



Center for Child and Family Traumatic Stress
at Kennedy Krieger Institute

TRAUMATIC STRESS CHRONICLES

GROWTH THROUGH TREATMENT, TRAINING, AND RESEARCH

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TRAINING FRONT

HEALING ETHNO-RACIAL TRAUMA: TRAINING ACADEMY LAUNCHES HEART WORKSHOPS

An objective of the Collective for Anti-Racist Child and Family systems, formed as part of SAMHSA's grant to the Center for Child and Family Traumatic Stress, is to aid organizations and mental health service providers in adopting anti-racist and anti-oppressive approaches to care. We set a goal of training child welfare systems, health care workers, mental health providers, educators, and graduate students in interventions that follow these approaches. Now, the Collective and the Training Academy have begun trainings in the Healing Ethno and Racial Trauma (HEART) framework. We rolled out our first HEART workshop in the summer of 2022, and we intend to train 740 service providers over the 5-year course of the grant. We'll also begin training in Radical Healing and SHARP models in the coming months – see our *At the Center* column, page 4.

The HEART framework, developed by Nayeli Y. Chavez-Dueñas, PhD, and Hector Y. Adames, PsyD, aims to integrate Latino immigrant healing into trauma-informed therapy. In the United States, Latinxs often experience the negative impacts of systemic oppression, including ethno-racial trauma. Ethno-racial trauma commences from a legacy of oppressive policies, laws, and practices. It stems from experiencing or witnessing discrimination, threats of harm, violence, and intimidation directed at Latinxs and other People of Color. Nonetheless, the traumatic impact of institutional racism and other

forms of oppression is rarely addressed in the literature on trauma and psychotherapeutic interventions.

Healing ethno-racial trauma requires a focus on both the interlocking systems of oppression (external) that cause and maintain psychological distress, and the symptoms of the trauma (internal). The interlocking systems include nativism, racism, sexism, and ethnocentrism, as well as anti-immigrant policies that impact Latinxs (Figure 1). The HEART framework is comprised of four

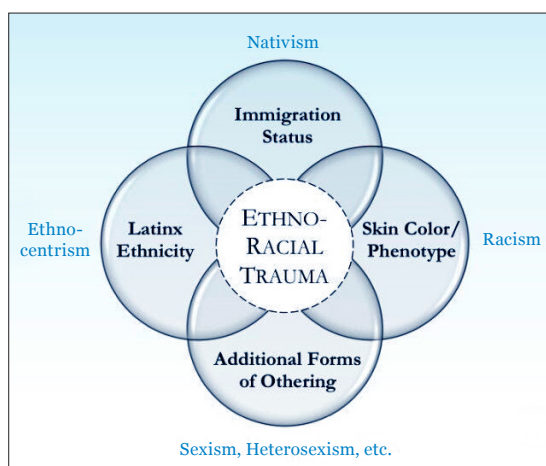


Figure 1. A model of ethno-racial trauma considers the ways in which intersecting historical and structural systems impact the well-being and health of Latinx immigrant communities and the resources available to them.

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DIRECTOR'S CORNER



In my Director's column in the Summer 2021 edition of this newsletter, I announced that our Center was the recipient of a \$3 million, 5-year grant from the Substance Abuse and Mental Health Services Administration. The award meant that after several years as an affiliate member of the National Child Traumatic Stress Network, we are once again a funded member of the network. In partnership with the Social Work Community Outreach Service of the University of Maryland School of Social Work, and the IC-RACE Lab in Chicago, IL, the funding allowed us to form the *Collective for Anti-Racist Child and Family Systems*, which has the overall goal of helping organizations adopt anti-racist and anti-oppressive healing structures and practices in the provision of care to Black and Latinx children and families who have experienced trauma.

