Community-Centered Approaches to Advance African American Consciousness and Healing Related to Racialized Trauma

A Future of Excellent Emotional Health and Wellbeing

African American Leadership Forum

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AALF is a data-driven, people-empowered movement of over 1,500 African Americans who self-identify as thought leaders, influencers, builders, and ambassadors. Collaboratively, these leaders volunteer their time, talents, and treasure to help the AALF build a just, healthy society that works better for all of us. Today, we are looking to the future! AALF is developing innovative programs that connect African American businesses, people, and industries by creating spaces that empower the Black community to share ideas, celebrate, and work together to bring about change.

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BACKGROUND

This report is a follow-up to a 2018 study completed by A. Richmond and R.D. Peoples to determine what barriers related to healing from race-related trauma were reported by African American participants in Minnesota. That study, commissioned by the African American Leadership Forum (AALF), found that very few participants were aware of the trauma resources available in the community (2018 report summary in Appendix). This follow-up report presents the results of one-on-one interviews with 9 racial trauma experts intended to gather information that can be used to help advance community-centered treatment of and healing from racial trauma in the Twin Cities. Practitioners were asked to provide recommendations on how to (1) increase the African American community's knowledge of race-related trauma and ways to heal; (2) better encourage African Americans to seek mental health resources to address racialized trauma; (3) increase the visibility of available resources for healing from trauma; (4) more effectively collaborate or partner to better respond to trauma; (5) increase the visibility of and knowledge about healing from racial trauma within the general medical community; (6) identify issues that practitioners working in healing from trauma should be aware of; and (7) make research on racial trauma and healing easily available to increase public awareness. The experts were also asked to share information on research that has been done to increase awareness of culturally specific and trauma-informed mental health care.

The African American cultural trauma and healing practitioners who were interviewed for this report included Atum Azzahir, Chief Executive Officer, Chief Cultural Compliance Officer, and Elder Consultant in African Ways of Knowing for the Cultural Wellness Center; Ingrid Cockhren, Midwest Regional Community Facilitator for ACEs Connection; Gretta Gardner, Deputy Director of Ujima Inc: The National Resource Center on Violence Against Women in the Black Community; and BraVada Garrett-Akinsanya, Clinical Psychologist, Executive Director, African American Child Wellness Institute, Inc., and Founder and President, Brakins Consulting and Psychological Services, LLC. Also interviewed were Brandon Jones, Psychotherapist, Professor, Behavioral Health and Healing Consultant at Jenga Institute; Clarence Jones, Community Engagement Consultant for the Hue-MAN Partnership; Resmaa Menakem, Healer, Author, Trauma Therapist, and Chief Executive Officer at Justice Leadership Solutions; Samuel Simmons, Licensed Alcohol and Drug Counselor and Behavior Consultant at Samuel Simmons Consulting, which specializes in practical, culturally sensitive trauma-informed work with African American males and their families; and Oliver J. Williams, Executive Director of the Institute on Domestic Violence in the African American Community at the University of Minnesota School of Social Work.

KEY FINDINGS

The interviews provided multiple examples of community planning, growth, and change that can be used to create and enhance community-centered approaches toward advancing African American consciousness and healing related to racialized trauma. Among the key findings are the following:

Increasing Knowledge of Race-Related Trauma and Healing

The 9 practitioners agreed that it is important to demystify the concept of mental health, which has negative meanings in African American communities. They called for a community-wide multimedia campaign and educational opportunities to help the community better understand mental health and racial trauma.

Encouraging African Americans to Seek Mental Health Resources

The practitioners agreed that community leaders and service providers can play a major role in supporting connection-building and safety for community members and helping them learn about and access safe and supportive emotional health resources. The community also has a role in fostering community resilience and enabling individuals and communities to take more control over their health and lives.

Developing Community Resources and Services for Healing from Trauma

The practitioners made a compelling case for strong community-centered collaboration to create greater visibility for culturally sensitive community resources and services for healing from trauma. They also noted the importance of educating more practitioners who specialize in race-related trauma. The practitioners mapped out a range of options to achieve these shifts, which included a media campaign and community education offerings.

Creating Stronger Collaborations and Partnership to Meet Community Needs

The practitioners argued for forging stronger collaborations and partnerships while also acknowledging current successful working relationships. Enhancing collaboration is important, they agreed, because addressing race-related trauma at a community level is far too complex for a single person or a single organization to tackle alone. Collaborations and partnerships that include people with culturally appropriate skills can do a better job of addressing race-related trauma, according to those interviewed.

Increasing Knowledge About Healing from Racial Trauma within the Medical Community

The 9 practitioners identified many factors involved in implementing and enforcing change in health care, including environmental and technological factors and provider demographics. The most important of these factors, according to the providers, are the demographic makeup of health care providers and their knowledge level, as these directly affect the quality of patient care.

Anticipating Trends in Work on Healing from Trauma

Practitioners identified 5 main trends they anticipate surfacing in the next 3 to 5 years: more media tools and community education regarding historical trauma; classes on trauma and healing; many types of organizations improving culturally specific responses; additional race-related trauma work paths; and more organizations and people working together to collectively impact race-related trauma.

Sharing Research and Resources for Increasing Public Awareness

Of the practitioners interviewed, all were or had been involved in some type of research, analysis, or program development associated with race-related trauma and/or healing specifically related to the African American community. Among the sources they noted were experiential observations working with black men and teaching them how to talk about their traumatic experiences; an investigation of the racial inequality of sleep that showed that black Americans do not sleep as well as whites; an exploration of where black women get their support; and an examination of white body supremacy.

CONCLUSIONS

Perhaps the major conclusion that can be drawn from this analysis is that individuals, families, practitioners, and organizational leaders all have vital roles in building an engaged, competent, and connected community in which all groups, especially those at highest risk for mental health problems, can tap into tools, resources, and high-quality health care. One of the identified ways in which those leading and providing race-related trauma and healing services can advance that goal is engaging in partnerships and collaborations that will strengthen their work. The practitioners strongly urged the use of culturally appropriate and relevant approaches in addressing emotional health issues and encouraged the deployment of practical actions that can help build a more confident and connected African American community. Finally, they identified training and supporting more formal and informal practitioners as a critical component in creating community-centered approaches that advance African American consciousness and healing related to racialized trauma.

Background

By now, many people have come to understand the multiple and intersecting ways that trauma has negatively affected the health of the African American community. Examples of trauma's physical and emotional effects are intense emotion, anxiety, loneliness, anger, and, in some cases, violence. These symptoms are experienced by many people in response to specific situations, but the repetitive occurrence of such events among African Americans adversely impacts their quality of life in complex and sometimes unmanageable ways.

Historical trauma is the cumulative emotional harm of race-related incidents on people over generations, including slavery, lynching, rape, murder, segregation, family separation, racism, racial disparities in the criminal justice system, economic inequality, and everyday microaggressions such as negative verbal, behavioral, and environmental communications that create hostile and derogatory social environments. Historical trauma, in other words, is not just about what happened in the past but about what continues to happen daily.

When the African American Leadership Forum (AALF) commissioned the Richmond and Peoples study in 2018 to determine what barriers to recovery from race-related trauma were reported among African American community members in Minnesota, their research found that very few of the participants were aware of trauma-related resources in the community (2018 report summary in Appendix). Most were unable to identify any individuals, community groups, or organizations that provide culturally specific care for African American families and reported that if they needed to find culturally specific trauma-related mental health services, they would ask a family member or friend or search online. Some said they preferred to handle such issues on their own, and about a quarter did not think their specific needs as an African American were likely to be understood by health providers.

The 2018 study asked 556 African American adults, most living in Washington and Ramsey counties, 14 survey questions: how they handled stress; if they felt at risk of developing health issues; whether they had experienced violence, abuse, neglect, racial discrimination, or racially motivated violence; whether they had sought mental health services; the type of services they had sought (e.g., therapist, medical doctor, community adviser, clergy); how helpful such services were; whether they knew of community resources that offered such services from an African American perspective; whether they knew about trauma-related services available in the community; and what barriers prevented them from seeking mental health services.

Almost all of the study participants had experienced racial discrimination, and most had also experienced violence, abuse, or neglect. Less than half had experienced racially motivated violence, and most had not sought mental health services for racial discrimination or race-related violence. The study found that a majority of the survey participants who had sought services (e.g., asked a therapist or counselor for help) found those services to be only moderately helpful. Most participants reported handling stress by spending time with friends and family, and well over half agreed that exposure to violence, abuse, or neglect can increase a person's risk of developing mental and physical health issues. Unfortunately, many said that the social stigma associated with seeking psychiatric or psychological care prevented them from seeking help.[1]

To help close this information gap in the Twin Cities' African American communities, the study's authors recommended that AALF continue community outreach, conduct additional research, and foster collaboration with current and new entities to strengthen the presence and effectiveness of initiatives, resources, and services that focus on mental health in African American communities.

This report, which was commissioned by the African American Leadership Forum in 2019, compiles insights gathered from one-on-one interviews conducted by GrayHall with 9 professionals who practice in the area of race-related historical trauma. It is the second phase of AALF's plan to understand and advance the work of addressing race-related trauma and healing within African American communities in the Twin Cities. The African American cultural trauma and healing practitioners who were interviewed for this report included Atum Azzahir, Chief Executive Officer, Chief Cultural Compliance Officer, and Elder Consultant in African Ways of Knowing for the Cultural Wellness Center; Ingrid Cockhren, Midwest

Regional Community Facilitator for ACEs Connection; Gretta Gardner, Deputy Director of Ujima Inc: The National Resource Center on Violence Against Women in the Black Community; BraVada Garrett-Akinsanya, Clinical Psychologist, Executive Director, African American Child Wellness Institute, Inc., and Founder and President, Brakins Consulting and Psychological Services, LLC. Also interviewed were Brandon Jones, Psychotherapist, Professor, Behavioral Health and Healing Consultant at Jenga Institute; Clarence Jones, Community Engagement Consultant for the Hue-MAN Partnership; Resmaa Menakem, Healer, Author, Trauma Therapist, and Chief Executive Officer at Justice Leadership Solutions; Samuel Simmons, Licensed Alcohol and Drug Counselor and Behavior Consultant at Samuel Simmons Consulting, which specializes in practical culturally sensitive trauma informed work with African American males and their families; and Oliver J. Williams, Executive Director of the Institute on Domestic Violence in the African American Community at the University of Minnesota School of Social Work.

