

Black Mental Health



Today

Spring 2022 · No. 3

Considering A Ph.D.?

Rewards are great,
but so are the
drawbacks

Challenges Abound for Black Psychiatrists

Physicians contend with
gaslighting and microaggressions

At the Heart Of Raising A Transgender Child

Families are looking for support
to help them

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Increased demand for practitioners of color takes a toll

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HI

Dear Readers,

How are you holding up now that we are two years into this pandemic? I just recovered from a three-day bout of burnout. It was the culmination of working like there is no pandemic, feeling the weight of the war in Ukraine of Russia, grieving the publicized suicides of Black celebrities and shouldering personal stressors. I cleared my schedule and slept for three days. I am still resting and recovering, and am thinking about how COVID-19 impacts our work and well-being as mental health professionals.

Therefore, in this issue you will find articles about the state of Black mental health professionals. COVID overwhelmed our offices and led some of you to close your practices, and others of you to expand. Some of us chose to go back to school to get an advanced degree, and others are considering it. Our writers investigated whether a doctoral degree is worth your time and money. We were interested in knowing how Black psychiatrists are holding up, and you will find their stories in this quarter's issue.

Our columns are written with you in mind. For those of you who are exhausted and burned out, you will find a review of Mary Francis-Winters' book "Black Fatigue." Experiencing financial anxiety, check out Mind and Money. Looking for an alternative way to make money, then Clinical Entrepreneurship introduces to you to online courses.

I hope this issue of BMHT inspires you to take care of yourself. Doing race work is one of the most rewarding, challenging and exhausting parts of your career. Without you, there is no community. As Audre Lorde said, "Without community there is no liberation."

Publisher
LaTonya Summers, Ph.D.



What It Takes to Be Resilient, and Healthy

Radical self-care is a useful tool – and helpful practice – for mental health professionals

ARTICLE BY
VIRGINIA BROWN

PHOTO BY
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In the summer of 2020, Carla Eugene found herself in an unusual position. The licensed professional clinical counselor and supervisor, and owner of Beyond the Surface Counseling was used to providing support for others during crises.

But the racial reckoning following the murder of George Floyd pushed Eugene to prioritize her own mental health.

"I was able to express radical self-care by saying no," she says, "because I was dealing with my own experiences of stress and racial trauma."

She took a step back and formed a new concept she uses with clients today: capacity and desire. "As a professional, you can have a desire to do things, but I didn't have capacity for it, emotionally. That is what will stress you out."

Radical self-care is prioritizing our health and wellness, even when it's at odds with our self-perceptions. Deeper than self-care practices, like meditation and warm baths, the radical practice includes setting boundaries, saying no and asking for help.

"As Black women, we've been told we have to work twice as hard to get half as far," says Eugene, who earned a master's of science. "We are resilient, but we are not unbreakable. When we are not OK, part of radical self-care is to say that."

When her professional clients, especially Black women, struggle with balance or "imposter syndrome"

– feeling like they don't belong in their advanced roles – Eugene works with affirmations like, "I am enough" and "I deserve to take space." She has clients repeat these daily.

She also encourages role-play or having clients "try on" how they will say no to their boss, for example, or to a friend who's constantly overstepping. Industry professionals can practice self-care, too. "Instead of getting

into a competition about the latest and greatest things," Eugene says, "it may be that we notice that they need to take space, instead of pushing each other harder."

Radical self-care can also be used to combat systemic hurdles. A recent study in *Community Mental Health Journal* noted that, "Black communities face multiple stressors including racism, discrimination and navigating systems of oppression, all of which affect their mental health."

Stressors that disproportionately affect Black communities include economic and educational inequality, mass incarceration and the killing of Black people by law enforcement. Activist and poet Audre Lorde wrote about self-care as a form of resistance in her 1988 essay collection "A Burst of Light."

"Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare," Lorde wrote.



"When we are not OK," says licensed therapist Carla Eugene, "part of radical self-care is to say that."

Refusing to stay in situations that don't honor us is a form of radical self-care. When Nikole Hannah-Jones, the Pulitzer Prize-winning creator of the 1619 Project, was passed over for tenure at UNC Chapel Hill and, after later being offered the role, opted to go to Howard University instead, she also made a cultural statement, according to Eugene.

"It's empowering for Black women to see other people do that," she says. "It catches on."

Creating community is helpful, too. In her role as a university counselor with a multicultural focus, Eugene encourages creating safe spaces for Black people.

At the University of Colorado in Boulder, she holds a group called Colorful Women for faculty and staff of color to discuss the difficulties of their high-level positions. "There is power and connection, growth and validation in group support," she says. "Retreating to our own communities refuels us."

Virginia Brown is a freelance writer based in Columbus, Ohio. Her website is vbwrites.com.



In a State Of Constant Worry

Financial stress can have a huge impact on people's mental health. Here's how to identify it as well as a few solutions for treating it

ARTICLE BY
VIRGINIA BROWN

In late February, phones buzzed with news alerts reporting U.S. sanctions aimed at straining the Russian economy, after its invasion of Ukraine. The Financial Times, Barron's and other financial media reported subsequent efforts by U.S. banks to ward off potential Russian cyberattacks on U.S. financial institutions in retaliation.

Major investment firms, like Charles Schwab, sent emails aiming to put their clients' minds at ease as investment accounts tanked. These factors all add stress, worry and anxiety to peoples' lives. "It's natural to feel unsettled right now – these are uncertain times," the Schwab email read.

The COVID-19 pandemic has caused a global mental health and financial crisis, too. Approximately 64% of Americans reported feeling stressed about money, according to the American Psychological Association's 2020 Stress in America survey.

Even before the pandemic, experts at financial wellness company Payoff coined the term "acute financial stress," for those who experienced financial stress at levels that resembled post-traumatic stress disorder. In the study, more than 20% of adults and 36% of millennials experienced financial stress at levels that qualified for a diagnosis of PTSD.