I am happy to report that a little over a year later, we are making notable progress in accomplishing this goal. The project's Community Advisory Board was formed and now meets monthly. In our *Community Spotlight* column in this edition, you can read the perspective of one of its members on why she decided to join the Board and what she hopes her participation will help to facilitate. Our lead article, *Training Front*, provides a deep dive into Healing Ethno and Racial Trauma (HEART), one of the models being disseminated through the project's effort. To date, the HEART developers have trained two cohorts of mental health professionals, and we are scheduling well into 2023. We are supporting intervention implementation through consultation calls. *At the Center* touches on HEART and the two other frameworks in the project, SHARP and Radical Healing, but its focus is really on the intrapersonal motivations of the developers that led them to make this work a major part their professional calling.

Although not a part of the SAMHSA grant, but consistent with the theme of this newsletter edition, we highlight in *Intervention Insights* the work of Jennifer Shepard Payne, PhD, LCSW-C. Dr. Payne is a research scientist and a member of the Center's staff. Her efforts are centered on adapting Acceptance and Commitment Therapy (ACT) for Black clients through a model named Pulling Out of Fire (POOF). The model takes into account many of the systemic and structural issues that are important considerations when dealing with the trauma experienced by this population.

In our *Special Feature*, I had the pleasure of writing up an interview I conducted with three psychologists of color who are co-leading an effort by the NCTSN to increase awareness and utilization of trauma-focused anti-oppressive interventions created by BIPOC developers specifically for BIPOC children and families.

The efforts highlighted in this Fall 2022 edition are a testament to our individual and collective mission to foster racial justice as we promote healing from systemic and structural impacts.

Sincerely,

Elizabeth A. Thompson, PhD



Center for Child and Family Traumatic Stress
at Kennedy Krieger Institute



SPECIAL FEATURE

TOWARD ANTI-RACIST TRAUMA TREATMENTS: AN INTERVIEW WITH NCTSN RACIAL JUSTICE LEADERS

In 2017, the National Child Traumatic Stress Network created a subcommittee of its Culture Consortium to further support the NCTSN in becoming a leader in anti-racist and trauma-informed practice as it relates to racial justice. A working group of this Racial Justice and Trauma Subcommittee is focused specifically on increasing the utilization of interventions developed by BIPOC for BIPOC children, families, and communities that have experienced trauma. The Subcommittee's work is centered on a component of the collective racial justice efforts of many in our field to decolonize mental health care at the systemic level. There is broad acceptance that many of the current Eurocentric evidence-based trauma treatments have significant shortcomings. Typically, they are focused on individual factors and symptoms, and often fail to account for historical racism, current social conditions, ecological and environmental contexts, and lived experiences of People of Color. Evidence-based therapies are often modified for BIPOC – in many cases as an afterthought – in successive iterations by adapting previously tested models. As a result, the evidence base related to healing from trauma is inadequate and often ineffective when it comes to this population.

There is limited awareness of interventions that have been designed, created, or tested by and with BIPOC. The Subcommittee aims to center BIPOC voices and experiences as the experts in identifying what is needed, co-designing interventions, and evaluating the effectiveness of interventions. This paradigm shift recognizes that culture is not a "consideration," a "piece," or an "adaptation." Rather, it is the context necessary for understanding the source of our well-being.

I spoke recently with Subcommittee working group leads Won-Fong Lau Johnson, PhD,

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..TOWARD ANTI-RACIST TRAUMA TREATMENTS



Kimani Norrington-Sands, PhD, Owner, Lifting As We Climb Consulting.



Jacqueline Hargrove, PhD, Assistant Clinical Director at the Icahn School of Medicine at Mount Sinai.



Won-Fong Lau Johnson, PhD, NCSP, Assistant Director of Service Systems, NCTSN.