During the interviews, the practitioners identified successes, challenges, research, and lessons learned regarding race-related trauma and discussed strategies for inspiring the whole community to address racial trauma and healing. Gathering these responses was intended to enhance the link between theoretical knowledge and the practical, day-to-day opportunities for addressing racialized trauma and healing by providing data, trends, and information and treatment strategies. The 9 professionals recognized that members of the African American community may need extra support to reach out for help and may be unaware of existing services and resources.

It was clear that the 9 practitioners wanted community members to be motivated to take actions in culturally specific ways and believed it is important to create and provide tools and ideas that will allow the community to assist in that process. The interview data revealed seven basic pillars of support that can raise awareness and help educate and persuade community members to take actions that will promote healthy behaviors

- Increase knowledge of race-related trauma and healing
- Encourage African Americans to seek mental health resources
- Develop community resources and services for healing from trauma
- Create better collaborations and partnerships to meet community needs
- Increase knowledge about healing from racial trauma within the medical community
- Anticipate trends in work on healing from trauma
- Share research to increase public awareness

[1] Richmond, A. & Peoples, R.D. (2019). *Culturally Sensitive Trauma-Informed Mental Health Care Project: A Community Survey and Analysis*. Minneapolis, MN: African American Leadership Forum.

Key Findings

The groundbreaking work of the 9 practitioners interviewed for this report provides a foundation for better understanding how to better support racialized trauma efforts in the Twin Cities African American community. Those interviewed expressed a dedication to strengthening the health of the community and improving the quality of life of every community member. All had deeply considered what the community, working together, can do to provide and promote actions that value relationship and well-being over separation, silos, and individual goals. The practitioners had extensive experience doing direct service work in the Twin Cities' African American community and educating audiences across the country about racialized trauma. All shared a sense of collective community responsibility while offering solutions for interrupting current stigmas related to African American mental health. They also shared data that can help inform decision making when working with members of the African American community, identified community engagement and collaboration as critical to their work in healing racial trauma, and proposed strategies for advancing those efforts. All were frustrated by the persistence of failures to address African American emotional health and healing despite valiant efforts by people of good intent to fix them.

The interviewed practitioners were asked to provide recommendations on how to advance 7 goals.

SEVEN GOALS

HOW TO...

1. **increase the African American community's knowledge of race related trauma and ways to heal**
2. **better encourage African Americans to seek mental health resources to address racialized trauma**
3. **increase the visibility of available resources for healing from trauma**
4. **better collaborate or partner to respond to trauma**
5. **increase the visibility and knowledge of healing from racial trauma among the general medical community**
6. **identify trends that practitioners working on healing from trauma should be aware of**
7. **make research on racial trauma and healing easily available to increase public awareness**

Increasing Knowledge of Race-Related Trauma and Healing

According to Resmaa Menakem, healer, trauma therapist, and author of *My Grandmother's Hands*, a self-discovery book that examines white body supremacy in America from the perspective of trauma and body-centered psychology, "Racialized trauma means that many of our ancestors from hundreds of years ago had no access to physical or mental healing from the institution of slavery. What our history has taught our bodies and our minds is that there's a historical energy that generates trauma." As he pointed out, slavery marks just one specific period of trauma and healing that African Americans need to understand, followed by others such as Jim Crow laws that enforced racial segregation and the struggle for constitutional civil rights in the 1950s and 1960s. The practitioners agreed that while it is important to understand the impact of such historical trauma and ways of healing, it is also necessary to demystify the concept of mental health, which has negative connotations in African American communities.

Gretta Gardner, deputy director of Ujima Inc: The National Resource Center on Violence Against Women in the Black Community, also advocated for helping the Twin Cities African American community learn to address racial trauma within the larger context of African American history. "Just to know our history, we need curriculum in every state, town or school. Just not knowing why I can't buy a home, why can't I have generational wealth is problematic. We are not able to see trauma playing out as clearly in contemporary society as we did several generations ago."

As shown in Table 1, the practitioners called for a community-wide multimedia campaign and educational opportunities to help the community better understand mental health and racial trauma. To improve emotional health and healing, they also recommended that such efforts focus on encouraging community members to seek authentic, culturally responsive services to address historical racism and intergenerational trauma. For example, clinical psychologist BraVada Garrett-Akinsanya recommended teaching Mental Health First Aid methods to trusted community advisers such as clergy, barbers, and hairstylists.

TABLE 1: How to Increase African American Community Knowledge of Race-Related Trauma and Healing

RECOMMENDATION	RESPONSES
Demystify mental health and racialized trauma	3 (33%)
Community education and/or troop of trainers	3 (33%)
Multimedia campaigns	2 (22%)
Encourage a community-wide effort	2 (22%)
Provide Mental Health First Aid training for community advisers	1 (11%)
Work with credible health providers to recover from historical racism and address intergenerational trauma	1 (11%)
Create and use more authentic culturally responsive organizations	1 (11%)

More than one option could be mentioned per respondent *N=9*

DEMYSTIFY MENTAL HEALTH AND RACIALIZED TRAUMA

Unfortunately, as licensed counselor and behavior consultant Samuel Simmons noted, race-related trauma is not yet a well-known or widely understood concept, and thus "we first must get acquainted with the term and what it means." Several practitioners noted that a multimedia campaign could help demystify race-related trauma. Gretta Gardner, deputy director of Ujima Inc, agreed that demystification is important in helping the African American community unpack trauma and associated stigmas regarding mental health, such as beliefs that all people with mental health issues behave the same way and that mental illness is mostly imagined.

A community-centered multimedia campaign might include radio, television, newspapers, and other media, and especially culture-specific outlets like KMOJ and the Insight and Spokesman newspapers, all of which serve the Twin Cities market. In addition to public service messages, the practitioners felt that ongoing media articles on the topic could help keep community members informed and that announcements about

"Racialized trauma means that many of our ancestors from hundreds of years ago had no access to physical or mental healing from the institution of slavery."

RESMAA MENAKEM, *Justice Leadership Solutions*

mental health resources could be regular parts of church newsletters. People who are unchurched could be reached by user-friendly informational brochures in schools. They recommended that specific attention be given to placing informational materials in culture-specific schools like Harvest Preparatory School in Minneapolis.

It is important, according to the practitioners, for this multimedia campaign to feature African Americans. "We really don't have proper mental health information that's articulated by people who look like us," said Brandon Jones, psychotherapist, professor, and behavioral health and healing consultant at Jenga Institute. Practitioners also noted the value of opportunities for community members to experience kente circles and other forms of group work conducted from an African cultural and relational perspective as ways to allow people to talk openly and honestly about what they are experiencing.

STAGES OF CHANGE

Several practitioners noted that community change tends to occur in stages, and thus examining racial trauma may need to take several paths to ultimately lead to change. According to Oliver Williams, executive director of the Institute on Domestic Violence in the African American Community at the University of Minnesota School of Social Work, "When we talk about trauma, some people can recover from it, but most people need to experience stages of change before acknowledging change can occur. Some people have talked about a traumatic experience and how they overcame the trauma based on awareness of their changed lives."

Simmons suggested that African Americans begin the healing process by identifying their experiences of race-related trauma, to "start with an understanding of trauma then add race to it." As he explained, most African Americans indicate that they know what racial trauma is but "primarily talk about it being trauma done by white folks or system effects of racism on blacks. Often, folks don't think about how racial trauma shows up in community." As Jones noted, "Depression can show up in very different ways. It can affect socioeconomics, identity, and education." Offering contrasting examples, Brandon Jones said, "Take two high schools: Southwest, a mostly Caucasian population, and Henry High, a significant African American population. Students in both schools are smoking weed. The stressors at Southwest are shown in acts of rebellion for example, 'Don't tell me what I cannot do.' At Henry, there is more social aggression such as fighting. Young black males are getting killed by other black males and whites and police officers."

MENTAL HEALTH FIRST AID

Mental Health First Aid is a training course that teaches participants how to identify, understand, and respond to signs of mental illness and substance use disorders. The training is intended to give participants the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance-use problem or experiencing a crisis. According to Garrett-Akinsanya, such training can offer information to people through community venues they already frequent, such as hair salons, barbershops, and faith communities. Training can provide trusted advisers in these venues with information they need to identify, understand, and respond to signs of addiction and mental illness and ways that people can access mental health resources. For example, she stated, "You have to train the ministers because many of them believe you can pray depression away or that God is supposed to take care of the voices that people suffering from schizophrenia hear in their head."

Ingrid Cockhren, Midwest regional community facilitator for ACEs Connection, agreed that ministers could be referred to community education programs to assist them in learning about ACEs the Adverse Childhood Experiences Study of traumatic events that can have negative, lasting effects on health and well-being. Adverse childhood experiences range from physical, emotional, or sexual abuse to parental divorce or incarceration. She recommended that such programs "aim at black churches. Talk to church

leadership about ACEs and who they should refer people to who can help them start healing."