"Financial anxiety is one of those things – even though it is not a DSM-5 diagnosis – our clients deal with anxiety about their finances, and it is often exacerbated by our sociopolitical climate – recession, increased gas and grocery prices ..." says LaTonya M. Summers, Ph.D., publisher of Black Mental Health Today, in a recent interview.

Other stressors: Work and community

According to Linda Gallo, Ph.D., a professor in the psychology department at San Diego State University, people with lower incomes may also experience exposure to stress across other parts of their lives. They may work in demanding jobs without much control. Working environments can be stressful, including noise and exposure to toxins. And lower-income community environments with less green space, more traffic, crowding or even violence can add to the stress they feel.

"Although clinicians do not recognize financial anxiety as a treatable disorder, the psychological community acknowledges it as a significant issue," Summers noted in her research published in a 2018 edition of The Journal of Individual Psychology. "It is useful to use generalized anxiety disorder as a framework to conceptualize and define financial

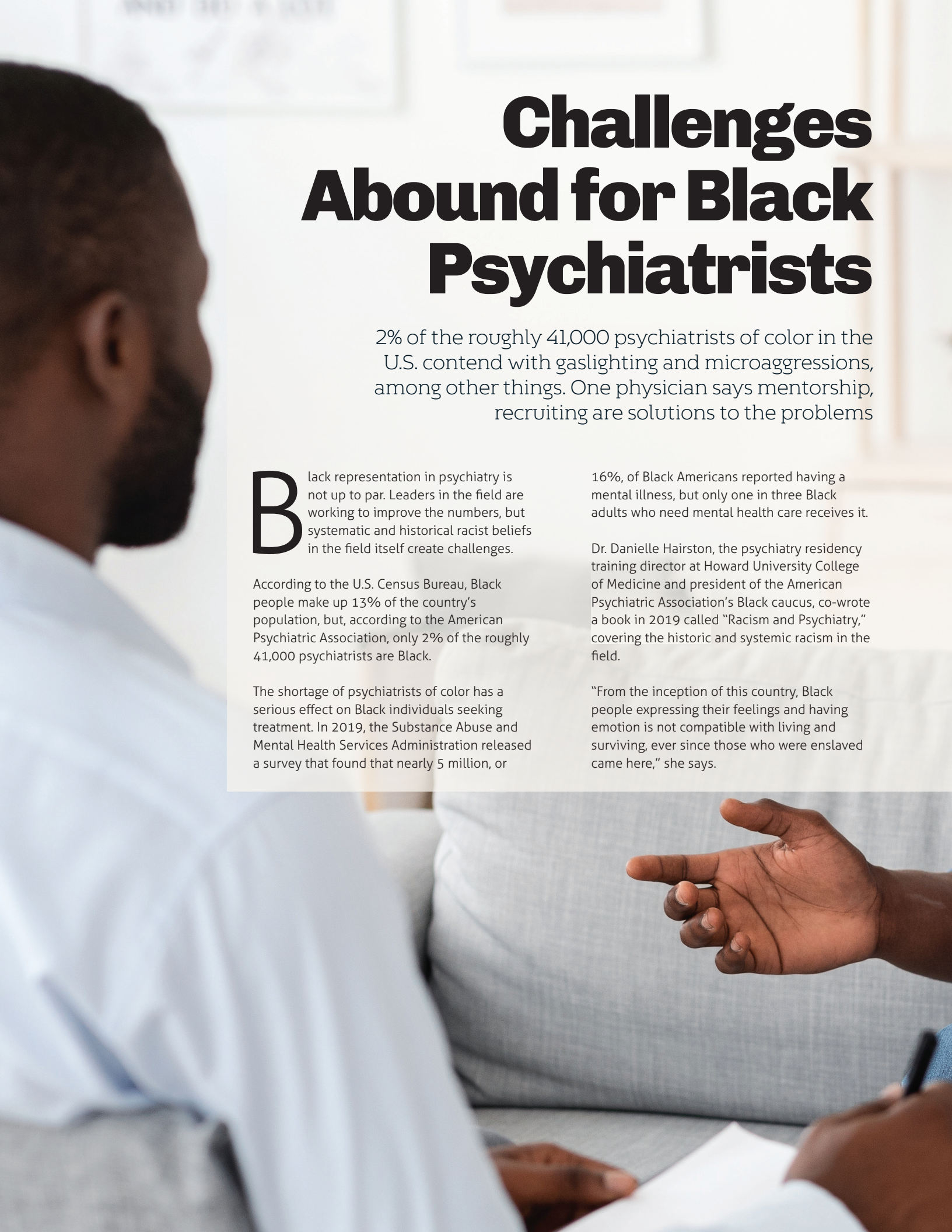
anxiety." From this perspective, financial anxiety is defined as chronic and excessive worry about money that makes it difficult to carry out daily activities and responsibilities."

Summers also says, "Therapists can identify financial anxiety by clueing into certain behaviors their clients may exhibit, including avoiding bills and hoarding money."

In her research – coauthored by Daniel Gutierrez – Summers noted that patients also exhibit physical symptoms ranging from restlessness, fatigue and difficulty concentrating to irritability, sleep disturbance and muscle tension. They can also start to withdraw socially and turn to unhealthy coping mechanisms, such as drinking, drugs or gambling.

Once identified, Adlerian therapy has been found to be effective in changing maladaptive behavioral patterns and distorted thinking, especially in those whose self-worth is tied to financial status, according to Summers.

Exercises like replacing catastrophic thinking with more logical and positive self-talk can help. And by taking stock of a person's financial situation, identifying where money causes the stress and then creating a plan to reduce expenses or manage money more efficiently, stress can be managed.



Challenges Abound for Black Psychiatrists

2% of the roughly 41,000 psychiatrists of color in the U.S. contend with gaslighting and microaggressions, among other things. One physician says mentorship, recruiting are solutions to the problems

Black representation in psychiatry is not up to par. Leaders in the field are working to improve the numbers, but systematic and historical racist beliefs in the field itself create challenges.

According to the U.S. Census Bureau, Black people make up 13% of the country's population, but, according to the American Psychiatric Association, only 2% of the roughly 41,000 psychiatrists are Black.

