect to continue her purpose.

In order to address the re-empowerment of Black women and the complete restoration of a positive self-image, therapy is an important key. However, Hernandez (2008) noted that postcolonial thinking addresses the cognitive restructuring that must occur for helping professionals to examine their questions and statements, so they are better aligned with liberation versus continued oppression of marginalized groups. The Cultural Context Model (Almeida et al., 1998) was created and examined as a means of working with individuals who share similar experiences of marginalization because of culture. The model provided structure to address ways that systems and experiences relate to power and privilege. Through this understanding, Hernandez (2008) expanded on

the cultural context model to make it applicable to psychology and clinical supervision utilization.

Hernandez (2008) proposed that the elements that challenge the socially constructed ideas of race and oppression become elements mental health workers use in their sessions with diverse clients. Through this approach, counselors benefit, because they will remain critically conscious of various issues and elements that address race and oppression. Hernandez and McDowell (2010) described the concepts of intersectionality, power, and relational safety within the context of mental health therapy and noted that the power structure allows a counselor to direct and guide a client's direction and perception of self. The influence of power needs to be addressed, specifically with clients of color who may be consistently subjected to being powerless in their lives. The counselor needs to initiate dialogues around intersectionality, power, and relational safety to strengthen the dynamics in the therapeutic relationship and lead to positive outcomes for the counselor, the clients, and the community.

Similarly, Yabusaki (2010) researched topics of diversity, privilege, and dialogue. Yabusaki used the emotions to create an experience of a dialogue around diversity helping the respondent to understand that emotions and responses are rooted in culture. Yabusaki concluded that culture plays a role in counselors' interactions with clients, and though it is often unconscious, it is important to build a structure of clarity so the counselor is aware and the client can learn and understand herself through the process.

Burnes et al. (2012) found clients expressed the importance of their clinician's ability to self-disclose, ask direct questions about their therapeutic relationship, and frequently explore the impacts of diversity in the group. The counselor's role, identity, and intentions must be clear, because they impact the client's learning experience, engagement, and safety in self-exploration. The impact of the Burnes study was that this approach often led to political activism because the clients explored culture, equality, women-centered variables, and relationship-centered variables. These areas were explored in depth through values related to self-care, nurturance, emotional connection, and consistent check-ins. Burnes et al. emphasized the importance of having clear and direct conversations when working with women. The conversations must be expansive and open to a range of feminist-based cultural experiences, but specific enough to have direct impact on the client in the session. In other words, counselors must be open to universal cultural truths, but also understand the impact such truths have on the individual client and the implications for her personal and professional identity.

Wong et al. (2013) explored themes of culture that had both a positive and negative impact on the therapeutic relationship. From the study, 20 themes emerged as factors that positively impact the relationship from a multicultural perspective. These themes ranged from counselors apologizing for mistakes to the client being open-minded and receptive. Additionally, 15 themes emerged

as factors that hinder the therapeutic relationship such as the inability to create a safe and trusting space. Also, many of the clients felt that their minority status had a role in the difficulties they experienced in this unique setting. They said it impacted them personally and affected their ability to acculturate to the setting.

The abovementioned research should be used as a guide in understanding the role of cultural competency in counseling those with intersected identities, especially Black women. While there is research to address intersected and multicultural identities, the best approach in understanding your Black women clients is to purely listen to them. Listen objectively. Listen subjectively. Understand they are the experts in their lives and your job is to guide them to becoming the version of themselves they want to be. Address any of your own biases, challenges, and limitations without expecting your client to educate you or without you projecting onto them. Remember to listen. And listen well.

## HOW TO USE THIS BOOK

Part I of this book centers on the lived experiences of Black women, the current and historical factors that motivate them to initiate and participate in therapy. Part II explores ways in which clinicians can support, help, and heal their Black women clients. This guide includes therapist's tips, catalyst questions, journal prompts, and case examples from my clinical practice that can be used by Black women.

