

# ACT for Black Racial Trauma with Jennifer Shepard Payne

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and so when you think about those interventions, many of them were created, what, you know, well before 1964, many of them were, um, created based on Eurocentric, assumptions, ideas. And, you know, to be honest, like for some of our clients, like, especially the clients that are from underrepresented or marginalized or oppressed populations, using certain EBPs with them is like trying to fit a square peg into a round hole. that was Jennifer Shepard Payne on psychologists off the clock. [00:01:00] we are three clinical psychologists here to bring you cutting edge and science based ideas from psychology to help you flourish in your relationships work and.

**Debbie Sorensen:** I'm Dr. Debbie Sorensen, practicing in Mile High Denver, Colorado. Co-author of ACT Daily Journal, and an upcoming book on act for burnout.

**Yael Schonbrun:** I'm Dr. Yael Schonbrun, a Boston based clinical psychologist, assistant professor at Brown University, and author of the book Work Parent Thrive.

**Jill Stoddard:** And from coastal New England, I'm Dr. Jill Stoddard, author of Be Mighty, the big book of Act metaphors and the Upcoming Imposter. No more.

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Hi everyone. It's Debbie. I'm here with Yael today we have an interview With Dr. Jennifer Shepard Payne, who is talking to us about healing black trauma caused by systemic racism using acceptance and commitment therapy. And I would like to just add a quick personal note about Jennifer, because

I know Jennifer, we've worked together on some projects and gotten to know each other personally. I just really admire the work that she's doing and I think that she is a wonderful example to me of someone who is such a down to earth, humble, hardworking person who really embodies [00:03:00] values and action because I think

she is a black woman in America, has been through a lot and has really channeled Her pain and trauma and everything that she's experienced into doing something that's really values driven, and I think her work is really important. So I was so grateful to her for coming on the podcast.

And Yael, I know you listened to the episode too and had some thoughts about it.

**Yael Schonbrun:** I love the episode for, for so many reasons, including that Jennifer just seems like such a wonderful human being and that this topic is such an important one. There was kind of two things that I wanted to point out. So one is that again, we're using psychology to address something that seems like a systems issue, and on the one hand it seems.

Counterintuitive and almost inappropriate to say that an individual approach should be used to tackle something that is clearly a problem that exists like everywhere outside of the individual. Like racism is not an individual's fault, and yet we can use, [00:04:00] and Jennifer talks about this, we can use

psychology to empower people and actually to empower people to change systems.

It's almost like a grassroots approach. So on the one hand, it. Wrong to think about how psychology fits into handling racial injustice on the other hand, and as she talks about, um, so eloquently, I think it's a really powerful approach.

**Debbie Sorensen:** I think that's such a good point, and I know that that's one that, that we've talked about on the podcast before and that we both have an interest in, which is how do the two work together, right? Can we help people heal from trauma, empower them, and also charge our own batteries? All of us, you know, black people, white people, everyone charge our own batteries so that we.

You know, confront the problems of the world and take meaningful action.

**Yael Schonbrun:** The second thing I wanted to mention that I just loved because it was such an aha moment, and I'm maybe gonna be embarrassed having shared this, but Jennifer talks about how in therapy we often talk about, talk through [00:05:00] metaphors.

We sort of bring concepts to life and help people to really, um, kind of connect with ideas through use of metaphors. And this is something that in the kind of treatment that you and Jill and I do, acceptance and commitment therapy and that Jennifer, she Payne does. We talk about a lot and what she talks about, uh, in her approach is using more culturally sensitive metaphors.

And I will say I haven't really thought about how important it is to be culturally sensitive in metaphors because, you know, a metaphor that is really common in acceptance and commitment therapy may not be as relatable for somebody who's Jewish as it is for somebody who's Chinese or somebody who's African American.

And so to really be thoughtful about the way that we tailor. Ideas and therapy to the person that we're sitting with seems so important and, and I will admit it, you know, when it comes to metaphors, I hadn't really thought about that before she made that point, and now it's something that's sort of like top of mind and, and such a wake up call.

**Debbie Sorensen:** \ [00:06:00] Well, I think that actually is part of what she's doing. What Jennifer's doing that's so important is that she has personally found a lot of these practices really helpful in her own life, and they really resonated for her, and she's trying to bring it into this world of racial trauma where, you know, people need support, they need empowerment, they need healing, they need action. Sometimes these concepts aren't reaching people who could benefit from them, and so I really appreciate her work on. You know, getting this out there and the work that she's doing to, to help train people in, act for racial trauma and to, reach people who can benefit.