The shortage of psychiatrists of color has a serious effect on Black individuals seeking treatment. In 2019, the Substance Abuse and Mental Health Services Administration released a survey that found that nearly 5 million, or

16%, of Black Americans reported having a mental illness, but only one in three Black adults who need mental health care receives it.

Dr. Danielle Hairston, the psychiatry residency training director at Howard University College of Medicine and president of the American Psychiatric Association's Black caucus, co-wrote a book in 2019 called "Racism and Psychiatry," covering the historic and systemic racism in the field.

"From the inception of this country, Black people expressing their feelings and having emotion is not compatible with living and surviving, ever since those who were enslaved came here," she says.

A Black man with short dark hair is sitting on a light-colored couch, smiling broadly and looking slightly to his left. He is wearing a white V-neck t-shirt under a blue denim button-down shirt, which is open at the collar. He is also wearing blue denim jeans. His right hand is raised in a gesturing motion. The background is a bright, out-of-focus interior space with shelves holding various items.

BLACK MENTAL HEALTH TODAY FEATURE

ARTICLE BY
VIRGINIA BROWN

PHOTOS COURTESY OF
QURAIISHIA REECIE FORD OF
QT PHOTOGRAPHY
AYANNA FEWS
ADOBE STOCK

"During chattel slavery, if you complained, were unhappy or looked sad, you knew that the consequences could be anything from a beating to death, so it was ingrained early on that you don't talk about your feelings or deal with your mental health."

Dr. Benjamin Rush, often considered the "father" of American psychiatry, held the racist belief that Black skin was the result of leprosy, and

Dr. Samuel Cartwright, his apprentice, spread the falsehood that enslaved people who wanted to be free, suffered from “drapetomania,” or a disease “causing Negroes to run away.”

Until 2015, the APA featured Rush’s image on its logo.

Since then some progress has been made. In 2020, the president of the APA, Dr. Jeffrey Geller, formed the Task Force to Address Structural Racism Throughout Psychiatry and hosted its first town hall meeting to discuss and begin addressing structural racism.

In 2021, the organization issued an apology, acknowledging its “appalling past actions” and pledging to institute “anti-racist practices.”

Enduring ‘little taps’ of racism

History aside, Black psychiatrists face daily challenges that their non-Black peers may not.

Microaggressions, or reactions and comments that may not seem overtly racist but insinuate a lack of belonging in the field, are one example. “It’s little taps every day like, ‘Are you supposed to be in the doctors’ lounge?’” she says. Black psychiatrists, like minorities in many fields, also experience gaslighting, or being made to feel that what they experienced is not rooted in reality. “When you bring these things up, or when you identify them, people say, ‘Did that really happen?’ or ‘They didn’t mean it like that; they’re not racist,’” Hairston says.



ABOVE

Dr. Bergina Isbell has benefited from being mentored and does the same for students and nurse practitioners.

To combat these challenges and encourage young Black doctors to join the field, she says mentorship and intentionality are key.

Dr. Bergina Isbell is a Baltimore-area psychiatrist who specializes in trauma counseling and education. “I’ve always had some form of a mentor in my life,” says Isbell. “And since I’ve been in practice, I either have nurse students, nurse practitioners or medical students whom I mentor, because I want people to be able to have someone who’s gone before them and can guide them – that was important for me.”

She also speaks at school career days. “It really does start younger. I remember getting invited to my daughter’s school and talking about being a physician,” she says. That was a program for women, but a few years later, another program invited her to speak to minorities.

“That’s a really huge thing,” she says “Because once you see people that look like you doing the thing you might like to do, it allows you to be creative.”

According to a study in the *Journal of Counseling Psychology*, Black people strongly preferred to be matched to Black therapists and were more likely to view them favorably. These preferences and perceptions translated into slightly better clinical outcomes.

A push to recruit more physicians

Currently the APA has a pipeline program that pairs Black males interested in medical school, with a mentor psychiatrist who takes them to conferences and meetings with other Black psychiatrists. “When it comes time for them to apply to medical school, and residency, they are on the radar,” Hairston says.

“Psychiatry is one of the rare fields in medicine where there are actually more Black women than Black men, so that’s why it specifically targets Black males,” she adds.

The APA’s Minority Fellowship Program also offers residents scholarships to support attending conferences and involvement in other projects that increase visibility or combat racism.

“There aren’t enough of us to meet the needs of the entire Black community,” says Hairston. “We just don’t have the numbers.” Plus, she adds, many psychiatrists, and physicians generally, feel uncomfortable discussing racism. “That’s a big deficit in psychiatry.”

Until representation improves, it’s key for non-Black psychiatrists to develop a cultural appreciation and understanding, or as Hairston puts it “... to understand what generational,

racial and vicarious traumas are, and to see what it's like for a Black person to be in this world and see people who look like them being killed and murdered."

In her role at Howard, Hairston is deliberate in recruiting residents. "I am only recruiting someone who says that they're dedicated to serving ... those who are traditionally neglected, underserved and marginalized ... when it comes to mental health needs," she says.

"If I get an application, and they don't say anything about that anywhere, this program is not for them, because I am trying to increase diversity in the psychiatry workforce and access to like-minded psychiatrists."



ABOVE

Black psychiatrists, says Dr. Danielle Hairston, are subjected to queries such as, "Are you supposed to be in the doctors' lounge?"

One Black psychiatrist argued in a 2015 op-ed for The New York Times that medical schools should go out of their way to recruit good students of every race and those from less-affluent backgrounds.

"Start having programs in medical school where (Black students) get a stipend, where you cover their housing so they can come and rotate and learn about your program," Hairston suggests. "Make sure you have faculty employees who look like them."

"It's never been OK, but especially not OK in the supposed time of racial reckoning to say, 'Oh, well, no Black people want to come here.'"



WHO'S WHO IN BLACK MENTAL HEALTH

Notable professionals across the country employ their expertise and experience to help others

By Lynn Peithman Stock





VINCE ALLEN JR.