### Therapist's Tips

There are times when we, as therapists, are sitting in our offices, planning for our sessions, or researching one of our areas of need and we find ourselves stuck. The therapist's tips are on-demand strategies you can use when working with your client, especially within a specific topic or range of topics. The therapist's tips reflect evidence-based items that intersect at the point of thought and action. The goal of the therapist's tips is to provide a point of reference and a written consultation that can guide you as you guide your client.

### Catalyst Questions

While we may have been trained in motivational interviewing, Socratic questioning, and therapeutic-aligned inquiry formats, there are times when we have the words in our mind but do not let them out because of our fear, insecurity in our roles, concern around misunderstanding, or simply doubting our skills and timing. There are other times when we are familiar with a topic, ready to engage a client, and do not have a starting point for the conversation. The catalyst questions are springboards into conversations around specific topics. They

should be used as the entry point for a conversation or a redirection at a pivotal moment. I encourage you to review the questions prior to the session, write a few of them on your notepad, or have the book handy in case you need them as a reference.

### Journal Prompts

Therapy requires clients to reflect by thinking about their past and to engage in introspection, which requires them to go inward, examine themselves, and see themselves for who they really are before they decide who they want to be. In our daily lives, we form rote routines that do not encourage reflection unless a problem has occurred. Rarely are we given the space to engage in introspection without being called selfish or self-centered. However, the journal prompts at the end of each chapter serve as the continuation of the session. One or more of the journal prompts can be assigned as homework too. These journal prompts can be used independently of therapy, either by the Black woman who is reading this book or by the Black woman client who is in therapy and would like to discuss a particular topic with their therapist. Some journal prompts are short and will resurface a memory, while others are a bit longer and may require several journal entries over multiple days and weeks. The journal prompts are a guide into reflection and introspection for the client.

### Therapist's Introspection

The therapeutic alliance is a relationship between you, as the therapist, and your client. In every relationship, each individual influences the other. In the therapeutic relationship, the design is that you influence your client through the questions you ask, the statements you make, and the model you demonstrate. However, there are times when your client will influence you too. Most commonly this can be a form of countertransference, especially if it is not addressed. Yet, within the context of this book, both as a reader and one who is applying the content, you may find that your client, her experiences, her statements, and her behaviors may influence your thoughts and engagement. This will serve as a basis for your own introspection, examination, and interpretation. Therefore, at the end of each chapter, you will see a standard set of questions that will allow you to dive deeper into your personal and professional introspection, as a therapist working with a Black woman client.

### Therapeutic Guide

The most insightful and informed therapists are the best therapists for Black women. Therapists do not have to be experts in the Black woman experience, but they have to be willing to learn about Black women and choose to be an

expert in their own personal life. Intersections between curiosity, skill, and care are needed.

While this book focuses on the lived experiences of Black women and what they need, this book also requires you to be willing to explore the depths of who you are. It's not Freudian, in that the client is removed from us and we are removed from them. It is the opposite. We help Black women as we, independently and without their in-session guidance, help ourselves. While this is a guidebook, I can only give you the tools and I hope you choose to use them. Instead of telling you what to do each session with your client, I'd like to offer two main things in each guide section of each chapter:

1. After reading each chapter, there will be a series of questions you can ask yourself, to be used as a combination of personal and professional introspection.
2. After each chapter, I will highlight three therapies and how they can be used in relation to the chapter's content and your Black woman client.

## CONCLUSION

You picked up this book because you were curious or because you decided that you want to increase your cultural competency. Thank you. I appreciate you. Your current and future clients will appreciate you. And the Black community will appreciate that you took the initiative to read more, learn more, and apply more.

While this chapter created a foundation for the information in the remaining chapters, please note that the content is sensitive and is dependent on your decision to engage with your Black women clients in new and powerful ways. Do not shy away from reading and do not shy away from applying the knowledge and skills immediately. The best way to learn is to apply. There is no need to wait. The time is now. Let's get to work!