

Clinical Vignettes

Strength as a Clinical Variable: Practical Tools for Addressing Culturally Compelled Coping in Black Women

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Vignette A: “I’m fine” — Group A

Maya is a 44-year-old Black woman presenting for a routine follow-up. BP is 156/94, and increased BP noted in the last two visits. She works full-time, and is the primary caregiver for her mother and her two teenage kids. She tells you she has been “a little tired but nothing serious.” She declines a mental health referral. She says she doesn’t have time for therapy and that she does not want to discuss share anything with a stranger.

Group tasks:

- Which culturally compelled coping mechanisms are visible in this encounter?
- What is her body telling you that she isn’t?
- What would you say next? *Refer to the Clinical Reframe Worksheet for examples.*
- How would you document this encounter to capture what’s happening?

Vignette B: “Pain wouldn’t be anything new for us” — Group B

Verbatim quote from resources (Cousin et al., 2022)

Denise is a 58-year-old Black woman with chronic knee pain from osteoarthritis diagnosed 4 years ago. She’s missed the last few appointments. When you ask how her pain is, she says: “Most of the time I just push through it. Pain wouldn’t be anything new for us.” Her NSAID prescription hasn’t been refilled in 6 months, and you confirm that she is inconsistently taking OTC medications. She admits that she is not sleeping well but states “I’ll sleep when things slow down.”

Group tasks:

- What clinical picture is forming under what she’s describing?
- How do culturally compelled coping and provider bias compound each other in a case like this?
- What would you say next? *Refer to the Clinical Reframe Worksheet for examples.*
- How would you document this encounter to capture what’s actually happening?