Vince Allen Jr. works with clients dealing with race-related stress or racism related-stress.

"As Black men, we don't have a whole lot of spaces to talk about racism and the effects of racism on our well-being," says the licensed psychologist, who meets with clients virtually. "Being able to (have conversations) in a therapeutic space with a provider that's trained in how to not only recognize, but also deal with and help people cope with racism-related stress, I think is one of the unique things that my practice offers."

Allen has 10 years of clinical experience and is a licensed psychologist in the state of Georgia. He specializes in cognitive behavioral therapy and works with diverse groups including active-duty service members, veterans, people diagnosed with severe mental illness, individuals struggling with substance abuse and addiction, the LGBTQ+ community, adolescents, older adults and people living with HIV/AIDS.



AK DAVIS

AK Davis left their first career to study for another – using skills honed during daily treks through rain and heat and gloom of night in South Florida.

"My passion for being a service provider was introduced during my first career as a United States postal letter carrier," says Davis.

"The enjoyment of helping others through interpersonal relations (as a postal carrier) and a yearning from within launched the pathway to the helping and healing profession, mental health counseling and higher education."

Davis is a licensed mental health counselor in Florida and a licensed professional counselor in Georgia. Based in Miami, they serve diverse populations of all ages.

"The fact that I was already in the community and at the door, I just went from knocking on the door to going inside the door."



JESMOND FAIR

When Atlanta psychologist Jesmond Fair took a college psychology course to fulfill a core requirement, little did he know he had launched his career.

"The more I learned about the field, the more experience I gained, the more I fell in love with it," he says.

Fair specializes in working with minority/oppressed identities (people of color, LGBTQIA+, trans, gender-expansive people and people in nontraditional relationship configurations. "I am a proud Black gay Christian male," Fair says. "I emphasize that because that is something that I incorporate into my practice.

"I'm really big on identity. I love a lot of identity work, which is why I chose to work with individuals with similar backgrounds to me. And because, to be quite frank, there aren't a lot of people out there who look like me, and who hold my identities, that are doing this work."



ADERONKE OMOTADE

While at the University of Pittsburgh, psychiatrist Aderonke Omotade fell in love with neuroscience and she wanted to combine her love of the brain with her interest in internal medicine.

"It is still fascinating to me, and that's how I ended up in psychiatry and learning about the brain, and then learning how to help people deal when things go awry in the brain," she says. Today, Omotade is a board-certified internal medicine physician and psychiatrist with two practices in Baltimore: Equilibrium Behavioral Health and the Art of Balance Wellness Spa.

She studied both internal medicine and psychiatry "because I thought it would make me an even stronger doctor, because I could look at both, and not just look at one part of the body," she says. "I get to look at both mind and body, and not just one."

Lynn Peithman Stock is a writer and editor. She currently resides in San Jose, California.

CONSIDERING A Ph.D.?

Rewards are great, but so are the drawbacks. If you decide to pursue, 'You must be clear about why,' advises one graduate

The demand for mental health services has skyrocketed since the pandemic began, according to a recent survey by the American Psychological Association. In that survey, fielded Aug. 30 to Sept. 17, 2021, 62% of psychologists reported getting more referrals since the pandemic started.

And almost seven in 10 psychologists (68%) with a wait list reported that it had grown longer since the start of the pandemic.

As the COVID-19 crisis and its lingering effects continue to fuel growth, some mental health professionals like Joy Robbins, a licensed professional counselor-supervisor in Indian Trail, North Carolina, are rethinking – and reimagining – the future. While demand has increased for her services, Robbins is concerned about keeping up with the 25- to 30-patient-a-week pace. So, she's pursuing a doctorate in counselor education and supervision to enhance her supervisory skills and give her the credentials to teach at the collegiate level.

It's not a decision she takes lightly. It's a lifestyle change that will affect everyone in her family, in ways big and small. That's why she consulted with her husband, talked with her children and researched every aspect before applying to doctoral programs. She's hoping to start in the fall. "My family and I have had a lot of conversation, just talking about the

sacrifice. I've done my due diligence," Robbins says.

Words to the wise

That's the best thing you can do before entering a doctoral program, advises Shana Lewis, an executive wellness coach, TEDx and keynote speaker, leader and coach.

"You have to have a strong 'why,'" says Lewis, Ph.D., a licensed professional counselor and nationally certified counselor who completed her doctorate in 2017 in counselor education. "You can't go just because you want to. You must be clear about why."

A desire to help women deal with domestic violence motivated Lewis to pursue her degree, but she's the first to admit it wasn't easy.

Hiring three contractors to help continue her practice while she studied allowed her to balance work and life. Without the extra help, she believes it would have been difficult to succeed.

"The Ph.D. program takes over your world, and you have to maneuver to make room for it," she says.

Entering the doctoral program when her children were younger, before the social and academic rigors of middle school and high school, also provided breathing room in her busy schedule.

The benefits of an advanced degree

The sacrifices she made have paid off in the end.

"It (a doctorate) gives you access to certain opportunities you wouldn't have otherwise, including teaching," Lewis says. "It also created more credibility and allowed me to charge more in my practice and for speaking."

That's a sentiment shared by Michael Hannon, an associate professor of counseling at Montclair State University in New Jersey. For him, earning his doctorate in counselor education and supervision in 2013 led to more influence in his field.

"Being a professor positions me to affect change," says Hannon, a sought-after lecturer and consultant. "It's one thing to be a professional counselor, but to be a professor and say, 'Hey, we have the responsibility of graduating 70 to 80 counselors a year,' that's a different level of influence."

Like Lewis, he strongly suggests researching options before committing to a university. Make sure the program, culture and staff will accept you for who you are, he says. And ask these questions: What does participating in this program mean for Black graduates? Can I get the support I need, based on my cultural identity?

ARTICLE BY
BY SHIRLEY MOORE

PHOTOS COURTESY OF
SHANA LEWIS
MICHAEL HANNON

New Jersey's Monmouth University, also advocates for finding a program that will suit your needs.