Brandon Jones agreed that African American community members are more likely to confide in people within the community because they trust them. "Mental health advisers, like my aunt or uncle, show up in community," Brandon Jones said in jest. "But not all of the people that community members rely on can distinguish between mental health diagnosis and emotional health stresses," he said. Similarly, Cockhren suggested building a troop of trainers to serve in community education settings, using a train-the-trainer model whereby troop members would go out into the community to share information and produce a collective impact.

Several practitioners noted that a community education approach, which promotes learning and social development for individuals and groups within a community using a range of formal and informal methods, may be another strategy that could help African American community members to better understand trauma. According to Cockhren, African Americans "need community education that includes use of the word trauma with a focus on how slavery has impacted us. It needs to be related to topics African Americans can understand, like addictions, root causes of ADHD [Attention-Deficit/Hyperactivity Disorder], and domestic violence."

"Just to know our history, we need curriculum in every state, town, and school—just not knowing why I can't buy a home, why can't I have generational wealth is problematic. We are not able to see trauma playing out as clearly in contemporary society as we did several generations ago."

GRETTA GARDNER, *Ujima, Inc.*

REQUESTING HELP

Those interviewed also acknowledged that community members face challenges in finding safe, authentic places to obtain services. They agreed that not all sources of help are necessarily equal and that organizations or professionals with histories of authentically addressing race-related trauma are most desired in treating African Americans. Clarence Jones, community engagement consultant for the Hue-MAN Partnership, indicated that "everyone out there isn't offering safe spaces" and noted that "it's hard to identify people who are really about the business of serving us black people."

Generally, according to Clarence Jones, "It is very difficult for many African Americans to admit to health challenges" and "the stigma of not being perceived as strong or resilient" can make it especially challenging to ask for help with mental illness concerns: "We are adjusting to extreme stress. We struggle every day. We've developed our skills to address stress over time—they call it resiliency—but it's more shameful if you can't suck it up. You think you look weak if you need help. It's not weak to take care of yourself."

Expressing a similar view, Menakem said, "Black men don't seek treatment unless something is poking out of their skin. Before an individual can address or heal from individual and communal trauma, they first have to recover from historical racism. We've leaned in and recoiled from trauma and tried to find ways around it, but it's intergenerational trauma. You can't do it individually; you have to eventually do it communally."

Similarly, Williams stated that many may feel it is not possible to heal from trauma. "The reality is we will talk about trauma—but it's different if we talk about being a victim. People don't talk about healing from it because people don't think it's possible to heal. People have been hurting for such a long time they don't know what to do, where to turn. What we know is that intervening in partner violence can help healing happen, show healing is possible."

Encouraging African Americans to Seek Mental Health Resources

As the practitioners acknowledged, the Twin Cities already have assets within the African American community that can serve as building blocks for good mental health, such as skills and knowledge about historical trauma and healing and social networks, faith communities, and community-based organizations that authentically support healing from trauma. Community leaders and partners can play vital roles in supporting connection-building and safety and helping community members learn about and access safe and supportive resources. The community also has a role in fostering community resilience and enabling individuals and communities to take more control over their health and lives. Asked about how to more effectively encourage African Americans to seek mental health resources to address race-related trauma, practitioners recommended two primary strategies: working to normalize the existence and use of mental health resources in community conversations and maintaining momentum already underway in addressing historical trauma and healing.

As shown in Table 2, several suggestions offered in response to the previous question were mentioned again in the context of how to encourage African Americans to seek out mental health resources to recover from race-related trauma. These included normalizing the existence and use of mental health resources through launching a multi-media campaign and promoting community education classes on historical trauma and healing; recruiting, and retaining more African American practitioners appropriately educated in race-related trauma services; developing quality standards and evaluating the value of culturally specific emotional health services to ensure their effectiveness; replacing the term "mental health" with a more neutral alternative; and maintaining current momentum.

The practitioners emphasized the importance of taking a community-centered approach to race-related trauma by mobilizing assets within the community and increasing people's sense of control over their own health and lives.

TABLE 2: How to Better Encourage African Americans to Seek Mental Health Resources to Address Race-Related Trauma

RECOMMENDATION	RESPONSES
Normalize mental health resources in conversations.	3 (33%)
Community education	3 (33%)
Multi-media campaign	1 (11%)
Recruit and retain more African American practitioners (trained in culture-specific services)	3 (33%)
Develop quality standards and evaluate quality of culturally specific emotional health and healing services.	1 (11%)
Reduce stigma by using "emotional health" instead of "mental health."	1 (11%)
Don't lose momentum.	1 (11%)
Community centered approach	9 (100%)

More than one option could be mentioned per respondent *N=9*

COMMUNITY EDUCATION TO NORMALIZE TRAUMA CONVERSATIONS

Again promoting the value of community education, Cockhren described her community education work related to epigenetics, which involves genetic control by factors other than an individual's DNA sequence. In educating community members about epigenetics, Cockhren discusses the impact of black slavery and Jim Crow (i.e., laws or institutions related to the physical separation of black people from white people) and how U.S. policies and laws have damaged African Americans' DNA. Yet as she points out, "Most times, with education we can change the mental health of African Americans, allowing the modeling of a new DNA."

TERMINOLOGY AND STIGMA

Simmons, reiterating long-held stigmas associated with the word "mental," proposed "let's stop using mental, because that word scares us. We associate it with life-threatening illness." Because extreme mental

illness is associated with major distress and problems functioning in society, at work, or within families, people sometimes confuse references to even good mental health with serious mental illness. Positive mental health includes feelings of happiness and satisfaction with life, or what is known as emotional well-being. Simmons thus believes that African American community members are more comfortable with the term "emotional health," which suggests positive individual functioning in terms of self-realization, known as psychological well-being, and positive societal functioning in terms of being of social value, known as social well-being.

Williams also agreed that the stigma associated with mental health is wide-ranging and reiterated the importance of avoiding stigmatizing terms, such as "acting or being crazy," when encouraging African Americans to seek help. He also argued that "African Americans need to have options of assistance that are practical and functional. It just can't be one-on-one talk therapy conversation." He thus recommended finding support groups that can help confront individuals or groups about problematic behaviors. "Some groups that try to get inside your head are not useful. For African American men, getting into groups with other African American men can help address stigmas associated with therapy." Menakem agreed with the need to use different words to make resources more accessible to African Americans: "We have to start languaging it," such as using more appropriate terms like racialized trauma, with African Americans.

Azzahir offered terms that would be helpful in avoiding use of "mental illness." She suggested speaking instead about "memory healing," "health of spirit," "health of mind" and "cultural literacy." Discussing some of the Cultural Wellness Center's (CWC) work, Azzahir said, "Our experience of dialogue with people about their sense of isolation and abandonment, loneliness, and cultural homelessness gave CWC the people's theory of sickness. On many levels, the "individualism, loss of culture and loss of community makes you sick," Azzahir stated.

Practitioners pointed out that in some cultures people do not recognize mental health issues as illness. "In our African American community," Garrett-Akinsanya said, "someone who hears or sees things that are not there sometimes call them 'visions' and 'visions' have a long history in our community, and it's not usually called schizophrenia." For instance, Harriet Tubman, known as the Moses of her people for helping hundreds of black slaves escape to freedom despite a bounty for her arrest, reported having sleeping and waking visions that she credited with helping her to stay safe as an escaped slave and to chart the paths she took with the escaped slaves she brought to freedom.

CULTURE SPECIFIC SERVICES AND QUALITY

According to Brandon Jones, the Twin Cities African American community would benefit from having more health practitioners working in the field of racial trauma. "We need to encourage African Americans to think about mental health as a career field—creating new, stronger links among existing professionals doing the work."

Another consideration raised by the practitioners is finding ways to evaluate the quality of services being provided to the community so that community members know whom they can trust. Clarence Jones said, "Authentic engagement—real serious dialogue and conversations is valuable. If we don't like someone in our community such as a health provider, we diminish them although they may be authentic." Jones believes that evaluating the professionals who are serving African American communities could help people better select providers they can trust.

Noting that African Americans often use their personal "grapevine" to seek help when they are sick, Azzahir suggested that:

> Much more work can be done by the African American community to rally around African American providers who are seeking ways to meet the needs of a growing number of African American participants. African American providers are often overwhelmed by system definitions of mental illness and the narrow number of avenues to get reimbursed for culturally based services with multiple prongs. The current mental health system is a medical model that forces providers to describe participants' conditions in specific ways that are prescriptive as well as descriptive. When describing a diagnosis, African American providers have to follow the European systems medical model to get reimbursement. This model not only forces the providers to describe a surface level of the condition but also may require the provider to limit the services they want to provide because such services are not reimbursed. The fifth edition of the DSM [Diagnostic and Statistical Manual of Mental Disorders] which approves payment for legitimate services has not been changed

to incorporate alternative cultural approaches to healing the mind.

Azzahir went on to say that a DSM diagnosis may reinforce a person's sense of being crazy and "it stays with you and shapes how you see yourself." She noted examples of ways in which ADHD, bipolar, and schizophrenia diagnoses have negatively impacted the lives of people in the African American community. Additionally, the DSM "limits and completely disregards the family—the kinship network in the community—which furthers the pattern of isolating African Americans from others," she stated.

According to Azzahir, "The African American cultural healing approach includes the family kinship network, allowing the reinforcement of the community's cultural principles as individuals heal." Reinforcing the community's cultural principles as individuals heal is very often included in the work of CWC providers "but it is not viewed as medically necessary therefore not reimbursed," she said. As a community organization providing advocacy for the restoration of cultural ways, the CWC seeks to provide support to mental health providers by pairing providers with African American elders and services navigators. "We also encourage healthcare to include cultural ways of healing in their medically necessary credentialing system, especially in cases where culturally specific practices are necessary, Azzahir explained.