Kimani Norrington-Sands, PhD, and Jacqueline Hargrove, PhD. They noted that the first task of the group was to identify interventions to uplift. “We decided to reach out to people,” Dr. Hargrove said, “not just within the NCTSN, but community members, those with and without traditional academic credentials, essentially anybody doing healing work specifically designed for People of Color.” Not surprisingly, the three colleagues found that there is no shortage of outstanding, culturally grounded work in this arena. One of their immediate goals was to connect practitioners with developers, and they soon implemented a quarterly speaker series. The response to the two presentations to date suggests huge interest and need, which has raised questions such as how to expand training and consultation capacities, what type of follow-up to offer participants, and how to compensate speakers. A future step is to compile a list of interventions that can be added to the NCTSN website, coupled with the development of strategies to increase awareness and access to those individuals not part of the Network or not likely to go to its website.

A core feature of the selected interventions is the value placed on reaffirming cultural existence and a belief in the innate practices that communities share and make use of to heal themselves. The working group leaders offered as an example the resilience-focused intervention developed by one of the speakers in the series, Marva Lewis, PhD, an Associate Professor at Tulane University School of

Social Work. It incorporates hair combing rituals and interactions as ways to foster attachment and community connections between Black mothers and daughters. During my interview, Dr. Lau Johnson recounted some of the pushback Dr. Lewis had received about her intervention. “What do you mean hair combing? How is that an intervention?” Dr. Lau Johnson said. “Questioning the value of some aspect of a minoritized culture is a common oppression tactic, which in this case was overcome by Dr. Lewis having a supportive mentor, as well as perseverance, knowing her culture, and believing in herself and that she had something valuable to contribute.” Dr. Norrington-Sands added, “We are the experts of our own experience,” and we must “challenge the way the mental health framework is set.”

A barrier to advancing interventions developed by and for BIPOC is the limited view of what’s considered valid or evidence based and therefore worthy. Who decides on worthiness is a systemic issue that needs to be addressed in part by expanding the “gatekeeper” role, so that it is more reflective of the children, families, and communities being served. Additional solutions described by Drs. Hargrove, Lau Johnson, and Norrington-Sands in our talk included: increasing awareness among clinicians; creating opportunities and reducing programmatic and structural barriers to integrating culturally and racially responsive treatments without a traditional evidence base; and creating a groundswell of stakeholders who will push for a wider range of interventions to be accepted as effective.

The interviewees, all of whom work or have worked in environments that center whiteness and mirror the social hierarchy, reflected on the impact that advancing racial justice work has had on them personally. They noted the daily intersection of these two aspects of their lives, especially as it relates to engaging in work focused on helping others heal from inequities while still battling those same injustices themselves. What became clear during the conversation was the importance of the “holding space” created within the Subcommittee and their work with each other. “The space is congruent with my reality as a Black woman,” said Dr. Hargrove, “and it feels like a place that is affirming and uplifting and gives me energy to do the work.” Dr. Norrington-Sands echoed this sentiment and added, “My voice really matters and the work group provides a space to challenge systems.” Dr. Lau Johnson’s recounting of her experiences with racism, coupled with her passion for this work, spoke to her hope for future generations including those of her children.

For more information on the NCTSN Racial Justice and Trauma Subcommittee and the ongoing speaker series, contact Dr. Lau Johnson at WonFongLau@mednet.ucla.edu.

■ **Elizabeth A. Thompson, PhD**



HOW LIVED EXPERIENCES GAVE RISE TO SHARP, RADICAL HEALING, AND HEART FRAMEWORKS

The Collective for Anti-Racist Child and Family Systems is a remarkable partnership that brings together experts with lived experiences who have developed racially-conscious trauma frameworks, infusing trauma-informed care with strategies that acknowledge the social, political, historical, and environmental contexts of children and families of color. We plan to train clinicians, administrators, and service providers in these frameworks, which include SHARP, Radical Healing, and Healing Ethno and Racial Trauma (HEART). Training in HEART has already begun – see *Training Front*, page 1.

