

Foot on Our Necks: The Needs of Black Clinicians in Times of Racial Inequity

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Abstract: Being a mental health clinician while Black in America is a serious situation. In this reflection, 103 Black clinicians and I, the author, discuss their needs as clinicians of color in these unprecedented times. Given the difficult task to stay professionally present for clients while simultaneously experiencing the same racial trauma that their clients experience, these clinicians discuss the need for a safe space to collectively heal one another as they practice while Black.

Keywords: Black therapists, mental health, trauma, racism, clinicians of color

Being a mental health clinician while Black in America is no joke. I still remember how I felt as I watched the video of George Floyd's death on that Monday morning on June 1st, 2020, a week after his death. I was working at home, as all of us were due to COVID-19. I felt paralyzed with anger, grief, outrage—an odd mix, and a compilation of feelings.

I am a long-time social worker and LCSW of over 20 years, born and raised in south Los Angeles. Now I am a researcher and a clinician engaged in trauma work. But none of that mattered as I watched George Floyd's video. For all the world to see, a man was reduced to begging for his life and crying for his dead mother in nine minutes. The foot on his neck was also on my neck. The foot on his neck was on the neck of every Black person in America. That foot was indiscriminate, and it clamped down on all of us, choking us. It did not matter if we were educated or not. It clamped down on both client and clinician alike. We all felt the weight of that foot on our necks.

I felt the weight of that burning anger surrounding that and other injustices that we as Blacks face. The anger was like a flame that would not go out. For days on end, I felt the burning indignation of that anger, so much so that I cried out to God after seven days of that anger, praying for that feeling to end. I thought to myself, "Certainly I cannot continue to go on with this burning anger..."—that paralyzing anger that prevented me from functioning. I am a woman of faith, and God answered my prayers by giving me a direction for my anger. I became aware that, possibly, I could help others deal with their trauma somehow. That thought gave my anger a positive direction.

Flash forward a couple of weeks later, and God did His magic in my life to help make the possibility of helping others a reality. I was introduced to a beautiful soul—a woman in North Carolina named Carynne Williams. She had the vision to help our Black communities heal the trauma they have suffered by training clinicians of color in evidence-based trauma modalities. MEND (active now on [Facebook](#)) was born into a 501-C3 non-profit organization to do just that—to provide discounted trauma training to clinicians of color who would, in turn, commit to providing some pro bono services to needy families of color. As a board member for MEND, the fire that I felt in my heart at George Floyd's demise had finally found a direction.

On June 13th, I sent out an initial survey to MEND members, and 120 clinicians of color responded. That early survey was to find out what they needed as clinicians of color. The clinicians who responded were primarily social workers or licensed professional counselors, but professionals of other disciplines such as psychologists, life coaches, pastoral counselors, and addiction counselors also responded. Respondents were from areas all over the US, and most of them were licensed in their state. Of the 120 clinicians, 102 considered themselves Black or African American, and 109 self-identified as female. In the remainder of this writing, I discuss what the clinicians who self-identified as Black or African American said. Several qualitative (open-ended) questions were asked, but my focus for this writing is on what the clinicians themselves told me they needed. The specific question that I asked the group was, “As a clinician of color in these difficult times, what is it that you feel you need right now?” Their answers were enlightening and fell under specific themes.

Culturally Specific Training Tools to Address Trauma

Thirty of the clinicians surveyed expressed that they felt that they needed more intensive training and tools to address the types of trauma that African Americans experience. Many of them mentioned that they thought they needed targeted and specific training to handle Black client trauma. For instance, one clinician said:

I need to be better equipped clinically in increasing my clinical skills specific to the needs of my Black clients. I want to be able to offer them tangible working solutions that can be acted upon and implemented in their daily functioning.

Another clinician said, “I feel that I want to be able to use my therapeutic foundation to help African American clients, and in order to do so, I feel that I need more trauma-specific training.” Yet another clinician stated, “I need training that is culturally centered to depathologize Black and brown lives.”

Almost all of the clinicians stated that they felt that trauma—generational trauma, racial trauma, complex trauma—was the main issue that they needed to address with their Black clients. Some clinicians stated that this was based on their years of experience working with Black families, children, the elderly, and prison populations. Others noted that this need to address trauma in Black clients was based on their own personal experiences as Blacks in America. It was interesting to note that most of the clinicians identified the need to be trauma trained in modalities such as Eye Movement Desensitization and Reprocessing (EMDR; Lipscomb & Ashley, 2021), Prolonged Exposure (McLean & Foa, 2022), and Acceptance and Commitment Therapy (ACT; Payne, 2022). Still, they also were very clear about the need to be trained in modalities that are effective for Black clients. One clinician said, “As a clinician of color, the ACT methodology appears quite beneficial. I need the full training.” Another clinician said, “I need to be present and able to provide services to the many African-Americans who are suffering, especially with racial trauma. Regarding trauma, I have spoken with many clinicians who utilize EMDR and attest to their clients’ successes.”

These clinicians stated that they would like to be trained in interventions and therapies that address racial trauma. For instance, clinicians expressed the need for “a specific treatment modality to work with clients experiencing trauma, especially racial trauma, that works specifically for our people.”

As a Black clinician and researcher who taught evidence-based interventions on the university level, I know that few evidence-based practices specifically address the racial and generational trauma that African Americans face. This is why I have been working on tailoring ACT for traumatized Black clients for several years. These clinicians were interested and eager to be trained in the culturally tailored version of ACT.