"Don't go to a place where you're not going to be celebrated," he says. "It will be isolating, and you won't be happy."

Ford, a board-certified counselor and an approved clinical supervisor with a doctorate in counselor education and supervision, also cautions against another pitfall.

"Don't let these programs take you out of your blackness. Don't let academia dim the light of who you are. Birds fly high, but you must come back down. Have your hand on one rung of the ladder and the other hand out, willing to pull up others."

Even when you find a program that checks all the boxes, Hannon recommends discussing it with your family thoroughly. Make sure everyone knows your time will be limited and sacrifices required.

"It's a decision that can interrupt your income stream and personal norms, and there's a huge financial investment. It's an important decision that deserves a lot of consideration. Take stock and get a gauge from the people who love you the most," he says.

Tammy Lewis Wilborn, a New

Orleans-based mental health and wellness expert, author and keynote speaker, agrees. A retired board-certified licensed professional counselor and clinical supervisor with more than 20 years of clinical experience, she attained her Ph.D. in 2015 in counselor education and supervision.

"I always challenge people to be clear

about their 'why' because it's work," she says. "It's definitely not easy. Most people can get in – the challenge is getting out."

Lean heavily on your support systems

Wilborn moved her family from Memphis to Charlotte to attend the University of North Carolina at Charlotte, after investigating

Michael Hannon, an associate professor at Montclair State University in New Jersey, says earning his doctorate increased his influence in the field of counseling.

the program thoroughly before she enrolled.

She encourages prospective students to visit the institutions under consideration and talk with others who've completed the programs. Most important, she stresses, line up your support systems – spiritual, financial, personal and professional.

Once you have your degree, you should remain realistic about life afterward, she cautions:

"Having an education and being educated doesn't change the fact that you're a Black woman. People don't know you're a doctor (initially), and with that comes all the stereotypes and biases – everything we have to navigate."

Still, for Wilborn and others, there's a strong sense of accomplishment.

"When people do realize that I am a doctor, it comes with a level of respect – not complete respect – but a level of respect. It now means, to me, there's a sense of pride and accomplishment. There's a power, an internal power."

For Ford, that makes the three years spent in the Ph.D. program that much sweeter.

"Those were some of the best years of my life," he says. "I gained some lifelong friends and colleagues and some lifelong lessons. It was a life-changing experience, and I wouldn't change it for anything."

Shirley Moore is a Charlotte, North Carolina-based freelance writer and communications professional.

“Don't go to a place where you're not going to be celebrated. It will be isolating, and you won't be happy.”

– David J. Ford Jr.

BELOW

When considering a Ph.D., says Shana Lewis, “You can't go just because you want to. You must be clear about why.”



ARTICLE BY
LAUREN ROWELLOPHOTOS COURTESY OF
LEE CHAMBERS
LAUREN BROWN
AARON SKINNER-SPAIN

SOS

For Black Mental Health Professionals

Increased demand for practitioners of color takes a toll. As one provider says, 'You're traumatized every day by other people's trauma'

Lauren Brown, a licensed social worker, gained a different perspective about the high demand for Black mental health providers when she had trouble finding professional support for herself. "I knew it was a problem because when I had to look for my own therapist, (and) I couldn't find one," she says. Research shows just 4% of psychologists and 16% of counselors are Black.

As the only full-time Black woman offering therapy at a practice in New Jersey, she preferred to not identify her employer by name for fear of losing her job. Brown has balanced 45 to 50 clients at a time. "I can't ever have a blank spot on my schedule," she says. To squeeze in as many clients as possible, her employer schedules sessions back-to-back without space in between for phone calls, typing notes or even bathroom breaks. "You're traumatized every day by other people's trauma," she says, "and you don't even get time to deal with it."

Black providers are especially at risk for burnout due to discrimination and oppression in and outside of the workplace. Added to that are the increased caseloads of Black clients processing similar experiences, which could lead to secondary trauma for Black providers.

"A year ago, I wanted to get out of the field," says Brown, who's sick of

the low pay and high stress. Because interpersonal work in clinical settings is already challenging, stressful workplace dynamics could place practitioners at higher risk for burnout.

Brown has provided services in various inpatient and outpatient settings throughout her 25 years in the industry and has left two jobs during the pandemic during her search for a healthy workplace environment. In one recent position, she was expected to cold call clients for what she referred to as surprise therapy. "That's basically a cold call to talk about your trauma," she says. "I didn't agree with that, so I left." She encourages practitioners to communicate with employers about problematic dynamics and to leave positions if they aren't supported.

Brown oversees interns at her current practice, modeling how to set boundaries and encouraging them to invest in time for themselves – but it's hard to accept her own advice. This role creates even less time for her own clients which means her wait list is growing, and she hasn't taken a day off in seven months. "I haven't figured out how to do it and not feel guilty for my clients," she explains.

'It's hard to step away'

Burnout is correlated with higher hours worked – so increased demand puts practitioners at elevated risk if they're pressured to work more.

"I think when you're passionate about making a positive impact and supporting people, it's hard to step away," says Lee Chambers, a psychologist based in Preston, England, who is a solo practitioner.

Clients worldwide are increasingly seeking "therapists who could potentially relate to aspects of their lived experiences," he says, "so we see an increased demand for therapists who fit those demographics." Some providers might also be insulated from burnout if they feel a commitment and connection to clients who share their culture and lived experiences. But Chambers, who is an openly autistic provider, adds that this can be emotionally challenging for providers who live at the intersection of multiple marginalized identities.



ABOVE

Licensed social worker Lauren Brown has more than 25 years of industry experience.

For instance, there are few options for neurodivergent people to see Black practitioners, which can make Black providers who are neurodivergent take on more than they should to help others.



ABOVE

Psychologist Lee Chambers operates a company that helps to create psychologically safe workplaces by teaching about mental health and general wellness.