In the cultural restoration work of the African American community, the CWC is learning and teaching "a sane alternative to the western medical model for African Americans. The anchoring teaching of the model," according to Azzahir, "is in healing the mind and the memory for Africans in America whether Africans are direct descents of slaves or colonization." Azzahir emphasized the work of scholars of African descent who have created the knowledge of black psychology or African centered optimal psychology. She said that "they are ahead of the medical systems especially the DSM's descriptions and prescriptions on healing the mind. We as Africans have a spiritual curriculum which is building toward healing as a community. We must consult our scholars and our own scholarship," stated Azzahir.

Azzahir would like to see providers change the ways they talk to and treat program participants when they come to health care institutions. "Friendly European providers still have a way of being the ones who primarily treat our mental health, and they need additional knowledge about our culture and the ways we can heal" so that their practices can change, she said.

Gardner also stressed the value of culturally specific programming, especially the kind that identifies African American assets, which she called the "stuff for us by us" paradigm: "We need people who understand our culture to rate us and help unpack our strengths in addition to deficits." As she noted, "ACEs can't be used for everything. It can't be imposed on every person, especially in schools. Categorization can cause harm. It's concerning when you hear an African American person talk about themselves in psychiatric/psychological language, such as a young man describing himself as having 'Criminogenic Thinking Patterns' or 'I've been using prostitution as a survival mechanism.'"

Focusing on such behaviors often overlooks community assets that Gardner emphasizes are important to good health and healing: "Outcomes are different when our communities take care of ourselves."

COMMUNITY-CENTERED APPROACH

The practitioners underscored that taking a community-centered approach to dealing with emotional well-being will require having more African American practitioners to call upon to provide culturally specific emotional health and healing services. Explaining the value of focusing on community, Simmons stated, "We've been so conditioned to talk about whites and systemic oppression that people feel safe blaming systems. Just like any dysfunctional family, as a people we don't want to own what happens in our own homes. Our existence has been based on co-dependency with whites. When whites get removed from the equation, we have to look within and ask ourselves, how do we get well?"

Garrett-Akinsanya described the difference it can make to have trusted African American therapists in the community. Her own practice, for instance, is "working to normalize access to care "by opening a mental health clinic in the Urban League Building "because that's where the people are seeking other services (employment, housing, etc.). People come there for social justice, tax help during tax season—people are already there. We call it getting the 'mental health hook-up.'" As an example, she mentioned that when she ran into a client at the Urban League, "I wasn't going to acknowledge her because of confidentiality, but she brought attention to me, telling her friend, 'This

is my therapist—you need to schedule an appointment with her!'"

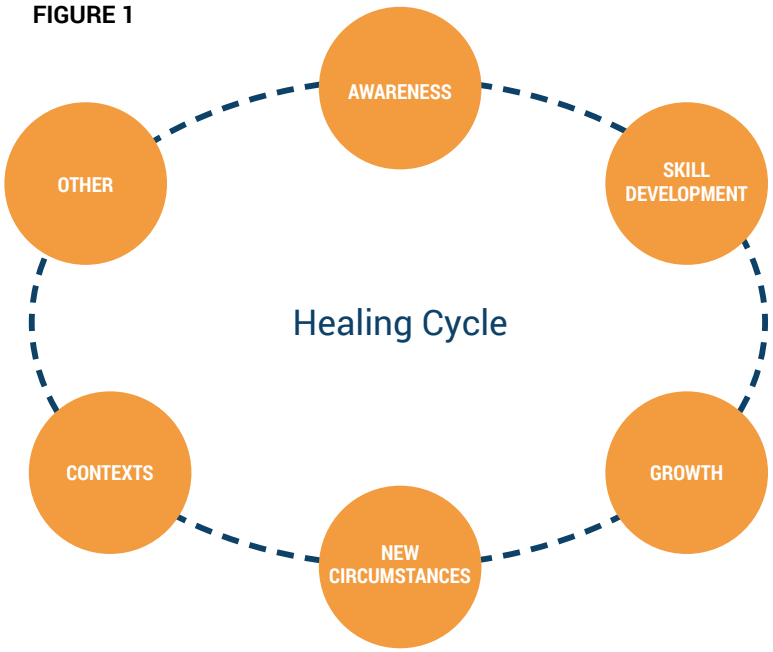
Continuing to discuss the value of culturally specific services and finding unconventional ways of making such services available to African Americans, Garrett-Akinsanya reported that sometimes "people will pay for services in other ways that really touch me personally, such as someone cooking me a pot of greens or a pan of cornbread—that's Afrocentric. Our program is based on wellness and seven principles of African practical wisdom and commonsense intelligence."

MOMENTUM AND URGENCY

Above all, the practitioners interviewed for this project believed that the African American community should not slow down its efforts to address race-related trauma and healing. Maintaining the momentum of work already underway is important if the community is to as quickly as possible create a future where everyone has the opportunity to be healthy, they stated. Discussing the seminal work of the Community Empowerment Through Black Men Healing Conference, Simmons said that ever since its founding in 2008, people have "said we were moving too fast, we needed to slow down. We can't slow down. It's eating us alive from the inside out." The Black Men Healing Conference has offered candid examples and discussions of race-related trauma and healing in cultural contexts that allow community members to understand its workings in personal and societal ways. Some of these factors are organizational or institutional, such as needed improvements in systems, while others include "more trauma by black people on black people," ranging from domestic abuse to gang violence.

Gardner believes that the African American community should address racial trauma with a greater sense of urgency. Noting the shortage of culturally specific services, she fears that "services may not be readily available when people need them. Right now we have a 6-month waiting list for free counseling. We are dying, and individuals need to self-identify what they need for healing." At the same time, she also emphasized that healing is a lifelong process that doesn't necessarily end by working on race-related trauma but includes a cycle of awareness, including skill development, growth, new circumstances, contexts, and other as depicted in Figure 1.

FIGURE 1



Developing Community Resources and Services for Healing from Trauma

Asked for recommendations on how to increase the visibility of available culturally sensitive community resources and services, the practitioners made a compelling case for building strong community-centered collaborations and providing more practitioners with greater knowledge about race-related trauma. As shown in Table 3, the practitioners mapped out a range of options for achieving these goals, including earlier suggestions regarding employing a media campaign and community education to increase the visibility of trauma-related resources and services.

The practitioners pointed out that professionals in the field need to do a better job of drawing together and disseminating information on community resources and services that offer culturally sensitive responses to race-related trauma. Their suggestions for doing this offer a conceptual framework for building stronger collaborations between practitioners and the African American community and partnering with higher education to recruit and graduate more practitioners who are equipped to work in the area of racialized trauma and healing.

All of the practitioners discussed the challenges that African Americans have historically faced when attempting to access services. One way to obtain and expand services, they noted, is recovering cultural practices used by ancestors. An example is the practice of African spiritual traditions. As Jacob Olupona, professor of indigenous African religions at Harvard Divinity School, was reported saying, "African spirituality simply acknowledges that beliefs and practices touch on and inform every facet of human life, and therefore African religion cannot be separated from the everyday or mundane." It is vital that such healing work not be done alone, according to Menakem, and thus community tools and resources must be made available for individuals and families. One lingering issue is the need to train people who can talk to others and each other about race-related trauma and healing, he said.

Williams made a similar point, observing that "there's a skill set that's necessary" to increase the visibility of available culturally relevant resources and services for healing from trauma. Cultural competency is important, and you can be a good resource regardless of your culture." Nonetheless, the messenger can also be important, and he recommended using the Association of Black Psychologists and Black Social Workers' electronic mailing list as tools to increase the visibility of professionals with skills in helping patients heal from trauma.

Cockhren recommended that all mental health providers get trained and stay up-to-date on trauma and healing. She identified online groups such as Black Women's Health Imperative, which is pushing for improved health outcomes, as good resources for staying up-to-date on trauma and healing trends and research. Facebook and other social media sites and churches were also recommended as ways to increase the visibility of available culturally sensitive resources and services for healing from trauma within the community. Faith communities, according to Williams, can also be places to train paraprofessionals as pastoral counselors who can offer mental health support. "Churches are different ministries today than in the

TABLE 3: How to Increase the Visibility of Community Resources and Services for Culturally Sensitive Responses to Trauma

RECOMMENDATION	RESPONSES
Encourage community members to start accessing existing tools, resources, and services.	5 (55%)
More African Americans with psychology degrees.	2 (22%)
Reclaim cultural practices used to survive.	1 (11%)
Develop a media campaign.	1 (11%)
Offer community education (e.g., learn importance of cultural communities, train people to talk about race-related trauma).	6 (67%)

More than one option could be mentioned per respondent *N=9*

[2] Chiorazzi, Anthony, (2015). "The spirituality of Africa," Cambridge, MA: *The Harvard Gazette.*

"Friendly European providers still have a way of being the ones who primarily treat our mental health, and they need additional knowledge about our culture and the ways we can heal."

ATUM AZZAHIR, *Cultural Wellness Center*

past. They focus on health ministries and domestic violence, and people get trained to do the work. There's a rape crisis line at some churches and they have to have someone to listen and respond" to those who call, Williams said.

Garrett-Akinsanya also noted the importance of educating more African Americans in the field of psychology in order to provide necessary trauma-related services and increase the visibility of community resources. She observed that there are "a lot more African American social workers than psychologists" who have earned doctorate degrees and would like to see African American leaders push for change in this higher education area. While she recognized that community-centered work to address trauma and healing is a journey that is constantly evolving, she also believed that graduating more African Americans with psychology degrees will be a critical lever in healing racial trauma. According to Garrett-Akinsanya, the number of African American psychology graduates is declining each year, which she attributed to "a backlash after President Obama or modern-day racism. There's a limited number of openings and African Americans are not usually the most sought after candidates to get into doctorate programs at well-known schools," she said.