**Yael Schonbrun:** Yeah, it was such a powerful moment when she was talking about getting training in this approach and acceptance and commitment therapy and being. You know, the only person of color in the room. And I do think, you know, it sort of begs the question of, is acceptance and commitment therapy useful for everybody?

And she says, No, it is, it's just not reaching people. So [00:07:00] what we need to do is, is tailor it and also extend it in ways that are, um, you know, more effective. I was just thinking that like what she's doing is taking. Concepts that have been built for white people in a pretty narrow way that are good, solid concepts and really thoughtful concepts and practices. And she's finding that they're useful outside of white populations, outside of these narrowly defined populations for which they were developed, and she's tailoring them to be even more.

Helpful and then helping to bring them to the people who actually can benefit. And I think, you know, from academic science, you can develop something and then, you know, it takes other people to courier it out into the world and to make sure that it reaches people at the heart level and that's the work that she's doing.

And I just think it's so inspirational.

**Debbie Sorensen:** My hope is that, listen, Will find this episode really helpful. I think [00:08:00] she's specifically, you know, as a black woman herself, she specifically is writing up about the experience of black trauma and I I think it's also very important for white people to take a lesson as well because I think she offers a perspective that we need to hear and so I hope it will really be something that every. Get something out of this episode. and please share this episode with others who might be interested in learning more about racial trauma.

I'm delighted to have on our podcast today, my friend and colleague, Dr. Jennifer Shepard Payne. Dr. Payne is a research scientist and clinician for the Kennedy Krieger Institute in the Center for Child and Family Traumatic Stress and the Center for the Neuroscience of Social Injustice. She is also an assistant professor in the Johns Hopkins University School of Medicine with a primary appointment within the Department of Psychiatry, Division of Child and Adolescent Psychiatry, Dr.

Payne received her doctorate from [00:09:00] the UCLA School of Public Affairs and is a licensed clinical social worker. Her research interests include developing culturally tailored community based depression and trauma interventions and addressing minority mental health disparities. Additionally, she is a board member of mend, an international organization of clinicians of color, who are trauma trained to help oppressed communities.

For several years, Dr. Payne has been working on culturally tailoring acceptance and commitment therapy for African American communities experiencing racial trauma. She developed a culturally tailored Act intervention, and she's the author of her brand new book *Out of the Fire, Healing Black Trauma Caused by Systemic Racism using Acceptance and Commitment Therapy*, and we'll be talking about some of the ideas.

From that book today. Jennifer, thanks so much for, for being here. Welcome to the podcast.

**Jennifer Shepard Payne:** Oh, thank you so much. Thank you for inviting me. I appreciate it.

**Debbie Sorensen:** Well, it's our pleasure. Thanks for being here. I think that, you [00:10:00] know, as I read through your book and just know the work that you've been doing, mostly through mend and, and some of the other work that you've been doing the last few years, I know that this is just, your voice is really important, I think, in our work that we do, and I just, I'm so grateful to have you here to share some of your ideas because I think that, you know, they need to be, uh, shared far and wide.

**Jennifer Shepard Payne:** Well, thank you. Yeah. Um, and, and I, I appreciate that. I, I feel like it's just a part of my heart. Um, so I, I. Feel like it's just something that I just move forward with. Um, so I appreciate it.

**Debbie Sorensen:** Well that's, that's actually kind of where I wanna start off our conversation today because one of the things that I found the most powerful in

your book, Jennifer, is you know, you share examples, clinical examples, you have some great metaphors and you share some personal [00:11:00] stories. Um, it really brought the book to life and I think felt so powerful to read.

And so I was just wondering if you could start us off by sharing a little bit about your own personal story behind how and why you are doing this work that you're so passionate about and you wrote this particular book.

**Jennifer Shepard Payne:** Yeah, absolutely. Um, and, and I do have to say that I kinda, my goal is to live a life of authenticity and transparency and. I think that was also one of the goals, uh, to, to relay that in the book in some way. Um, so yeah. Um, it's vulnerable, but at the same time, I'm, I'm finding that even with the clients that I work with, um, which I, I, right now I work, um, at the, um, Center for Child and Family Traumatic Stress. Um, and I do see a small cadre of clients [00:12:00] there. Um, all of them have trauma issues and, and I find that, Just like selective disclosure, um, like very intentional disclosure really helps, uh, for people, you know, that are going through, uh, trauma.

But, um, so in terms of your question about the how and the why, um, so I think about the word serendipity, um, serendipity where, you know, you're, you got, you get something valuable that you didn't even ask for or you, you didn't seek it out. I think that that kind of defines how, how the book got written. Um, and so like, um, if I think about back in spring of 2020, um, when, you know, there was so much happening in the world there, of course, the George Floyd murder was taking place in March and we were right in the throes of [00:13:00] Covid 19.