The framework developers have their own lived experiences and critical events that have transformed and shaped their thinking and contributed to the development of each framework. Wendy Shaia, EdD, developer of the SHARP framework, has more than 30 years of experience working in human services. In our recent conversation, she recalled struggling with the deep and intractable issues faced by children and families. It was not until she attended a workshop called “Undoing Racism” that she realized what had been missing. A young woman at the workshop, after learning about the racialized history of Baltimore, had shared with the other participants how this information helped her understand the multiple ways in which the city’s history impacted her parents. She reflected on all the social workers she had encountered in foster care who led her to believe her parents were intrinsically flawed. As a result of this revelation, she stopped blaming her parents for all they had gone through. The woman’s story was powerful for Wendy and reminded



Wendy Shaia, PhD, developer of the SHARP framework.

her of her favorite African proverb: *Until the lion tells his side of the story, the tale of the hunt will always glorify the hunter.* The hunter’s tale holds people personally responsible for everything that happens to them. However, the lion’s account acknowledges the structural barriers and challenges that keep people apart from services they need.

The SHARP framework provides a lens through which providers may view sources of oppression affecting clients, and partner with them to create plans of action to reclaim social power, address structural inequities, and change oppressive policies. The five components in the SHARP framework are **S**tructural oppression, **H**istorical context, **A**nalysis of role, **R**eciprocity and mutuality, and **P**ower. Wendy said she hopes that as a result of the Collective and the ability to train organizations and providers, a Community of Practice will develop in which people share and grow the SHARP framework, and new leaders and experts will emerge to continue this critical work.

The co-developers of Radical Healing and HEART, Hector Y. Adames, PsyD, and Nayeli Y. Chavez-Dueñas, PhD, both immigrated to this country as children, and their experiences

have shaped their values and bound them together professionally. They have dedicated themselves to improving the lives of those who have experienced ethno-racial trauma. Their work supports a critical paradigm shift for Latinx psychology. In it, they stress the importance of authentically exploring the painful history they all share around racism and internalized colorism, in order to create a truly healing process for the people they serve. Both Hector and



Hector Adames, PsyD, and Nayeli Chavez-Dueñas, co-developers of the HEART and Radical Healing.

Nayeli describe the process of developing HEART as spiritual synchronicity. Both said that something had been missing despite their formal education

and work as psychologists. This is often the immigrant experience; never quite feeling like you are at home. Each has found what feels like home in their work and contributions to the communities they love. For Hector and Nayeli, writing is a form of social and racial justice that fuels them to do the work.

They cited several important and influential people in the course of their careers. The first was Joseph L. White, PhD, known as the “Godfather of Black Psychology.” Dr. White has mentored countless professionals, deeply impacting their lives in teaching them the importance of working from a strength-based approach and producing excellence in order to benefit the community. Another mentor, Janet E. Helms, PhD, is a distinguished Black psychologist

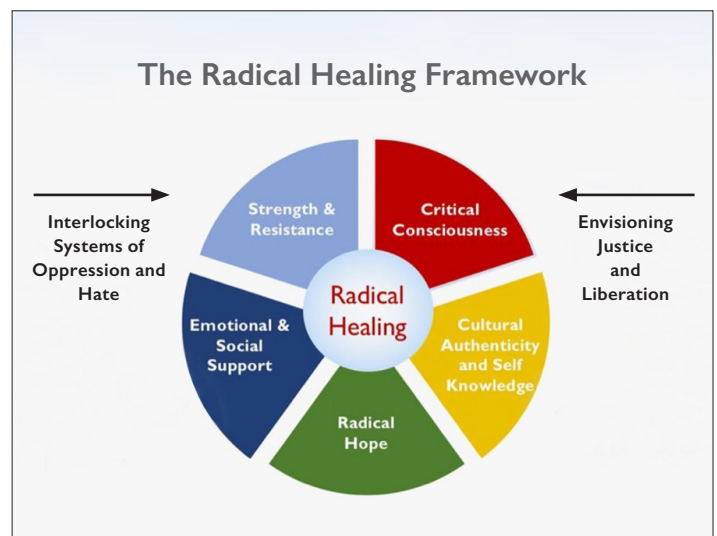


Figure. Radical Healing integrates principles from liberation and ethnopological psychology, Black psychology, and intersectionality theory.