In promoting community resources, Clarence Jones cautions that attention must be paid to making sure resources are good for the African American community as a whole and demonstrate respect for all segments of that community:

> Here, in Minnesota, a black family can be biracial or multiracial. There have been many mixed marriages. Some African Americans are pretending we're accepting of all black professionals, but we aren't—African Americans should not be mad at anyone, and we shouldn't judge just on skin color or sex. African Americans are working to change health care responses to mental health.

Williams likewise called on professionals to learn the importance of cultural communities, noting that NorthPoint Health and Wellness Center, a health and human services organization in Minneapolis, addresses multicultural factors in its work in both physical and mental health.

Creating Collaborations and Partnerships to Meet Community Needs

While acknowledging current successful working relationships, the practitioners made a convincing case for creating stronger community-centered collaborations. Enhancing collaboration among people with appropriate skills is important, they agreed, because addressing race-related trauma at a community level is far too complex for one person, a single organization, or even two partners to tackle alone. The kind of strong collaborations that practitioners envisioned would also help disseminate evidence and learning on community-centered approaches to health and wellbeing and develop frameworks for working effectively with the African American community. As Table 4 shows, the practitioners called for both enhancing collaboration and supporting existing work.

Azzahir recommended that leaders and practitioners collaborate with community media outlets, including newspapers, radio, and television, to actively share information about race-related trauma and increase the visibility of available community resources and services. Brandon Jones suggested that organizations build resilient partnerships to strengthen existing community services, especially within schools: "We're partnering to build up programs in schools by working with social workers and family therapists. Schools are key to community education." Cockhren also identified creating solid partnerships that serve the community as a good way to increase the visibility of available community resources and services for healing from race-related trauma.

Gardner recommended providing affordable or free services such as meditation and healing circles to assist community members with improved sleep habits and providing permission to just have "do-nothing days." She noted that many African Americans have inadequate sleep hygiene and that it is important to take time for self-care, since such behavior contributes to poor emotional health.

BROADER COLLABORATION

Garrett-Akinsanya acknowledged that few African American mental health professionals are currently working in collaboration with white colleagues and that accordingly the locations where white colleagues work and most of the Twin Cities' African American community currently get help are not always safe spaces for those patients because many practitioners are uninformed about race-related trauma. Building stronger collaborations among African American trauma specialists and white practitioners, she proposed, could improve services to African Americans.

Noting that dysfunction within the African American community often makes collaboration among African Americans challenging, Simmons said trauma has created "a lot of blind people in our community's leadership." Not addressing racial trauma can create retaliatory behavior by African Americans toward other African Americans, such as anger, and nothing changes or improves, he added. Acknowledging such behaviors as barriers to collaboration is a necessary first step to building better alliances to address African American trauma and healing. African American people need to tell "our stories to each other" and work on building respectful relationships that will enhance collaboration, Simmons said.

EXISTING COLLABORATIONS AND PARTNERSHIPS

Although the practitioners indicated that some of the existing African American partnerships and collaborations are working well, they also described ways in which they

TABLE 4: How Practitioners Working in Healing from Trauma Can Better Collaborate or Partner to Respond to Community Needs

RECOMMENDATION	RESPONSES
Enhance collaboration (e.g., current collaboration does not match community needs).	5 (55%)
Support existing work (e.g., ACE movement, private practitioners as part of a model).	5 (55%)

More than one option could be mentioned per respondent *N=9*

"Not addressing racial trauma can create retaliatory behavior by African Americans toward other African Americans, such as anger, and nothing changes or improves."

SAM SIMMONS, *Samuel Simmons Consulting*

might be strengthened or improved. Cockhren, for instance, pointed out that a growing body of research has made it increasingly apparent that adverse childhood experiences (ACEs) are a critical public health issue and that collaborative activities associated with ACEs have proven effective. ACEs are defined as potentially traumatic experiences and events, ranging from abuse or neglect to living with an adult with a mental illness, that can have negative and long-lasting effects on health and well-being in childhood or later in life. The accumulation of multiple adversities during childhood, which is common in the African American community, is associated with especially deleterious effects on development.

Those interviewed described ways in which collaboration has helped practitioners think about various mental health factors in new ways. Cockhren stated, for instance, that historical trauma is usually included as part of the DEI movement (Diversity, Equity, Inclusion), and therefore DEI education tends to call attention to racism, poverty, intergenerational trauma, and ACEs. Williams mentioned several private practitioners who are collaborating with various agencies on race-related trauma, including retired therapists he referred to as elders who are willing to be engaged in such efforts.

He noted that a number of doctors, researchers, and professional affinity groups, such as the Minnesota Association of Black Psychologists (MnABP) and National Association of Mental Illness Minnesota (NAMI-Mn), are working together in various ways on race-related trauma. To make it easier for black psychologists to connect with one another and for the larger community to connect to black psychologists, MnABP has developed a website with a link to a *Directory of Black Mental Health Resources*. A major goal of MnABP is to promote greater awareness of the mental health needs of African Americans and to join with others to seek solutions.

Azzahir stated that collaboration is happening between African American providers to a larger degree than is known. An example is the strong relationship between the CWC staff; Resmaa Menakem; and Larry Tucker, therapist and CEO of Kemet Circle, a nurse midwife owned, and operated women's health consulting collective that is committed to improving the health of women one client at a time. The CWC is "consciously engaging formal and informal therapy approaches along with family and kinship coaching for providers and program participants," Azzahir said. CWC also co-sponsors trainings for community members and organizations involved in staff development and systems dialogues.

In addition, CWC tracks and shares lessons learned and best practices related to: (1) the challenges African American providers face in effectively meeting "the often overwhelming needs for caring and recognition by the African American community;" (2) the economics of maladaptive behavioral patterns (i.e., behaviors which some people use to avoid directly confronting the discomfort of new situations or environments); and (3) African American providers' capacity to lovingly meet these needs, Azzahir noted.

"In spite of our study of the historical memory underneath the maladaptive patterns of behaving," Azzahir continued, "or as our ancestor, the late professor Amos Wilson author of *Falsification of African Consciousness*, says—we support each other closely. African American psychohistory is a blending of black history, black genius, and black healing from the consequences of white supremacy." Professor Wilson also spoke of white supremacy as an effort to maintain a particular state of mind. According to Azzahir, he said, 'In a sense we must be out of our minds and we must be kept out of our minds.'

Azzahir described her organization, the CWC, as "healing African American cultural trauma-informed care," not just the "trauma-informed care" that has become a major movement today. "Culturally sensitive trauma-informed care" refers to the capacity for health care professionals to effectually provide trauma-informed assessment and intervention that acknowledges, respects, and integrates patients' and families' cultural values, beliefs, and

[3] Watson, V., Howard-Wagner, D., & Spanierman, L, eds (2015). "Theorizing White Racial Trauma," *Unveiling Whiteness in the Twenty-First Century: Global Manifestations*, pp247-264. Lanham, MD: Lexington Books.

practices. In such cases, "culture" extends beyond the identification of a child and family's race and ethnicity to include such other variables as faith/religion, sexual orientation, region of residence, level of acculturation, and closely related factors such as socioeconomic status and literacy level.

Menakem explained that a variety of culture-specific "communities all across the country are working on healing from trauma." First, he said, they are building "containers" to have the necessary discussion, work he said has been going on for about three years. In the book, *Unveiling Whiteness in the Twenty-First Century: Global Manifestations*, writers Veronica Watson and Becky Thompson acknowledged the "trauma of whiteness" by saying that "racism also impacts those who commit direct acts as well as those who are collaborators, supporters, and silent witnesses." "White bodies are working with white body trauma; white bodies don't know about healing people of color and indigenous persons (POCI), Menakem said. "We have black people working on black body trauma. People are getting more comfortable using *My Grandmother's Hands* as a guide," he said. At the same time, Menakem noted that many practitioners who are part of collaborative efforts have no sense of the African American community and "should not be viewed as authentic resources for the community. Just because some have Ph.D.'s after their name doesn't make them qualified to do this work. We need to develop a communal container that's related to racialized trauma."

"Social workers, psychologists, and behavioral health practitioners all work on different aspects of race-related trauma, but they could come together to consider how to better support the African American community."

BRANDON JONES, *Jegna Institute*

Gardner noted that one factor that can make collaboration challenging is the fear that other practitioners will co-opt one's own work. But she felt strongly that collaboration and innovation around black health therapy is needed, saying, "If it doesn't exist, create it." She recommended identifying a broader community of providers for African Americans seeking resources through use of social media and other innovation, noting that the African America community has "great healers" and that it is important for people seeking help to know that "people can show up, just hold your hand, and value the experience you're having."

Similarly, Clarence Jones, discussing the work of HUE-MAN, a health partnership for all men, families, and communities, said that a group of health professionals who knew each other's work and the work of others in the community just "sat down, talked real histories of experience, screened out some people whose names came-up and who were not knowledgeable about the African American community, and we created an authentic community of practitioners." He was quick to say that "we don't have all the answers," but asserted that strong collaborations on race-related trauma can be formed.

Although Brandon Jones acknowledged that some collaboration was already going on, he also reasoned that it is important to go beyond activities such as collaboration, trainings, or conferences to look for and fill gaps in current practices. "Social workers, psychologists, and behavioral health practitioners all work on different aspects of race-related trauma, but they could come together to consider how to better support the African American community," he said.