Um, during that time, I, I, I received an email. And to be honest, I don't even know who the person was that I got the email from. Um, it was somebody that was asking if I knew of any individuals who were writing books about the black experience or about social injustice issues. Um, I don't know how the person got my email.

I don't know how they knew about me. And to this day, I don't even know who sent the email because, um, I don't have access to that, that email address anymore. Um, I was, I got, I got it from a prior, um, faculty position that I was at. So, um, but one thing I do remember, um, is I remember writing to the editor that was, that was referred to me and I said, You know, I don't know the other people, but I know that I'm working on some, um, like culturally tailoring act right now.

[00:14:00] And so maybe that's, there's a possibility that I could write on that. And, um, and that kind of started a chain of events where I went and submitted the proposal to New Harbinger and then we moved on to write the book. And so that's the how of the book. But the why of the book is a little more complicated, um, because I think about the why, the why could be traced back to childhood, actually. I mean, the why, um, has to do with um, you know, just how I was raised. And, um, I was actually raised in a pretty, very stable environment. Two parent household, middle class. Um, but I had friends that lived in neighborhoods very close to me. I had, um, like, uh, colleagues that, you know, were in, in school with me, elementary school or, or, or junior high or high school.

And they were going through a lot like they were going through. [00:15:00] So many, like financial situations, structural inequities, or, uh, family problems. Um, and so I can think about even back then when I was like a child that I had, like this heart for underrepresented populations, um, heart for, you know, some of the pain that, that, you know, some of the people around me were, was going through.

Um, and then when I, when I grew up, I, I started moving towards these, these types of, uh, careers and education such as social work, um, to, with the goal to help alleviate that distress or at least address the pain in some kinda way. Um, and so, um, you know, this, the why of the book is, you know, kind of happened, um, a lot, a lot earlier in my life, but I just didn't know how it was gonna manifest until.

Until [00:16:00] the book came.

**Debbie Sorensen:** Yeah, and I mean, I think that just reading more about your story and what you shared today, it just seems like that is Absolutely, You know, we, you we'll talk about. Is in this conversation. And that's a big part of act and a big part of your book. Um, and it just absolutely seems like 100% mission driven from the heart.

And, and I know that, George Floyd's murder and the other events that happened around that time, I mean, I think that just really had such a personal impact that, you know, really was another driver for you.

**Jennifer Shepard Payne:** Yeah, absolutely. Absolutely. I mean, that, that was a driver for, um, and I know you mentioned MEND, um, and I know you're a part of MEND as well, and so MEND, MEND Minds, um, dot org, um, that's, that's



a non-profit organization where clinicians of color come together, um, to, to learn different trauma treatments.

And [00:17:00] in turn, what they do is they ask, um, that we do give couple of pro bono services a year to, um, those that need it in our communities. And the whole reason how that, that came about the whole reason how this book came about, all of those, um, kind of stemmed really from that George Floyd, murder.

Um, and I talk about that in the book. You know, how that affected me and how I think that that was the only time in my life that I have ever been angry for a whole week. Um, and I am a spiritual person, so it troubled me, you know, to have that kind of anger, um, when I saw that video. Um, but I'm sure that that same anger is the same anger that many other people have felt. Um, and [00:18:00] that it, it drove a lot of the, the, um, different things that are going on in regards to social, um, injustice right now. But, um, yeah, so

**Debbie Sorensen:** Yeah.

Right. Which probably wasn't the first time you felt that anger about similar issues, but it sounds like that particular week it just really, you know, kind of really was so strong and was an indicator of the level of just injustice and like, you know, I've had enough of this.

**Jennifer Shepard Payne:** Right. And I think that that's the way that each of us, each of us had to find out how can we deal with this anger? And for me, writing was a way of dealing with it. So, um, so I, I wrote a poem and, and, and I'm sure I know you're familiar with the

**Debbie Sorensen:** Yeah, you've shared it on the podcast before. We'll link to that on the show notes for today. Yeah.

**Jennifer Shepard Payne:** Yeah. So that, that poem is also like in the beginning of the book.

Um, [00:19:00] and the book, the poem really is just speaking to, you know, exactly what I felt at that time. I feel like I needed to write. And so, so this writing of this book has actually been cathartic for me. Um, there's been several. Like very serious. Um, things that have gone on over the course of that, that year or two years that, um, I was writing the book and when I say going on, um, not just in the world, but also in terms of my own family.