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...SHARP, RADICAL HEALING, & HEART

who founded the Diversity Challenge conference at Boston College and brought together scholars from all over the country with innovative ideas around race, ethnicity, and culture. There, Hector and Nayeli met Helen A. Neville, PhD, who presented her work on racial colorblind ideologies. The Radical Healing concept was Dr. Neville's brainchild, further developed by a task force she formed with like-minded professionals of Indigenous, Black, Asian, and Latinx descent.

The Radical Healing developers examined their individual cultural and ancestral roots to inform their "out-of-the-box" approach to healing. The framework integrates principles from liberation and ethnopological psychology, Black psychology, and intersectionality theory to help Black, Indigenous, and People of Color heal from racial trauma. It is grounded in five anchors (see **Figure**): They are critical consciousness; radical hope; cultural authenticity

and self-knowledge; emotional and social support; and strength and resistance.

One of the critical aspects of the Radical Healing and HEART frameworks is that they come with principles that providers, organizations, and organizational culture can apply. Hector and Nayeli shared that they owe much of who they are today to the Black people in their lives, and more specifically, Black women, including Elizabeth Thompson, PhD, who brought together the Collective team to work on challenging organizations to adopt anti-racist and anti-oppressive principles and practices. Hector and Nayeli challenge us to imagine our world and profession where Black, Indigenous, and other People of Color have equitable access to opportunities and resources; a world where everyone can flourish, thrive, and lead.

■ **Betsy Offermann, LCSW-C**

...TRAINING ACADEMY'S HEART WORKSHOPS

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phases (**Figure 2**) for establishing sanctuary spaces for Latinxs experiencing ethno-racial trauma; acknowledging, reprocessing, and coping with symptoms; strengthening and connecting individuals, families, and communities; and encouraging liberation and resistance. Each phase is accompanied by a goal to aid providers in supporting wellness, healing, and growth.

TRAINING IN THE HEART MODEL

The HEART workshop is an eight-hour course that offers an overview of intersectionality theory, trains clinicians on the use of the HEART framework, and teaches and illustrates how clinicians can integrate the HEART framework into their clinical practice. Each course includes lecture, case studies, group discussion, and follow-up consultation with the HEART developers.

Because of ongoing COVID challenges, our first two HEART workshops were held virtually, and each workshop was conducted in two sessions of 4.5 hours each (this scheduling aids in concentration and retention of information within a virtual learning environment). Over the summer we trained a total of 55 service providers, with 23 in attendance for the June training and 32 for the July training.

THE HEART DEVELOPERS ON TRAINING

The HEART co-developers, Drs. Nayeli Chavez-Dueñas and Hector Adames, talked to us recently about their own experiences training providers to utilize the framework. First, we asked them to share unexpected challenges they may have encountered during the training sessions. "What surprises me as I continue to do the HEART training is how successful graduate programs were at indoctrinating us using a Western lens," Hector responded. "So the challenge is helping people expand their approach or adopt different lenses to understand the experiences of Black, Indigenous, and

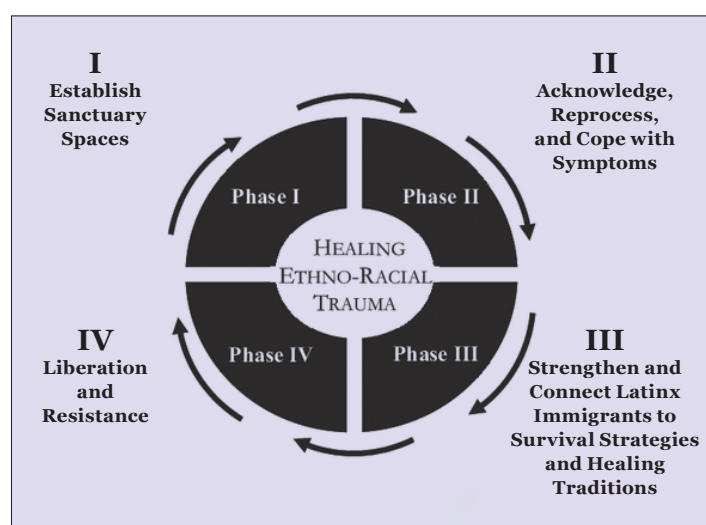


Figure 2. The four phases of the HEART framework. Each phase is meant to help Latinx immigrants to gain awareness, find relief, and cope with systemic oppression, and promote protection and resistance from the external causes of ethno-racial trauma.