Increasing Knowledge about Healing from Racial Trauma within the Medical Community

Recognizing that health care systems are complex, slow, and difficult to change, the 9 practitioners interviewed for this report indicated that if healing from racial trauma resources are to become visible and providers are to gain knowledge about racial healing and trauma, medical systems must change. These changes include environmental and technological factors and provider demographics. Most important to creating change is the demographic makeup of health care providers and the knowledge level of those providers, as such factors affect how patients receive care. The practitioners stated that it is more important than ever for health care providers to have accurate knowledge of how African Americans experience trauma and what is needed to heal that trauma.

Knowledge of African American culture influences patient engagement and can give health care providers an advantage in establishing partnerships with culture-specific partners and building quality relationships with patients. All of the practitioners interviewed strongly believed that health care providers need to build greater knowledge about trauma and healing and improve patients' experiences.

Among the practitioners' recommendations for improving this situation, which are shown in Table 5, was to extend work in healing from trauma across the medical field, as it currently appears to be concentrated in only certain areas of health organizations. Specifically, they were concerned about the need to:

- recruit and retain African American health providers;
- share trauma and healing findings with physicians;
- work on cultural responsiveness; and
- address white body supremacy.

The practitioners also suggested that medical providers continue working in the African American community, seek information about racial trauma from knowledgeable professionals, collaborate with non-psychologist mental health providers, and, perhaps most importantly, encourage African Americans to take responsibility for their emotional health.

SPREADING RACIAL TRAUMA AND HEALING AWARENESS ACROSS THE MEDICAL FIELD

The practitioners' suggestions for expanding work on trauma and healing across the medical field included sharing information with the health care community about health care fields and approaches that are already adopting various practices for treating trauma. Cockhren said that although that work has not fully spread across the medical field, she was aware of several hospitals that were starting to be informed about trauma, pediatric groups that were becoming ACE-aware, and trauma-informed practices that were beginning to be integrated into emergency rooms.

TABLE 5: How to Increase the Visibility and Knowledge of Healing from Racial Trauma within the General Medical Community

RECOMMENDATION	RESPONSES
Spread the work across the medical field (e.g., concentrated in certain areas; share findings with physicians; work on cultural responsiveness; address white body supremacy).	9 (100%)
Recruit and retain more African American practitioners	9 (100%)
Build relationships and cultivate personal investments (e.g., continue working in specific communities; be inclusive when new movements come along; have rapport).	3 (33%)
Ask questions of professionals who can answer accurately.	2 (22%)
Collaborate with non-psychologist mental health providers.	1 (11%)
Encourage African Americans to take responsibility for their emotional health.	1 (11%)

More than one option could be mentioned per respondent *N=9*

"When we talk about trauma, some people can recover from it, but most people need to experience stages of change before acknowledging change can occur."

OLIVER WILLIAMS, *University of Minnesota School of Social Work*

Clarence Jones described Hue-Man's work with the University of Minnesota Asian and Latinx communities related to trauma as "being community translators for the existing system." Hue-Man has also shared research findings with physicians outside of the Hue-Man partnership and worked with community people to gather data that will be shared with clinicians.

While noting that she is a cultural practitioner and healer, Azzahir shared ways that the CWC has been working to spread awareness of racial trauma and memory healing practices across mental health providers, history advocates, political activists and academic networks. Memory healing is a response to the emotional, psychological and spiritual wounds that are imposed on individuals, communities, and nations by traumatic events, human rights abuses, repressive regimes, wars, or other circumstances. The best way to increase awareness about trauma and memory healing, Azzahir stated, is for practitioners to receive training that relates to cultural aspects of the African American community. The CWC "offers support in naming the cultural knowledge that African ways of knowing bring to mind and memory healing." Cultural rituals and ceremonies are organized by the CWC to engage members of the community in truth telling, personal memory healing, and creating a safe space for community listening and story acknowledgement, Azzahir noted. "Those who attend represent various backgrounds, professions and socioeconomic levels as well as self-identified affinity groups. Providers are encouraged to come for listening and for acknowledging their own need for being heard." Azzahir also emphasized the importance of practitioners' "asking questions of people who can answer them accurately." In too many cases, according to more than one of the people interviewed, health care workers are obtaining information about African American trauma and healing from practitioners with inadequate knowledge.

Williams also recommended that the medical community work on improving its cultural responsiveness, noting that practitioners are doing a "pretty good job acknowledging that racial trauma exists, but a lot of people don't want to talk about it."

Seeming to agree with Azzahir regarding the accuracy of those who do training or share information on racial trauma, Williams stated:

> There are a lot of programs out there that are not part of any curriculum. Terry Cross coined the term cultural competency but you can't know everything about every group. They have to work on it and be knowledgeable. Some will automatically be resistant to it. As a man I have to be sensitive to working with women—it's like that.

Menakem stressed that the medical community needs to become more aware of "white body supremacy" as another form of white supremacy—and of all the claims, accusations, excuses, and dodges that surround it. This response, according to Menakem, lives deep within bodies as an affliction that "elevates the white body above all others."

RECRUITING AND MAINTAINING AFRICAN AMERICAN PRACTITIONERS

Two of the practitioners emphasized the need for medical facilities to recruit and retain African American practitioners and the current barriers to doing so. Garrett-Akinsanya recommended that providers and facilities do more to recruit people of color and collaborate with non-psychologist mental health providers. She was also concerned about smaller practitioner agencies' "getting cannibalized by larger organizations" based on Rule 29, which requires all Department of Human Services (DHS) license holders to use person-centered principles and positive support strategies when providing services to persons with developmental disabilities or related conditions. She fears that if more organizations get involved in providing culturally sensitive services, it could take patients away from culturally specific organizations that have honed those skills for many years. Ideally, large organizations should collaborate with these specialty centers by referring clients and asking such organizations to help enhance their workers' African American trauma and healing skills.

Another worry for Garrett-Akinsanya is that there are very few black-owned and -operated clinics and that "larger organizations do not follow up on their commitments to recruit African American practitioners." She

noted that internalized racism (i.e., internalization of racial oppression by those who experience racial bias) creates challenges for African Americans and that there is a greater chance that race-based trauma and healing will be addressed when African Americans are knowledgeable about internalized racism. One way that internalized racism manifests itself, according to Garrett-Akinsanya, is "competition. In Minnesota, there is a sense that an African American can be too black. Some black people prefer white practitioners over African Americans." For that reason, she argued, it is important that white practitioners working with African Americans become well educated about trauma and healing.

Brandon Jones was also concerned about "the limited number of practitioners available to replace those who've aged out in the last 10 years" and that most of the African American health practitioners entering the field "want to work in private practice." He believes it is important for African Americans to be in both private practice and other health care systems, as most African Americans who get therapy currently do so from white therapists or social workers. Jones also worried about what the community of health practitioners will look like in the future and who is and will be coaching new practitioners on intergenerational trauma.

"In our community, someone who hears or sees things that are not there sometimes call them 'visions' and 'visions' have a long history in our community, and it's not usually called schizophrenia."

BRAVADA GARRETT-AKINSANYA, *African American Child Wellness Institute, Inc.*

BUILDING RELATIONSHIPS AND PERSONAL INVESTMENTS

Gardner recommended establishing trust, building relationships, and creating rapport with people in medical environments as ways to increase the visibility and knowledge of healing from racial trauma among the general medical community. "You have to be able to see the humanity of people, and health care is overwhelmed with no available time" to build connections, she said. Gardner would also like to see more black people participate in precision medicine, an emerging approach to the treatment and prevention of disease that takes into account individual variability in genes, environment, and lifestyle. This approach, she said, can allow doctors and researchers to predict more accurately which treatment and prevention strategies for a particular disease will work with which groups of people. "It is in contrast to a one-size-fits-all approach, in which disease treatment and prevention strategies are developed for the average person, with less consideration for the differences between individuals. It's scary to think we may be left behind from this new movement."

Simmons expressed concern that not enough African Americans invest in their "emotional health. We can buy new cars, new clothes, but will not buy therapy." His recommendation was for the medical community to encourage African Americans to take responsibility for their own health. "If you are known to be resilient after 400 years and if your culture is based on trauma, you can't escape the trauma," he said, stressing the need to move beyond denial within the African American community. "We have artificial self-esteem when we talk about white people being the crux of the problem," Simmons said. He recommended that African Americans "hold ourselves accountable for our own dysfunction. Healing is about what you do with the trauma in your mind and body."

Anticipating Trends in Work on Healing from Trauma

When the 9 practitioners were asked what changes or trends in the area of healing from trauma they expected to emerge in the next 3 to 5 years, they discussed anticipated learnings, hoped-for interventions, and patterns of working and care. As shown in Table 6, the practitioners identified 5 trends they anticipate surfacing in the future: (1) additional work pathways in the racial trauma and healing field, (2) the availability of more mass media and community education tools regarding African American historical trauma and healing, (3) additional introductory and advanced classes on trauma and healing, (4) many types of organizations improving culturally specific responses to African American trauma and healing, and (5) more organizations and people working together to create a collective impact around racialized trauma and healing.

MULTIMEDIA RESOURCES, FOLLOW THROUGH AND BALANCE

Simmons expected to see more media resources such as books, YouTube channels, and audiobooks on the topic of healing from trauma for a broad audience, including youth. The trend he said he would love to see is more "African Americans holding up the mirror to see our own reflected trauma." Taking an introspective look at healing from trauma will be difficult, he suggested, because African Americans "are still focused on white people. We need to see our own reflected trauma, including fear of uncomfortableness and inability to grieve." Accordingly, Simmons continued, "We have no skills or dialogue to respond to our emotions."