Um, my husband passed away during this time. There was a number of things that took place and um, and it was cathartic to write the book,

**Debbie Sorensen:** Yeah. A hopeful action in a, during a challenging time.

**Jennifer Shepard Payne:** right? Yeah.

**Debbie Sorensen:** So one of the things that you write about in the book is of course, racial trauma. Um, your book is focused on act for healing black trauma. And you write about the experience of being black in America and also some of the ways in which our [00:20:00] current mental health systems fall short for black people and aren't up to the challenge of this.

Um, and I think that my personal opinion is that we as a mental health field need to take a serious look at that. And I know that this is a really big topic, probably could be its own episode, um, but I was just wondering if you could share some thoughts on that mental health disparity. But more than that, just like the ways in which we're not able to meet this, this really important problem.

**Jennifer Shepard Payne:** Right. Yeah. Um, well, I mean, so the system that we use, you know, whether you call it the psychological system or the mental health system that we use in America, I mean, it, it has, it, it wasn't created in a vacuum. I mean, we think that it, it, it just kind of as a standalone, but it actually was created in a context that's influenced by the time and the societal atmosphere.

In which it was [00:21:00] birthed. And so, um, I mean the truth of the matter is that our system of psychological intervention, it, it never was created for black people. Um, you know, and, and when you think about it, it's only been since 1964, 58 years ago and actually like, since my birth, cuz I was born in 1964. Um, it was only since then that racial segregation was ended in the United States.

So 58 years, that's not much time. Um, and so when you think about those interventions, many of them were created, what, you know, well before 1964, many of them were, um, created based on Eurocentric, assumptions, ideas. And, you know, to be honest, like for some of our clients, like, especially the clients that are from underrepresented or marginalized or oppressed populations, using certain [00:22:00] EBPs with them is like trying to fit a square peg into a round hole. and, there's a lot of reasons for that.

One of 'em has to do with, um, you know, most of our EBPs are geared towards an identified patient. Um, most of them are, are individualistic in nature. Um,

most of them like, focus on that person that's right in front of you, like looking just at their feelings, their behaviors. Um, but there's many clients that come into therapy that are, that are having pain issues that are not just due to individual issues.

There's some clients that are coming into therapy, with pain because systemic issues that are taking place in their life. things that they have no control over or they have little control over. And, and EBPs really don't address that. In fact, sometimes it's almost like blaming the victim.

[00:23:00] If, if we look at, you know, Oh, well, let's look at your individual problems. Let's look at, you know, what's going on with you individually, when in reality, um, there's other things that are causing the pain. Um, another problem with, um, you know, our system as it is now is, you know, I mean, we know that, that it's, it's, it's a business, right?

So, um, a lot of people there, like, we have to bill. Um, and so in order to, you know, to build, you know, we need to bill in order to, to do the therapy with the client, in order to do that, we have to establish medical necessity. And so that means like for the most part, that, um, a person has to have a clear reason.

For coming into treatment or a, a problem, you know, per se. And so that, that, that leads to like looking at the, the I c D nine codes, which, you know, [00:24:00] basically looking at the, the diagnostic, um, manual for mental disorders or the dsm, um, looking at them in order to pick a diagnosis, put, put it on the, um, on, on the line so that we can charge to actually see the client.

Um, but then, but there's some clients out there that are just having a normal response to an abnormal environment or a normal response to a toxic environment. And so that really means that anybody would have a problem if they were in that same situation. I have a client right now, and I'm not disclosing you know much about that client, but that client has so many systemic issues going on.

At once in their life, if I was, you know, him or her, I, you know, I would have a problem in that same situation. So, so there's, so there's no diagnosis that [00:25:00] you can really attach to that.

Um, and so, you know, but a lot of times that's how we look at it in terms of mental health treatment. And then, you know, one of the, the other things that's prob a problematic is the fact that, you know, a lot of our interventions are

approved based on randomized control trials. And that there's, there's nothing wrong necessarily with randomized control trials.

but the problem for me is that they, they use primary homogeneous populations when they're doing these randomized control trials. And, and that's, that's what you have to do just by default, is that you need to test it on a homogeneous population.

But the homogeneous population ends up being primarily white, primarily English speaking, primarily heterosexual populations. Um, so how do we, you know, how do we really know that these, um, interventions are, are hit in the mark or the target for the [00:26:00] people that we serve?

**Debbie Sorensen:** Yeah. I think you make a really important point here, which is that it's philosophically from, you know, its historic origins has never been it, it's always been biased, It's always been a certain point of view that is definitely not going to fit all people, all situations. And that that tendency to put to pin a diagnosis on someone and say, Oh, this is a problem we need to fix within you when it's so clearly.