People of Color. The challenge becomes how best to help people understand, adopt, and use a lens that is not hyper-focused on people's internal processes; although that's important, that alone is not enough. Training providers in HEART is one way to help re-socialize practitioners to adopt this new stance." Nayeli concurred, saying, "I was thinking about how ingrained that [graduate] training is in us and how it comes up when we think about the work we do with patients. We have been trained and socialized to create a hierarchy and to value models of treatment that are empirically supported. So, what we consider effective treatment approaches

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POOF: A CULTURALLY TAILORED ACT MODEL ADDRESSING BLACK AMERICAN TRAUMA

Blacks have the highest rates of trauma in the United States. For instance, research has found that Blacks more frequently meet the criteria for PTSD than whites, Latinos, and Asians. It is therefore essential that we provide appropriate interventions for Blacks in our communities who are in need of trauma-informed care. There is a dire need for interventions to effectively engage Black people and heal more than 400 years of intergenerational trauma in America.

Acceptance and Commitment Therapy (ACT) is an evidence-based intervention that allows us to understand suffering not as a diagnosable condition signifying dysfunction but as part of the human



condition. That is, the ACT intervention is non-pathologizing and normalizes the experience of suffering – characteristics noted in research to be appealing to Blacks. ACT also normalizes avoidance and helps us move individuals and families toward value-driven living. Thus, ACT can be a viable intervention for Black trauma,

especially if it is provided through the Social Determinants of Health (SDH) framework. This article briefly describes a culturally tailored ACT program to address Black trauma that integrates the SDH model. It is known as Pulling Out of Fire™, or POOF™.*

The Centers for Disease Control defines social determinants of health as conditions affecting various health risks and outcomes: “life-enhancing resources” like food supply, housing, economic and social relationships, transportation, education, and health care. The World Health Organization defines SDH as the conditions in which people are born, grow, work, live, and age. These circumstances are shaped by the global, national, and local distribution of money, power, and resources. Thus, structural factors, and not just the individual or family level elements that clinicians often focus on in psychological treatment, are thought to impact mental health and well-being.

What is the significance of the SDH model applied to ACT for trauma-exposed Blacks? Many studies have shown correlations between trauma and lifelong health problems, including the seminal adverse childhood experiences (ACEs) study in 1998 and the Philadelphia Urban ACEs study in 2013. Applying an SDH model to ACT can potentially address these negative health outcomes related to trauma.

For example, the concepts of ACT are valuable for moving clients toward their life values. However, the titles of some of these concepts – such as “psychological flexibility,” “the hexaflex model,” “experiential avoidance,” and “cognitive fusion” – are not culturally friendly. While these terms are familiar to ACT therapists, they are

less easily grasped by the layperson. Rephrasing them into clearer language based on cultural considerations can improve ACT use and benefits among Black clients. POOF consists of new, culturally friendly phrases that are parallel in meaning to classic ACT phrases. The figure below shows the classic ACT hexaflex compared to an ACT hexaflex with culturally tailored language (see **Figure**). Along with culturally tailored language, metaphors and interactive elements of the classic ACT model are also tailored for the culturally congruent model.

At its core, the ACT intervention addresses pain by normalizing it as a human response and encouraging psychological flexibility (moving forward toward values despite the pain). ACT teaches that pain is inevitable – while suffering is not. Unfortunate events happen to everyone at one point or another in life. However, when we try to un from pain or deny, minimize, avoid, or suppress it, this causes the suffering that hurts us rather than helps us. If we desire to move from just surviving to thriving, we need more psychological flexibility.