TABLE 6: Anticipated Changes or Trends Related to Working in Healing from Trauma

RECOMMENDATION	RESPONSES
More work pathways (e.g., restorative justice, culture healers and trainers; influx of life coaches).	4 (44%)
Additional media resources on historical trauma (e.g., books, videos, YouTube channels).	3 (33%)
Community education classes (e.g., curriculum for practitioners and the general public).	3 (33%)
More and improved culturally specific responses (e.g., specifically identifying people by culture such as Somali or Eritrean, rather than just black; going back to some cultural ways, practices, rituals, and ceremonies from the past).	3 (33%)
Working together for collective impact using team approaches (e.g., culturally congruent skills and an ability to train others; learning to work without getting burned out).	3 (33%)

More than one option could be mentioned per respondent *N=9*

Clarence Jones noted a concern that gatekeepers of health care organizations will not follow through on their commitments, including sharing information using a variety of media. Some gatekeepers "haven't met community expectations, specifically dollars invested, and outcomes are worse. We don't trust each other. We work in silos. We don't know what people's real agendas are." He hoped that improved follow-through will become a future trend, although he expected that it will take more than 5 years.

Cockhren reported that she would like to see more Caucasians looking at their own race-related trauma (e.g., attitudes and behaviors regarding race); share more information about how trauma and healing affects whites; and said that whites need to heal but she is not sure that will happen in large numbers. Today, according to Cockhren, "The topic of race and racism just goes one way—looking at African American experiences. We aren't looking at Caucasians. Right now it's about tokenism."

COMMUNITY EDUCATION

According to Cockhren, community education is the main way in which African Americans are likely to learn about historic trauma and healing. She envisions teams of educators providing 45-minute talks to church congregations, high school students, and parent groups. Although she was hoping that gun control would become a future trend, she thought

a more likely and promising trend is individuals and providers offering "more culturally specific responses combined with restorative justice work" to address issues in the African American community. Similarly, Azzahir would like to see practitioners interrupt dependencies on traditional tools in their fields, but she does not anticipate that will happen in the next 5 years. She worries about people taking on the "sickness" of others and asks, "How do we use social services that were not designed for us?" Because health care was not created for black people, she continued, "there is severe bias."

As a greater number of practitioners develop culturally congruent skills, according to Garrett-Akinsanya, they will also gain a greater ability to train others. She viewed gaining such skills as a matter of survival: "All of us have been trained by white models, and that misses the cultural congruency. Being black does not mean you're culturally congruent. We need to create a community of practice—support each other, help each other, and together we can be more knowledgeable." She concluded by saying that Minnesota resources are already trending in this way and that "we need to tend to ourselves as providers."

"We've developed our skills to address stress over time—they call it resiliency—but it's more shameful if you can't suck it up.... It's not weak to take care of yourself."

CLARENCE JONES, *Hue-Man Partnership*

Williams expected that more people will be talking about historical trauma in the future and that Native and African American people will come to better understand the legacy of trauma, how to move to address it, and how to help people move forward. Williams acknowledged that knowing about historical trauma can help people grow a conscience they did not have before. In the near future, Brandon Jones stated, he anticipates curriculum that will help address the "huge learning curve" for practitioners in the area of healing from trauma. He also believed that law enforcement will begin to properly classify Somali and Eritrean offenders according to their culture and not lump them into the category of "black." He also expected an influx of life coaches and making spaces for cultural healers and trainers to become future trends.

Clarence Jones expected that the African American community learning to work without getting burned out will become a future trend. Azzahir expected to see more African Americans educating themselves about traditions, practices, rituals, and ceremonies of past years and learning to work together for collective impact using team approaches.

Sharing Research and Resources for Increasing Public Awareness

Of the 9 practitioners interviewed, all were involved or had been involved in some type of research, analysis, or resource development associated with African American trauma and/or healing. They identified 9 sources of information on these topics, which fell within the 6 categories listed in Table 7. Of these sources, which included YouTube videos, books, programs, and articles, the largest number addressed domestic violence or treatment centers.

Simmons cited his experiential observations during his work teaching black men how to talk about their traumatic experiences. Cockhren reported on her partnering with parenting organizations and associations on children's mental health behavioral problems. Williams shared several models with which he was familiar and stated, "We need additional models for change."

"Talk to church leadership about Adverse Childhood Experiences and who they should refer people to who can help them start healing."

INGRID COCKHREN, *ACEs Connection*

Gardner referred to an article on "The Racial Inequality of Sleep" that shows that black Americans are not sleeping as well as whites. It is well known that poor sleep causes poor health, she said. Brandon Jones suggested a report by University of Minnesota researchers on the increase in suicides by African Americans in North Minneapolis, and Clarence Jones offered to share his current research with the University of Minnesota when it is completed.

Garrett-Akinsanya recommended a 2009 study on African American Women and leadership she co-authored titled "Too Legit to Quit," which looked at where black women get their support. Menakem offered works by Peter LeVine, who developed an approach to body trauma, and by Robin DeAngelo, and Layla Shahad, who "pushed the envelope on white body supremacy" and started a movement when they linked race to trauma. He also mentioned his own website (www.resmaa.com/books), Maria Yellow Horse Brave Heart's writing on indigenous people, and Dr. Rachel Yuhuda's research on holocaust survivors. Table 8 lists the sources mentioned by the practitioners.

TABLE 7: Categories of Research to Increase Awareness or Development of Culturally Specific and Trauma-Informed Mental Health Care Shared by Practitioners

RECOMMENDATION	RESPONSES
Domestic violence	3 (33%)
Treatment centers	2 (22%)
Experiential observations with black men	1 (11%)
Working with parenting organizations and associations on children's mental health and behavioral problems	1 (11%)
School curriculum	1 (11%)
Self-healing	1 (11%)

More than one option could be mentioned per respondent *N=9*

Table 8: Sources of Research to Increase Awareness and/or Development of Culturally Specific and Trauma-Informed Mental Healthcare Shared by Practitioners

RESEARCH OR RESOURCE	AUTHOR	LOCATION
School Curriculum	Dr. Joy DeGruy, "How to Support Black Students."	https://chalkboardproject.org/news/blog/how-support-black-students-interview-dr-joy-degruy
Domestic Violence	"The Will 2 Change" explores various topics related to intimate partner violence in the African American and African Communities.	Will2change.org
	The Institute on Domestic Violence in the African American Community focuses on the unique circumstances of African Americans as they face issues related to domestic violence, including intimate partner violence, child abuse, elder maltreatment, and community violence.	IDVAAC.org
	The African American Domestic Peace Project shares ways to reduce violence and increase peace within the African American community.	aadpp.org
Treatment Center	Peter Hayden, Turning Point	https://www.minnpost.com/mental-health-addiction/2015/12/culturally-specific-treatment-center-knows-one-approach-doesn-t-work/
	My Home Inc.assists African Americans in developing, sustaining, enriching, and strengthening personal capacities to renew a sense of pride and dignity.	https://minnesotarecovery.org/resources/my-home-inc/
Self-Healing	The Cultural Wellness Center (CWC) unleashes the power of citizens to heal themselves and build community; CWC's work starts with birth, has a community care system that operates alongside healthcare (Allina), and offers elder coaching.	http://www.culturalwellnesscenter.org
Research or Resource	Brian Resnick, *The Atlantic*, "The Racial Inequality of Sleep."	https://www.theatlantic.com/health/archive/2015/10/the-sleep-gap-and-racial-inequality/412405/
	Roslyn Holliday-Moore, Public Health Analyst, SAMHSA Office of Behavioral Health Equity, "Alarming Suicide Trends In African American Children: An Urgent Issue."	https://blog.samhsa.gov/2019/07/23/alarming-suicide-trends-in-african-american-children-an-urgent-issue
	BraVada M. Garrett-Akinsanya, PhD, and Dolores E. Mack, PhD, "Too Legit to Quit: Strategies of Successful African-American Female Leaders."	https://www.apa.org/pi/oema/resources/communique/2009/08/female-leaders
	Peter Levine, "How Trauma Gets Stuck in the Body and How to Work with It."	https://www.youtube.com/watch?v=VQcKbRvYXe0
	Peter Levine, "Working Through A Personal Traumatic Experience."	https://www.youtube.com/watch?v=9hP2KJ3UgDI
	Robin DeAngelo, *White Fragility: Why It's So Hard For White People To Talk About Racism*.	https://robindiangelo.com/publications/
	Resmaa Menakem, *My Grandmother's Hands*.	https://www.resmaa.com/books
	Maria Yellow Horse Brave Heart, "Historical Trauma in Native American Populations"	https://www.youtube.com/watch?v=RZtCS1362UI
	Rachel Yehuda, "How Trauma and Resilience Cross Generations."	https://onbeing.org/programs/rachel-yehuda-how-trauma-and-resilience-cross-generations-nov2017/

Conclusions

As shown in Figure 2, community-centered approaches are vital building blocks in the effort to advance African American consciousness and healing related to racialized trauma. At an individual level, learning about racial trauma and healing, joining group activities, and connecting with authentic practitioners helps keep community members healthy and well. At a collective level, strong, well-functioning organizations and practitioners provide the social fabric that is necessary for people to flourish.