Is systemic. And then you think about the individual person going to a therapist and there's, you know, a majority of therapists are white and may not be familiar with that experience. Definitely not on a personal level, but may have not even learned anything and may have some, I mean, obviously we all have some racial biases or some areas where we may act in a way that's not gonna feel accepting or [00:27:00] welcoming or understanding of the person's experience.

And I know, I don't know if you have thoughts on that, on what it's like, you know, as a black person yourself to see that happen with individual clients who, who want mental health treatment and can't find a good fit, which is on, you know, again, that's on the field.

**Jennifer Shepard Payne:** Right, right. Well, so I, I actually just did a presentation last week on, on this topic. Well, it was more, geared towards clinicians of color. Um, and just the fact that they themselves have been, you know, overburdened by this, um, just this influx of the need for mental healthcare the past two or three years.

And, um, how can they, how can they deal with that? How can they create self care for themselves? Um, but. In reality, less than 5% of the [00:28:00] mental health workforce is, is black. Um, and so that does mean that, um, other, other

people need to hopefully have some cultural, um, sensitivity to be able to work with, that population.

Um, and, and there's a lot of, um, demand for clinicians of color at this time. And, and it's just for the same reason that you just mentioned, uh, I've, I just heard just recently, I think there were two or three different clients that said it in, in, in similar ways. But basically what they said was, um, I really would love to see someone who, I don't have to tell my.

Whole story to, or have to explain what, what racial trauma feels like to them, Uh, you know, or have to explain myself to them. Um, and so, yeah, that, [00:29:00] that is, that is a difficult, um, situation.

**Debbie Sorensen:** Yeah. Well, and we as a field need to do better to fix the, what's happened in the past moving forward. And I know it's not a simple quick fix, but it's so important. Yeah. Well, in the book, one of the things I was really interested in were your thoughts on resilience. And I think often, you know, we look at resilience as a really, you know, positive thing, a really good trait.

It's like, Oh yeah, life can be hard and adversity happens and we need. Try to do our best to adapt and to be resilient. Um, but I, I thought it was really powerful what you wrote. Like, why do we always have to be resilient, that usually black families and black individuals are expected to adapt to adversity, and at some point it's, it's exhausting and unfair, you know?

Um, so can you share your thoughts on resilience and, and like your own personal experience around that?[00:30:00]

**Jennifer Shepard Payne:** Sure, Sure. Um, yeah, so when I first started my doctoral program at ucla, um, I, that first year that we had, you know, a number of different courses that we had to take, and I think one of them, um, was a, like a, a course on epistemology, I think. And in that course, uh, at the end, you were able to choose a topic to research.

Um, and I chose resilience. Because at that time I thought that, you know, it was a positive word. And I still, you know, I, I still understand like, like the rationale behind resilience. Um, but, you know, when you think about resilience, being resilient is, is defined as being capable of withstanding shock or without permanent, uh, rupture without, without bending too much.

Um, [00:31:00] it's, it's like a, a person that's able to recover from, or to adjust easily to misfortune or change. And so over time there's been lots of studies out

there that, um, show that blacks are resilient. Um, and, you know, and you know, I think that's, that's fine. But, um, you know, I, I remember reading something from, um, Dr.

Leslie Anderson. Um, she asked a great question. She asked, Why are black families expected to continuously have to adapt to a diverse environment? Um, and you know, I mean, in a way, when you think about it, in the United States, we're kind of put in a position to have to, uh, to demonstrate perseverance, to, um, demonstrate, um, perseverance amid, amid chronic adversity.[00:32:00]

So instead of, um, dealing with the systematic oppression, we are supposed to kick back and model resilience. Um, and, and yeah, that, No, I agree. I mean, when you said, you know, you thought like, it, it, it seems unfair. Yes. It, it does seem unfair to. Like, why, why do we always have to be the strong ones? Why do we have to, why are those systems continuing to be the way they are in the first place?

Um, and if there were other populations that had to like, bump their heads against the same wall over and over, instead of saying, Oh, well you're, you're, you're really doing a good job of, bumping your head against that wall and, and just getting, bouncing back up and, and, um, not falling. You're doing a good job, but what about the wall?

Is it possible to, to do something [00:33:00] about the wall itself? Um, and so I, you know, I feel like, you know, resilience, it feels like a double-edged sword to me because. Yes. Okay. Yes, we're resilient. Um, thank God we're resilient because otherwise,

if we weren't resilient, then, then what would would it be?