Figure. Pulling Out of Fire (POOF) consists of new, culturally friendly phrases that parallel the language of the classic ACT model. The figure shows these adapted phrases, followed by the classic ACT phrases,

There are universal factors that influence all humans’ pain experiences. Yet, additional factors influence the experience of Black pain in the US, such as inequitable access to care and racial bias. These other factors are systematically addressed through the POOF model. For more on these factors and how POOF applies the social determinants of health to ACT for Black people, visit www.poof-pullingoutoffire.com.

■ **Jennifer Shepard Payne, PhD, LCSW-C**

*See *Out of the Fire: Healing Black Trauma Caused by Systemic Racism Using Acceptance and Commitment Therapy* (to be published December 1, 2022). Written for both clients and clinicians as well as those not in therapy.

COMMUNITY ADVISORY BOARD GUIDES COLLECTIVE FROM CONCEPTS TO CHILD-SERVING SYSTEMS

The Community Advisory Board of the Collective for Anti-Racist Child and Family Systems was established to ensure that plans are responsive to the needs of children and families. The Advisory Board is composed of Black and Latinx youth and caregivers of current or previous clients of the Center for Child and Family Traumatic Stress and the University of Maryland School of Social Work child and family trauma programs in Baltimore, as well as a facilitator from each program. The Board meets monthly to provide input to guide the development of project plans, review messages and materials, contribute to formative evaluation, and advise the Collective team.

I had the pleasure of meeting with Board member Fancie Kirby, a parent and consumer of services, and one of our Board facilitators, Kathya Lamourt, Case Manager for Discharges and Waitlists at our Center, to discuss their important work as we move forward with the grant.

IN CONVERSATION

with Emily Driscoll-Roe,
LCSW-C



FANCIE KIRBY

Community Advisory Board
member



KATHYA LAMOURT

Community Advisory Board
co-facilitator

Fancie, what led you to decide to be part of the Community Advisory Board?

Fancie Kirby: I'd had had lots of conversations with the person who recommended me for the Board, that dealt with just the stress of navigating regular things being a Black person – especially in a predominantly white environment – and how many layers you go through just to get basic mental health services. There's just a lot of stress that goes with that. And so out of all these conversations, the Advisory Board came up, and the person said, "Look, this is what we're doing. It may be a good way to knock down some of those hurdles. I think it'd be good if you could help steer the conversations about what's going on and what you have experienced getting services as a Black person and talk to other people who join the Board." And I said, "Yes, I want to do that."

A question for both of you: What are some characteristics of the Advisory Board members that you believe have made this Board effective?

Kathya Lamourt: Our Board members want to have that impact, they want to be able to advocate. They have experienced difficult things regarding racism and have decided that they want to drive change in conversation. We look for people who are genuinely interested, like someone who had therapy with us or at the UMSSW and is able to see what a good-serving system is, and they want that good for everyone else.

Fancie: Because I've experienced what my kids experience now, being Black in predominantly white environments growing up, and I didn't have someone to advocate for me, I know how painful it was and is. I've overcome it now. So how do we create spaces where we're not exhausted by the extra layers? The truth is that when we feel welcome, we're more likely

to get the services, right? And a part of creating spaces is showing faces and having representation.

Kathya, as a Board co-facilitator, what are your hopes about what the Board can accomplish to improve access and address race-related health disparities?

Kathya: We have people on the Board who are active in their communities and have lived experiences that are really important in developing our goals. We take the opinions and thoughts of the Advisory Board and translate that into how professionals can better serve their patients and their clients and improve these family-serving systems. There's a lack of trust between those who have felt oppression and those who are in positions of power in healthcare – bridging that gap between what leadership is doing and the people who are being served so that there'll be less negative experiences and more positive ones and we can rebuild that trust.

And as an Advisory Board member, Fancie, what do you hope will come out of your participation?