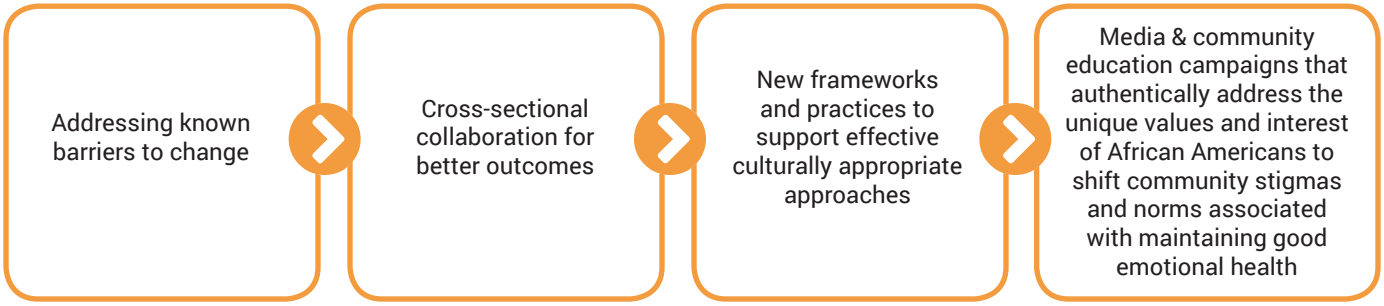
This report is intended as a guide regarding community-centered approaches to advance African American consciousness and healing related to racialized trauma within the Twin Cities. The practitioners who provided input for this report did so with a vision of a future of excellent emotional health and wellbeing for the Twin Cities' African American community. The report has identified existing community-centered approaches that offer a range of potential interventions and resources and provide evidence of their usefulness. This is not an area that is amenable to simplistic solutions, and deciding which approach to use will depend on individual, family, practitioner, and organizational priorities and capabilities and the desired outcomes.

Individuals, families, practitioners, and organizational leaders all have vital roles to play in building an engaged, competent, and connected community in which all groups, especially those at highest risk for emotional problems, can tap into tools, resources, and high-quality trauma and healing care. The observations and suggestions in this report are intended to help those leading and providing race-related trauma services to engage in productive partnerships and collaborations and identify practical actions that can be taken to build a more confident and connected community.

The basic pillars of support that can raise awareness and help educate and persuade community members to take actions that will promote healthy behaviors are:

- Consider how strong collaborations and partnerships that build on community assets can become an essential part of approaches to advance African American consciousness and healing related to racialized trauma. There is a compelling case for a shift to stronger partnerships and collaborations.
- Recognize the importance of using culturally appropriate and relevant approaches to advance African American consciousness and healing related to racialized trauma. This report identifies diverse, broad, and tested approaches to healing racial trauma and urges the development of evaluation tools to measure the effectiveness of African American trauma and healing services.
- Use the information in this report to consider potential options for improving approaches to treatment and healing related to racialized trauma.
- To the extent possible, involve practitioners with high levels of experience in addressing treatment and healing related to racialized trauma to bring vital knowledge and connections that can hold the key to creating pathways to good emotional health.
- Support and develop both formal and informal (e.g., barbers, hairstylists) practitioners who are working on treatment and healing related to racialized trauma to increase the availability of services. These practitioners are the bedrock of community action and bring great benefits to individuals and families.

FIGURE 2: Community-Centered Approaches to Advance African American Consciousness and Healing Related to Racialized Trauma



Appendix

Summary Report

Culturally Sensitive Trauma-Informed Mental Health Care Project: A Community Survey and Analysis.

By: A. Richmond and R.D. Peoples
Commissioned by: African American Leadership Forum (AALF), Minneapolis, Minnesota

PROJECT BACKGROUND

Healing race-related trauma may be an unmet need in many communities across the United States (e.g., Chavez-Dueñas, Adames, Perez-Chavez, & Salas, 2019). A majority of community members, and even many clinicians, have limited awareness of the impact of trauma on nearly every aspect of a person's daily life, from education to employment, to housing to health care (e.g., Galovski et al., 2016). Since trauma influences how people approach and respond to services, governmental agencies such as SAMHSA (Substance Abuse and Mental Health Services Administration) have indicated that it is critical that organizations serving trauma survivors recognize trauma symptoms, acknowledge the role that trauma has played in their clients' lives, and better understand and address the needs of those with trauma histories (e.g., Substance Abuse and Mental Health Services Administration, 2014).

It is believed that major barriers to seeking out mental health care in the African American community include: distrust of a system that has historically not provided care that is sensitive to the cultural needs of the African American community; traditional reliance on community support rather than clinical care; social stigma associated with seeking out psychiatric or psychological care; and a lack of awareness of agencies and clinicians who provide culturally competent care. Therefore, a needs assessment survey was conducted in order to assess to which extent these barriers were reported among African American community members in Minnesota.

PROJECT GOALS

In order to better understand the mental health needs of African American community members in Ramsey and Washington Counties in Minnesota, interested community members were asked to complete a voluntary needs assessment survey as part of the Culturally Sensitive, Trauma-Informed Mental Health Care Project. The questions on this survey were designed to assess community members' experience of race-related traumatic experiences and their use of mental health services to heal those traumatic experiences.

PROJECT FINDINGS

The African American Leadership Forum surveyed a sample of 556 African American adult community members, predominately in Washington and Ramsey counties, to obtain a sampling of the needs and resources related to race-related trauma and services within these communities. This survey is a first step towards understanding occurrences of race-related trauma within African American communities in the Twin Cities as well as the ways community members have addressed their trauma. The following is a summary of the responses community members gave to the items on the survey.

QUESTION: What helps you handle stress (Community members were able to mention more than one activity)?

Most community members (54%) reported spending time with friends or family. Second most common answer was going to the gym (45%) and third most common answers were spending time outdoors (38%) and attending church or talking to clergy (38%).

QUESTION: Do you think being exposed to violence, abuse, or neglect can increase your risk of developing mental health issues (e.g., depression, anxiety)?

A majority of community members (88%) believe that exposure to violence, abuse, or neglect can increase the risk of mental health issues.

QUESTION: Do you think being exposed to violence, abuse, or neglect can increase your risk of developing a physical health issues (e.g., high blood pressure, headaches)?

A majority of community members (89%) believe that exposure to

violence, abuse, or neglect can increase the risk of physical health issues.

QUESTION: Have you ever experienced violence, abuse, or neglect?

Most community members (68%) have experienced violence, abuse, or neglect.

QUESTION: Have you ever experienced racial discrimination?

Almost all community members (90%) had experienced racial discrimination.

QUESTION: Have you ever experienced racially motivated violence (e.g., someone harmed you because you are Black)?

Less than half of this sample of community members (43%) experienced racially motivated violence.

QUESTION: Have you ever sought mental health services or community support because experiencing racial discrimination or racially related violence has impacted your mental health (e.g., caused you stress, made you feel upset)?

Most community members (71%) have not sought mental health services because racial discrimination or race-related violence have impacted their mental health.

QUESTION: Have you ever sought mental health services or community support because you witnessed or personally experienced any form of related violence, abuse (physical, sexual, emotional, verbal), or neglect?

Most community members (64%) have not sought mental health services because racial discrimination or race-related violence have impacted their mental health.

QUESTION: If you experienced discrimination, violence, abuse, or neglect (n = 233, 42% of all community members in this survey), please mark below all the services you have sought out (Community members were able to mention more than one service):

- Therapist or Counselor – 71%
- Medical doctor – 30%
- Clergy – 27%
- Formal community support (healing circles, yoga classes, drumming circles, community workshops, etc.) – 22%
- Informal community support (social gatherings, barber/beauty shop, mentors, friends, etc.) – 39%

QUESTION: How helpful (from not at all to extremely helpful) did you find whatever services you sought out?

- A majority of the community members (83%) who sought out a therapist or counselor found that service at least moderately helpful.
- More than half of the community members (66%) who sought out a medical doctor found that service at least moderately helpful.
- More than half of the community members (68%) who sought out clergy found that service at least moderately helpful.
- A majority of the community members (90%) who sought out formal community support (e.g., support groups, community engagement events, etc.) found that service at least moderately helpful.
- A majority of the community members (90%) who sought out informal community support (e.g., family, friends, mentors, etc.) found that service at least moderately helpful.

QUESTION: Do you know of any individuals, community groups, or organizations that provide care that understands the specific needs of Black people/people of African descent who have experienced or witness trauma?

Most community members (60%) did not know of individuals, community groups, or organizations that provide care that understands the specific needs of Black people.

QUESTION: How would you go about finding trauma-related mental health services that understand your specific cultural needs as a Black person/ person of African descent?

Most community members would either ask a family member or friend (40%) or search online for a clinic or agency (29%) to find services. Community members were least likely to ask a clergy member (9%).

QUESTION: Are you familiar with any resources in your community that would be able to help you find trauma-related mental health services that understand your specific cultural needs as a Black person/person of African descent?

Most community members (66%) were not familiar with any resources in their community to help find culturally sensitive, trauma-related mental health services.

QUESTION: If you have ever tried to find mental health services, what barriers have stopped you from seeking out mental health care (Community members were able to mention more than one barrier)?

Many community members (41%) indicated they never thought about seeking out mental health care or didn't seek care because they preferred to handle their concerns on

their own (18%). Of those who had, the top 3 barriers were:

- I didn't think that my specific needs as a person of African descent would be understood – 21%
- I couldn't afford the cost of services – 16%
- I was afraid to ask for help, or of what others would think of me if I did – 13%

Community members were least likely to mention a lack of childcare (2%) as a barrier to seeking mental health services.

RECOMMENDATIONS

Continued community outreach to increase the visibility of culturally competent resources and services, especially in locations frequently listed as places of informal community support (e.g., hair salons, barbershops, etc.) is strongly recommended. Community outreach may include community forums on race-related trauma and its effects, social media and awareness campaigns on the importance of mental health services, or increased engagement with culturally competent medical providers to inform community members about available resources and services.

Community-based participatory research that involves partnering with community organizations to increase understanding of how to best meet the mental health needs of African American communities in Minnesota. Additional research could include focus groups, surveys, and evaluation of existing programs and projects to determine effectiveness as well as likelihood of sustainability of those programs and projects.

Foster collaboration with current and new entities to strengthen the presence and effectiveness of initiatives, resources, and services that focus on mental health in African American communities. One of the goals of continued collaboration will be to increase access to resources available through cities, counties, and the state.

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