You know, we

wouldn't, we wouldn't, continue to be. Um, but there's a lot of people that are out there that they're, the way their resilience looks is they're surviving. They're not thriving. And so I talked to a lot of my, clients about how can you get to a place of thriving? Because I mean, yes, you know, we, we, we are able to survive.

We, we have the fortitude to survive, but we deserve at some point to thrive.

**Debbie Sorensen:** Yeah, I'll read a quote from your book that I made a note of. You said, We as a nation bear responsibility to do more than encourage

resilience. And I think I think that's about [00:34:00] moving that wall. It's like, let's move the wall out of the way and then we don't have to focus so much on resilience as the solution to this,

but let's, let's look at the problem itself and see what we can do and, and how that, that could be so much better.

So let's move a little bit more into the act part of your work, um, You were drawn to act as an, as an approach, at least in part because it's non pathologizing and because of the stance that it takes on human pain. You use the, the metaphor of pain being like the fire, you know. Um, so can you tell us a little bit about why you think act appealed to you as you know enough to write a book on it and how it has potential to be helpful to African Americans who have experienced racial trauma?

**Jennifer Shepard Payne:** Sure. Yeah. I, So the way that I learned about ACT is I actually learned about it. I mean, it was less than 10 [00:35:00] years ago. It was like a few years ago, and I learned about it. I don't think it's a happenstance way, but basically what happened is I was teaching a class on intervention and evaluation for master level social work students at a university.

And, um, it was, it was the class that, that, that I, you know, kind of I put together in terms of which evidence based interventions we would talk about from week to week. And so there was a particular week. Of, um, mindfulness based interventions, and I invited a, a good friend and colleague of mine, um, a fellow, uh, professor at the university.

Dr. Regina Trama asked her to, come and, and be a guest speaker in my class. And so she, she, did, you know, she talked about the different interventions that are mindfulness based. She talked [00:36:00] about the, um, you know, the third wave interventions, um, such as, you know, mindfulness based, cognitive behavioral therapy, um, um, dialectical behavioral therapy.

And, and then she mentioned, um, act, which I had not heard of until. Presented it to the class and, you know, based upon what she was saying about it. And she said a little bit about it, I was interested. So I went and I took, a class, it was a two day, I think two or three day class on, um, acceptance and commitment therapy.

And I was one of the very few, if, if, if not the only, um, you know, black person in the room. But I absolutely loved it. And, um, it just like, it kind of hit me immediately. I think that all of the, the interventions and, and I think it's

interesting [00:37:00] because like, again, I, I, I've taught a number of different interventions, was never really, you know, I'm not saying committed, but I mean, I'm like, okay, whatever, C B T.

Yeah. You know, this is what it's like and, you know, but, but, but I really just, I felt, I felt something different with acceptance and commitment therapy. And, and I think it does, it does have to do with, you know, the fact that, you know, it's non pathologizing, that it, um, has a , a lack of a lean towards diagnosing individuals that you don't have to have a diagnosis to use it, that anybody can use it.

In fact, I use it in my own life. Um, you know, I mean, I'm sure, and I know you do, and you know, as you know, in our, in your daily life. So, um, I think that it just was like, , human pain was ubiquitous and that was very, Calming. That was very [00:38:00] reassuring. That well, you know, wow, you know, pain is, um, something that all of us go through.

Um, and so dealing with the, you know, that or facing that, you know, that, that's beautiful. So I think that's one of the things that, um, really drew me to it. but then I, I got to be honest, I got a little bit irritated cuz I, I started, you know, going to more trainings and there's still, I was the, like, one of the only, I would say raisins in the milk.

I was pretty much, well, you know, one of the only black people in the room over and over. And I was like, What? Why? How come, how come we, you know, how come people of color don't know about this, um, training? You know? How come, how come we don't know as much about this training as we we could or should? And, um, And I did a training once.

Um, I did like a training in California and it [00:39:00] really was primarily like people of color in the room. There were a couple of, uh, people that were not people of color, but, and I asked, I said, Raise your hand if, um, you've heard of acceptance commitment therapy. Nobody raised their hand except for about two or three people.

And out of those two or three people, I think, well, at least one of them was not a person of color. And so, I was, I, I don't know, I guess I, I was a little, um, confused about that. Um, and so because of that, I think that that also kind of like helped me to, to move forward on, Well, let me, let me get the word out a little bit.



To, um, people of color and also let me look at act to see how it might, be even better, even more relevant for, for the, the black community.

**Debbie Sorensen:** So it, it seems like you saw, saw a potential for it. You [00:40:00] saw it personally in your own life and saw how it could be applied, but it was maybe just being delivered in a way that it wasn't reaching people who could potentially benefit from some of these concepts. And I think in your book, you, for instance, you go through the core processes of act and tie it to the black experience in America and racial trauma and you know, for instance, even using metaphors that I think would be more culturally relatable.