Fancie: Increasing awareness at the very least, because we have a lot of conversations now in the last few years about privilege and people didn't know that there's a thing called privilege. I remember my neighbor, who is a white person, telling me, Oh, you just go and do such and such a thing. And I was like, Yeah, no, we tried that. It didn't work, and it didn't work because we're Black, we didn't get that reception.

Also, publications. That there may be a publication about what we worked on and a cheat sheet with suggestions about how to welcome people of color and allow them to give feedback. Maybe a handout that is created and that is given, like institutions do with HIPAA, that explains the law and the values of the organization.

■ **Emily Driscoll-Roe, LCSW-C**

...TRAINING ACADEMY'S HEART WORKSHOPS

THE COMBINATION OF HEART WORK AND CLINICAL PRACTICE WERE POWERFUL. I LEFT WITH TANGIBLE SHIFTS AND OVERWHELMED WITH THE WEIGHT OF THIS WORK.

– HEART WORKSHOP PARTICIPANT

THE TRAINING GIVES US NAMES/LABELS/Framework TO USE AS WE DISCUSS OUR WORK WITH PARTNERS OR WRITE FOR FUNDING. BEING ABLE TO POINT TO THIS Framework FOR WORK WE HAVE ALREADY BEEN DOING, BUT COULDN'T VERBALIZE WHY, PROVIDES US BOTH CONCIENTIZACIÓN (AWARENESS) AND LANGUAGE TO SPEAK TO SYSTEMS WHO SEEK CERTAIN SCIENTIFIC VALIDATION FOR OUR APPROACH IN ORDER TO GRANT US CREDIBILITY.

– HEART WORKSHOP PARTICIPANT

often come from a mainstream Western lens that often ignores issues of race and culture. Some of those models blame the person for the conditions they experience.”

Hector shared, “Cognitively, I know that we are living through some of the most painful periods during our lifetimes and that many of us BIPOC therapists are also contending with racial trauma. It’s beautiful to see how the training provides a sense of community for people while also witnessing how challenging it is to center oppression’s role in our work as therapists. Intellectually, I get this, but discussing matters of society and the heart, pun intended, is emotional, it engenders hope.”

We then asked: Have you noticed differences between providers of color and providers who are white in terms of how they respond to and adopt the HEART material over time? “I think the main difference is that for providers of color, the experience of ethno-racial trauma and the multitude of ways we have been harmed is unfortunately not new for many of us,” Nayeli said. “We not only read about our experiences as people of color, but we live it daily. Regarding the application of the framework, I think the challenges are similar across races in that we are asking all providers to change how we conceptualize the presenting concerns of the clients. And to consider changing our lens so we can better support clients in healing from ethno-racial trauma.”

Hector added, “Therapists of color deal not only with their client’s content, but the stories often reflect their own realities. So there are extra hoops, hurdles, pain, and triggers that are taking place with therapists of color who are learning how to work with clients who are experiencing ethno-racial trauma. The challenges are, how do we help? Our training aims to support all therapists by considering what’s my stuff, your stuff, and our stuff. As therapists, we need to keep these three stances in mind.”

We’re grateful to Hector and Nayeli for sharing their thoughts and experiences as we go forward with our HEART workshops.

■ Danielle Gregg, MA

Figures in this issue were adapted from:

(page 1 and page 5) Chavez-Dueñas, N., Adames, H., Perez-Chavez, J., Salas, S. (2019). Healing ethno-racial trauma in Latinx immigrant communities: Cultivating hope, resistance, and action. *American Psychologist*, 74, 49-62.

(page 4) French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*, 48, 14-46.

(page 6) Payne, J. S. (2022, in print). *Out of the fire: Healing Black trauma caused by systemic racism using Acceptance and Commitment Therapy*. New Harbinger Publications.



Your stories are our stories, especially in times of great challenge. Please feel free to contact us about changes and events in your own work spaces. Our email: TSChronicles@KennedyKrieger.org