Chambers says he becomes heavily invested in his clients, so providing individual therapy can drain his energy. When he felt symptoms of burnout approaching, he rethought his place within the industry and launched Essentialise, a company that helps to create psychologically safe workplaces by teaching about mental health and general wellness. He leads workshops on mental health topics, measures individual and team wellness, develops strategies to address concerns and implements sustainable changes to improve culture. He offers less individual therapy now in order to “take a step back from the frontlines to dismantle structures, reduce barriers and create new spaces,” that promote mental health, he explains. “That’s energizing work for me, and I found that I need that balance.”

Because demand for care is so high, he feels he can reach more people by shifting the way workplaces and communities operate, helping them dialogue more openly about mental health and changing their underlying culture. He adds, “The smallest support networks can provide the biggest validation,” possibly reducing the need for services. This alleviates the pressure to create more time to meet with additional clients and offers more

opportunities to collaborate with other professionals to creatively address increases in demand.



ABOVE

“Demand is an ongoing issue,” says Aaron Skinner-Spain, who launched his practice, NYC Affirmative Psychotherapy.

“Part of what helps me as a mental health professional is being in practice with like-minded people,” says Aaron Skinner-Spain, a licensed clinical social worker specializing in trauma. He started his practice, NYC Affirmative Psychotherapy, as a resource full of Black and queer providers when he noticed a lack of options for these communities in New York City. He says it’s still difficult to find competent referrals for clients his practice can’t take on or those who need additional support. “Sometimes we have to work extra hard to find community and access to more supportive environments,” he says, noting that marginalized practitioners can’t always find safe and affirming providers to collaborate with.

Skinner-Spain’s practice feels more like a community to him, which helps him balance the burdens of increased client demand. “It’s just another anchor of support that we have that can help avoid burnout, and also to bear witness to all the grief and rage and blues we’re constantly taking in.” He encourages solo practitioners who are trying to cope alone to build a strong support system however they can to avoid isolation.

“Demand is an ongoing issue. There’s always been a lack of services for these communities,” he says, referring to Black and marginalized groups. He notes demand will only increase as the stigma surrounding mental health issues decreases, emphasizing the importance of providers “practicing what we preach” to prevent burnout.

“We need to be responsible to ourselves,” he says, “so that we have longevity.”

Lauren Rowello is a journalist in the Philadelphia area whose work often focuses on mental health, relationships and identity. Read more in The New York Times, The Washington Post and other national publications – or connect with them on Twitter: @laurenrowello.



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'Black Fatigue: How Racism Erodes The Mind, Body and Spirit'

Mary-Frances Winters has a litany of accolades spanning almost four decades of her career, giving credence to monikers labeling her as a diversity pioneer. She is the founder and CEO of The Winters Group, a consulting firm that temporarily partners with organizations to help their staff shift attitudes, activities and approaches (of individuals and the company as a whole) toward those that are more equitable, diverse and inclusive. Additionally, Winters is the author of the thought-provoking book "Black Fatigue: How Racism Erodes the Mind, Body and Spirit."

This book is a well-written resource that moves beyond listing how Black individuals have become tired from the weight of systemic, structural and subtle racism, and shares tools that can aid Black people in protecting themselves against Black fatigue. Further, Winters offers others who aren't Black the methods that will assist in undoing the racist systems that benefit them.

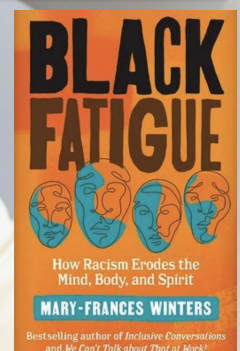
The author draws the readers in with the preface by explaining why Black (when referring to a person) is capitalized while white as a description of ethnicity is not. She strategically uses each chapter to either highlight the impact of Black intergenerational fatigue, identify a specific educational resource or encourage readers to remember we have not made it – contrary to popular belief. Winters highlights that fact by sharing personal anecdotes from 30-year-old occurrences that have strong similarities to experiences that today's young Black professionals face.

Because this work is promoted as a referral source, readers will appreciate the detailed definitions of terms like, but not limited to, diversity, equity, inclusion, belonging, racism, white privilege and, of course, Black fatigue. One other welcome feature is the list of books, author or subjects that inspired individuals can use to further explore and enhance their understanding, knowledge and commitment to their personal growth as either an ally or one disinterested in exacerbating symptoms associated with their fatigue.

This book has universal appeal as a great reference. For instance, it can help professionals committed to social justice, diversity, equity and inclusion work find strategies that will aid their crusade in removing barriers. Those who carry client caseloads can share this book as an alternative option that simultaneously affirms their experiences while permitting those same clients space to acknowledge how they feel or have been feeling and learn ways to decrease the impact of this type of fatigue causes. White people are asked to read the book for the history of the Black plight, but also to be motivated to become a "power broker for systemic change."

There is also something endearingly profound in the author's use of direct quotes from favored Black figures or white individuals who have aligned themselves as antiracists that frame each chapter within this book. The final one is from renowned activist Angela Davis, who shared, "I am no longer accepting the things that I cannot change. I am changing the things I cannot accept." It serves as a final call to action for all to start their roles as change agents.

LaTacia Ruff, Ph.D., is on a mission to normalize mental health and debunk myths associated with mental health through her program Candid Conversations. Learn more at www.choose-ccc.com.



CLINICAL ENTREPRENEURSHIP

How to get started with online courses



Before I launched my six-figure e-learning platform, the Business Academy for Social Workers and Counselors in March 2020, I researched the five most popular e-course platforms that are commonly used by Black mental health professionals. In conducting my research, I acquired knowledge and information about their benefits, customization features, course templates, marketing capability and pricing plans.

Here is a high-level overview of the five e-course platforms you should consider before launching your e-course learning platform.

KAJABI – If you are looking for an “all-in-one” e-course solution, Kajabi is the answer. This simple but powerful platform delivers everything you need to build a successful e-course platform. It provides customizable marketing tools, fully automated marketing funnels, landing pages, subscription plans for your course and more. Kajabi can power your entire e-course platform. It provides three pipelines for marketing, emails and landing pages, but comes with a monthly fee of \$119.