Like your, you know, your values chapter is living life like it's golden and you know, Acceptance is what it is, what it is, and the freedom to let go. And I think you use examples throughout your book too that you know, you might not see in the typical, uh, you know, kind of white person written, um, act book that wouldn't maybe be quite as relatable for this specific population in this specific issue.

**Jennifer Shepard Payne:** Right. Yeah. Right. Yeah. And, and, and I felt like, and, and, and I, I, I [00:41:00] get other people also I think say this, but, um, metaphors are very powerful, but they, they, they have to be relevant as well.

Um, and so, like for instance, I, I do remember very clearly the quicksand metaphor. Um, you

know, the, the metaphor of just going in quicksand.

There's nothing wrong with that metaphor. Um, but I personally have never experienced seeing quicksand. You know, I've, I've never been. That, you know, quick Sam would exist. I, I've seen it on television. Um, I can imagine it in my mind, but it's just not really as relevant as something else might be.

And so I think like the more relevant the metaphor, the more powerful it can be for the, for the in.

**Debbie Sorensen:** One of the metaphors that you, [00:42:00] you wrote about that I have an interest in burnout. I'm writing a book on burnout and so I was really drawn to this one. Um, was about. You write about racial battle fatigue as a metaphor for pain and values, sort of going hand in hand, which is an important act concept.

Could you as just an example, could you share that idea and also I think it's actually relevant to what you were talking about earlier with why you were drawn to doing this particular work.

**Jennifer Shepard Payne:** so the, the, the problem with, with, know, us, and when I say us, I say us as, as, um, African Americans, is that we have to have some level of guard up, um, because systems are not just completely safe, period. They're just not. So I'll say, then I have a grandson. know, when, when these [00:43:00] different things happen in the media, when they happen in the news, um, when, when people are, are, are shot or killed, uh, because of, um, because of, of their race. Um, I mean, it affects all of us. Like it affects all of us in the sense that we don't necessarily feel safe.

Um, we have to teach our children, how to act in an environment that may not always be safe. Um, and so because of that, um, it's not necessarily having a chip on our shoulders, but, but we have a burden on our shoulders most of the time. Um, it's, it's, it's a, it's almost like, you know, if you have somebody who has PTSD and that they al always have to be on guard.

And you tell them no, you can put your guard down. But that's not necessarily true, is that [00:44:00] you can, you know, you, you can't always put your guard down. Um, cuz the, the thing is, is that, that there's, there may always be, um, you know, unfortunately it may always be either a microaggression that takes place or, um, or a systemic, issue that might happen at work.

You know, where or, or you may get, stepped over for a job that you know, that maybe you should have gotten. And, and it, you know, so there's always gonna be these, um, potential, the potential for either physical harm or, or emotional harm. There's always that potential that's there until the systems are corrected.

It's always there.

So,

**Debbie Sorensen:** like, versus a one time traumatic event where you could almost say, Oh, that's so rare. You know, let's work on getting past that because it's, it's not gonna happen again. But this is more chronic and more, you know, it's not, Yeah.

**Jennifer Shepard Payne:** It's chronic. So 400 years, you know, of, um, [00:45:00] of, you know, racial, um, issues in America for African Americans. And, and so it has, it is not gonna stop like any time soon. So, so in other words,

um, some of, many of us, if not all of us, you know, we, we carry something like, um, in regards to our safety.

Slightly a, a guard, but, but, but the metaphor about boxing 24 7 really has to do with, um, allowing us to give ourselves permission to let go of our guard at certain times. So cuz we don't have to have, we don't have to be on guard. 24 hours a day, seven days a week. If we, if we do that day in, day out, then we're gonna burn out.

Um, you know, it's, it, it's, it's just like chronic stress, but there are ways for us to create safe spaces for ourselves [00:46:00] where we can let go of our guard during those times. So, like, there's some people that they, they're so used to being on guard, that they're on guard at home, they're on guard, they're on guard, you know, all the time.

And, you know, and so is there a way to let go of some of that? You know, I mean, I'm not asking them to let go of all of it. I think that that's how, that's a different way of speaking than you would speak to just, um, a client in general where, you know, you might just encourage them to let go of all of their stress.

Um, so yeah, so that's just an example.