Financial Barriers to Training

Some of the Black clinicians who were surveyed mentioned financial barriers to becoming the trained clinicians that they desired to be for the sake of the communities they serve. Some of these clinicians pointed out that trauma training is expensive, especially training such as EMDR, which costs thousands of dollars to be trained and certified in. Many of them would love to be better clinicians for the sake of their clients; however, they cannot afford the high cost of much of the trauma-informed interventions. One therapist said, for instance, that she needs trauma treatment training at a reasonable price (like MEND offers). She mentioned that she has a private practice, and she relies on private pay patients to help her sustain her income. She would also volunteer for agencies to learn trauma work, given that paying for training is financially taxing. Another clinician stated that she would love to have “a seat at the table financially.” There are few Black therapists nationwide; less than five percent of the therapist population is Black (Lin et al., 2018; National Center for Health Workforce Analysis, 2023). For Black therapists (who are more likely to see lower-income clients rather than high-income private pay clients), paying for quality trauma training can be an issue.

Support and a Safe Space

When discussing what Black clinicians need, the topic that came up the most had to do with support and a safe space; almost all of the clinicians spoke of this. This was discussed even more than the need for training, which hurt my heart and made me feel empathy and compassion for these clinicians.

Some clinicians discussed how they felt in this trying social climate, using words like anger, confusion, sadness, shame, anxiousness, and optimism. They discussed how difficult it was to be there for their clients’ racial trauma while they were experiencing the same racial trauma. One clinician, for example, stated,

I feel hurt the strongest and frustration. I sometimes am furious at how we are discarded as less than when it comes to our basic human rights. I am trying to figure out how to help my clients with the same things that I am also struggling with.

Another clinician said, “I need a safe space to unload the heavy burdens I feel when providing therapy at this time.” Yet another clinician said, “[I need] a place where I can be vulnerable and allow myself to feel.” A fourth clinician eloquently said,

I feel like right now I need permission. I’ve always made sure I’ve gone above and beyond ... and now to slow down and feel what’s going on is a struggle. For a variety of reasons, I have not been able to be at protests. However, I want to prepare myself behind the scenes to be my best self to help other people of color.

When discussing support, many of the clinicians discussed issues of self-care and balance. They realized that they needed an outlet as Black clinicians. One clinician, for example, mentioned that she needed “moments of reflection and self check-ins where [she] can sit and process [her] feelings, and guided mindfulness activities.” Another clinician said, “As a clinician, I need to be able to exercise self-care in light of the current turmoil.” Yet another clinician noted that she needs “flexibility, balance, self-care, supportive family and peer groups that understand issues faced by Blacks.” Self-care and community were critical to this group of professionals.

In discussing community, these clinicians stated their need for something that they did not presently have—fellowship with a community of others that felt as they did and had similar struggles. According to one clinician, that would manifest as “just being in a safe space with people that not only look like me but are dealing with the same issues like me.” Another described it as “having a space to talk and discuss matters with like-minded individuals.” Many of the clinicians discussed the need for a safe space for clinicians of color, a place where they can discuss how to take care of themselves in this time and have the right tools to treat their clients. They discussed the need for engagement with peers like them and how vital that was. One clinician described it as “a cohort of clinicians to build with so we can help our community heal together.” Another clinician discussed how rare it was to find a support group for Black trauma like MEND:

I started private practice alongside white peers and struggle to find the same supports as they find amongst themselves. I would like to develop professional relationships and join with Blacks in MH who believe in working together to heal our communities.

These clinicians were specific about how this support might look for them. They discussed needing help from their fellow clinicians of color as they engaged and served their own communities. They discussed the need for safe spaces and for best practices when working with these populations. They talked about the need to connect with other clinicians, either through live case consultations, digital peer support groups, self-care crews, coaching, and connection spaces. One clinician described these as “safe spaces to talk about how to take care of ourselves in this time as well as have the right tools to treat our clients.”

Nourishing Purpose and Calling While Serving Black Clients Well

Finally, these clinicians noted that they genuinely desire to fulfill a sense of purpose and calling in their lives. They recognize that less than five percent of mental health practitioners are African American (Lin et al., 2018), and they feel that weight on their shoulders. At the same time, they stated that they have never felt as strong a calling to service as they have had in recent years. One clinician said, “I feel called to help my community more so than ever.” Another stated, “I need an opportunity to grow. I want to take the gifts and blessings that have been given to me to help others.” A third clinician stated:

I am continuing my commitment to help heal/educate my community and make a change in the world around me. I’m saddened and hurt that so many African American lives are lost/traumatized just for a change to occur. I want to see a continuous change in African Americans’ treatment in America, and [I am] willing to do my part for change to occur.

Foot on Our Necks: When the Trauma Workers are Traumatized

“A time out.” “Peace.” “Patience.” “Community.” “Self-care.” These clinicians voiced what each of us, as clinicians of color, were feeling. It appears that we, as clinicians of color, have so little voice. It is such a difficult task to stay professionally present for our own clients, even while we experience the same racial trauma that our clients experience. As we help pull the foot of racial trauma off of our clients’ necks, we need a place and space to pull the foot off of our own necks. We need a safe space to collectively heal one another as we become more adept at healing our own clients. I am so glad that spaces such as MEND are rising up out of the ashes of oppression and discontent—places where we can collectively begin to mend as we practice while Black.

For more information about MEND, visit <https://www.facebook.com/groups/278364366639445>.

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