THINFIC – This popular e-course platform is used by mental health professionals, life coaches and content creators who are looking to customize their courses and generate additional income by creating an affiliate program. The platform allows you to provide your audience with convenient learning tools, live sessions, webinars,

assignments, quizzes and certificates upon completion of courses. There is a free trial period and plan, but monthly fees range from \$39 to \$399.

TEACHABLE – If you desire to legitimize your courses by offering customized course certificates, Teachable is a great place to start. Teachable offers features allowing you to create fully responsive educational content, courses, landing pages and quizzes. Also, you can use the course compliance tool to ensure that students complete prerequisites before progressing through your program. Teachable gives new meaning to the “do-it-yourself” concept because the templates are easy to use and customize. Plans vary from \$29 to \$249.

LEARNDASH – LearnDash is a WordPress plug-in. It is not an independent e-learning platform. I decided to use LearnDash to launch Business Academy for Social Workers and Counselors because I get to keep more of my profit. It is a learning management system that allows you to build, market and sell your online courses. With LearnDash you can integrate your e-courses into your existing website or blog. Also, it provides everything you need to create an online course – from curriculum development and scheduling to assignments, quizzes and certification distribution. Pricing for the plug-in starts at \$159.

PODIA – Some professionals consider Podia to be one of the best e-learning

platforms on the market because it offers everything you need to sell online. With Podia, you can build an ultimate online store for all sorts of digital products, from e-books and recorded lessons to membership programs and online courses.

Additionally, you can establish several membership sites and host them all in one place. It also has features allowing you to prelaunch campaigns, collect e-mails and create freebies such as checklists, catalogs, articles, etc., or bundles and sell them as individual products. Pricing plans vary between \$39 and \$199 per month.

I’ve learned one of the greatest joys of teaching and empowering others is to create opportunities where they can learn from me without being in my physical presence. If you are in the business of educating and empowering clients from around the world and have an interest in increasing your revenue, it is imperative that you get started with creating your six-figure, e-course learning platform.

Dwayne Buckingham, Ph.D., is a clinical psychotherapist, decorated veteran and multibusiness owner, ICF-certified coach, business consultant and CEO of Buckingham Consulting Group LLC. You can reach him at @DrDwayneBuckingham on Facebook, Instagram and Twitter, and at www.dr Buckingham.com or www.buckinghamcgroup.com.



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At the Heart of Raising A Transgender Child

As children identify as transgender, families are looking for support to help them through this journey. Counseling is a key factor

Ellen Craig wasn't uncomfortable when her middle school child came out to her as bisexual. As a gay woman, living in Torrance, California, she knew how to help her child. "My village, my community, the people I connected to in my personal life were gay individuals," says Craig, 51. "It wasn't anything that was foreign to me."

Several years later, at age 18, Craig's child, born a female, shared feelings of gender dysmorphia. They identified as a transgender man and wanted to change their pronouns to he/him and they/them. Craig supported her child, but this was new territory. She wasn't sure how to answer Nico's questions or help him navigate the journey ahead of him.

According to the Human Rights Campaign, an estimated 2 million transgender people live in the United States. Because of the obstacles a transgender person faces – bullying, discrimination and fear for safety – family support is vital to a transgender child's mental health and stability.

Counseling for child and family

Nonprofits such as the HRC offered Craig a variety of resources. It educated her about the challenges her child would confront throughout this journey. "I think people say, 'Loving you should be enough,'" Craig says. "But I found out it wasn't enough. There were so many things about my trans son that I didn't know: the body dysmorphia, psychological changes, internal depression. I never realized it

was more intricate from a psychological component."

It took time to find the right therapist for Craig and her child. She recommends one well-versed in LGBTQ+ issues and willing to establish history with the family. "This can't be just a couple of sessions," she says. "There are so many different moving parts. It needs to address the individual ... along with the family so everyone can move to the common goal of building and creating that solid foundation."

At one point, Craig and her child were seeing different mental health professionals. It proved to be a problem because the two therapists weren't communicating. They decided to use one professional for both family and individual counseling. It changed the approach and helped move them forward, Craig says.

Several years ago, Craig was introduced

to Buddhist principles through a friend. She and her child have incorporated meditation, spiritual awareness and good behaviors into their life. They also chant. "Chanting brings you back to a place of peace," she says. "It combats that chaos and the things that try to bring you down. It allows for you to have a level of self-awareness and acceptance. It empowers you to stay aligned with your own inner peace."

'Quiet space to hear my voice'

Actor, author and advocate Elijah Nicholas recognizes how the prayers he said as a child are like the guided meditations he uses now. Nicholas, a transgender man living in Atlanta, Georgia, relies on "365 Days of Meditation: Accountability and Mindfulness" by Corinthian Williams for his daily journaling and meditations. He believes all youth, but especially transgender youth, would benefit from meditation. "Many of our kids don't have an outlet," says Nicholas, 53. "Some are in a supportive family and some are not. It's a way for children to go within and really begin to practice mindfulness, self-acceptance and self-love."

Nicholas remembers the anxiety, internal struggles and suicidal thoughts he encountered as a child. He didn't have the right word – transgender – to explain what he was feeling at the time. Meditation, Nicholas believes, would have provided some of what he



ABOVE

Elijah Nicholas believes all youth, but especially transgender youth, would benefit from meditation.



ABOVE

Adhering to Buddhist principles, as well as counseling, has helped Ellen Craig, right, and her transgender son Nico.

needed. "If I'd had the quiet space to hear my voice, to hear that little boy talking to me," he says, "I could have had a much more peaceful life growing up."

Foundation built on 3 elements

As soon as the gender of a child is revealed, parents get attached to the future possibilities, says Bea Moise, a board-certified cognitive specialist and parent coach. "When I see these parents," Moise says, "some of them are incredibly supportive, but even the most supportive ones, they have to relinquish that story. They have to let that go."

In 2009, Moise opened her practice, A Child Like Mine, in Charlotte, North Carolina. Her focus has been on families with neurodiverse children, but since 2016, she's received more referrals for parents wanting to discuss how to navigate raising a transgender child. Most of the children are in middle school.

According to a 2017 report by UCLA School of Law's Williams Institute, 0.7% of children ages 13 to 17 identify as transgender. Research is limited on how this number has changed over the years.

Moise believes previous generations waited to transition until they were adults.

"The modern youth are more accepting of who they are," she says. "They're more willing to fight for who they are and how they should be seen. They don't want to wait until they are 18."

When Moise is working with parents of a transgender child, she focuses on building strong coping skills. Self-worth, self-confidence and self-esteem are still the core issues. "The foundation is: This child needs to feel warmth, love and acceptance," Moise says. "Without those '(being)' solid, anything you throw at this child, they're going to crumble."

For parents who have difficulty accepting their child's identity, Moise asks them to think back to their own childhood when they wanted something, like a bicycle or to attend a certain college, and were told no. She asks the parent to remember how they felt about being rejected. "Once they tap into their emotion, then they can tap into their child's emotion," Moise says. "It's a game changer."



ABOVE

Bea Moise's practice, A Child Like Mine, assists parents wanting to discuss how to raise a transgender child.

RESOURCES FOR FAMILIES

Bea Moise gained valuable information about children who identify as transgender by reaching out to colleagues, reading articles and books, and exploring websites. Here are her recommendations:

- transyouthequality.org/for-parents
- "Becoming Nicole: The Transformation of an American Family" by Amy Ellis Nutt
- "Nonbinary: Memoirs of Gender and Identity" by Micah Rajunov
- Psychology Today: "Why Transgender People Experience More Mental Health Issues" by Katherine Schreiber and "Understanding Transgender Reality" by Robert Weiss

Vanessa Infanzon is a freelance writer in Charlotte, North Carolina, whose wide-ranging work has been published by regional and national media outlets.

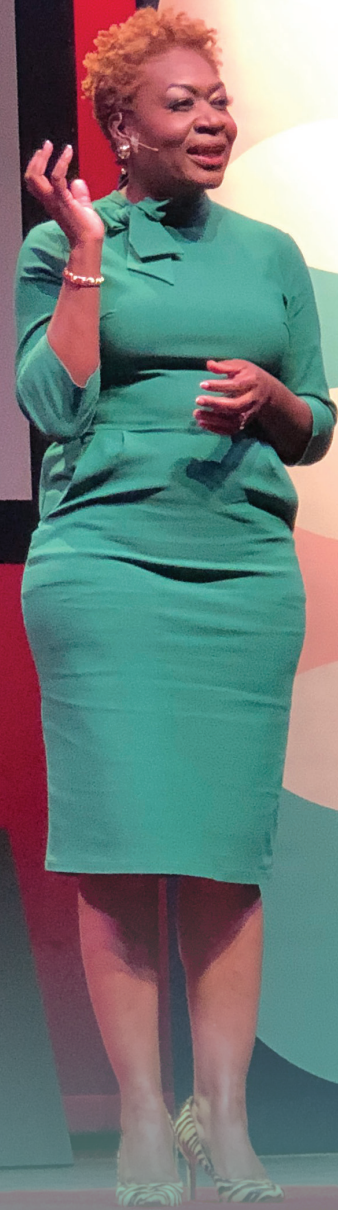
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Support for People With 'Many Loves'

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Polyamorous partners need clinicians skilled in addressing their mental health, relationship concerns

When you look at most relationships within the Black community you see cisgender, heterosexual, monogamous couples. This often makes it difficult for people to understand that's not the only way people show up in loving relationships. Monogamy is what we've learned growing up. It's what we know to be the "right" way to have a relationship.

Most of this comes from our belief systems and the religious teachings that we learned growing up. Not to say that all individuals who are Black are also Christians, but there is a good representation amongst our people – who are black Christians – adhering to this belief. I always say monogamy is the default relationship style and we do not know anything different, therefore, we do not engage in anything different.

Polyamory in its most simplistic form means "many loves," or to have the capacity to love more than one. A key aspect of polyamory is honest connections that are consensual among all parties. The level of involvement or dynamics – open, meaning there's room for others;

closed, meaning the opposite – varies from relationship to another. Knowing you can have meaningful and powerful connections with multiple people simultaneously can bring about a new sense of freedom.

This appears to be a huge shift in the mindset of the younger generations. The stigma of being poly is not one that appears to be as heavy in the Black youth today. This could also be because of the LGBTQ+ population having a large correlation with non-monogamy.

Some of the things people say when they discuss polyamory in the black community:

- "You just have low self-esteem, or don't know your worth."
- "You're stupid and have been brainwashed."
- "Better you than me. I'm too jealous for that."
- "I'm not sharing my partner with nobody."
- "Why do you want to do that?"

According to Ruby Bouie Johnson, a licensed clinical social worker and founder of PolyDallas Millennium, a symposium about consensual and ethical nonmonogamy, "Black polyamorous couples tend to have concerns around what other people will think or say when they find out that they're polyamorous."

It is often assumed there's no possible way someone has freely "chosen" this type of relationship. There have been recent discussions about this being a sexual-orientation identifier as well. Understanding that our people are more open to new ways of doing things, including relationships, is helpful. Being in spaces where judgment and condemnation aren't the first go-to can improve mental health outcomes in Black communities.

Couples who are non-monogamous need and deserve the same opportunities to address their mental health and relationship concerns. They desire to have clinicians they don't have to "teach" but can provide adequate help.

As a mental health professional, I think it is important to ensure we have the knowledge and skill set to assist Black couples and individuals as it relates to nontraditional relationship and love styles. When we don't, it's extremely important to have safe and affirming places to refer them to.

Chasity Chandler is CEO and owner of Center for Sexual Health and Wellness in Florida, New Jersey and Massachusetts. She is a relationship and sex therapist with more than 20 years of experience in the field.





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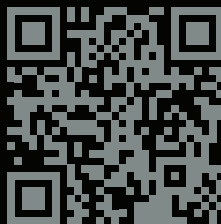


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