**Debbie Sorensen:** Yeah, that's a great example. So, and, and another thing you had mentioned earlier about having to be strong, right? And resilience. And I think within the ACT model, we talk a lot about being aware of narratives and self stories that aren't so helpful. And you give an example that I think is another really powerful one about, [00:47:00] Um, about the strong black woman, strong black man narrative, which is, you know, out there in our, here in the United States, at least as a narrative, as an identity.

And again, kind of like the resilience thing, it's one that seems empowering, but sometimes actually has a, a less helpful side. And so can you talk a little bit about those examples of, you know, the strong black woman, strong black man narrative?

**Jennifer Shepard Payne:** yeah, sure. Um, so yeah, so there's a, a metaphor, um, that's exercise rather in the book that has to do with, you know, the strong black person. And I can't speak for everyone, you know, all black people. I don't, that's not my goal to speak for, for all of us. However, I, I know in my own, um, upbringing, like I told you, I, I was, I was brought up in a, in a very stable environment.

And even being in a stable environment, I heard cultural, um, [00:48:00] cultural. Statements, you know, as I was growing up. And one of those has to do with being a strong black woman and how we need to stay strong. Um, and that we will often need to take twice as much as anyone else, um, in order to get the same result.

And I, and I've, I've experienced that to a certain degree, you know, whether it's in education or in your career or in, um, in other areas, that, that there are times when it does feel that way, um, that you have to be, you know, the strong black woman or the strong black man. Um, there's like lots of cultural, idioms that come up. You know, for black men, I mean, and I think that it's, it's, it's both, um, cultural and it has to do [00:49:00] with, um, gender based, um, like roles or stereotypes. But, um, you have to man up, you have to, you have to make sure that, you know, you, you're hard. You can't be, you know, you can't ever really, um, you know, show too much emotion except for maybe anger.

Um, but not, not too many other emotions. Definitely not depression in the way that classic depression is shown. Um, and for me, you know, yeah, that, that strong black woman, um, it runs deep. It's like, you know, you need to be a strong black woman, even. know, if somebody else is not, you know, they don't, they, they don't have to be, um, you know, girl, I don't have time for, um, like, I don't have time for no depression.

You know, I have to keep, keep it moving. I have to keep it real. And, um, so whether, you know, whether, all of these [00:50:00] systemic things are going on in your life, that's not, that's not a reason for you to not, , be strong. You still need to be strong. And so, so the, the metaphor really has to do with, um, taking a look at how much you're actually holding. Um, and I'm not gonna go into detail about the metaphor here, but, but basically the metaphor allows you to look at all of the weight that you're carrying and then you can look at it and then look and then kind of almost go meta you. Like selfless context. You can, you can go meta and look at, at yourself holding all of that way and, and, and have some compassion for yourself because anybody that had that much weight that you have, you know, should have more compassion than you're showing yourself.

Um, and so there's a, and this is not in the book, but like, um, a lot of times when I talk about [00:51:00] this to, um, to other African Americans, I talk about, um, there's a movie called Waiting to Exhale. Um, it's a, it's a, you know, older movie. Um, but allowing us to have permission to exhale, allowing

us to have permission to stop holding that breath because we help, we hold that breath, we hold the breath and we keep it and we just like walk with it.

Um, but there is a, there is, there is a possibility to be able to not necessarily hold that breath. You do not have to be, um, strong all the time.

**Debbie Sorensen:** Yeah. I took a note when I was reading permission to exhale and permission to be human.

**Jennifer Shepard Payne:** Yeah.

**Debbie Sorensen:** And in, I don't know if you're familiar with this, Jennifer, but, um, there's a new book by Tricia Hersey that just came out. She, she has the, the nap ministry and she has this brand new book out called Rest as Resistance, as like a, a social justice [00:52:00] movement is to say, you know, I'm putting down the weight of the world

and taking a nap.

You know, and to me what that's about when you're, you're describing this, um, just this heavy load and permission to be human is having some flexibility around that. Like, you know, okay, you're strong in one moment, you know, quote strong, I'm using air quotes here, quote, strong in one minute, and you're taking a nap the next minute.

You're exhaling.

Um, versus kind of feeling like no matter what, I can't, I can't exhale, I can't let my guard down like that.

**Jennifer Shepard Payne:** Yes, exactly.

**Debbie Sorensen:** And that's where those narratives, it's like, it's really important to take a look at them because when it's. When we don't have that flexibility built in, it can be, Yeah, it can really limit things.

**Jennifer Shepard Payne:** Right. Yeah. And I think it's, it's a, So I think this is a wonderful way for, um, for African Americans to start thinking about how can, how can we be flexible? You know,

Um, what things [00:53:00] are we able to let go of and what things do we have to, to hold onto?

Um,

**Debbie Sorensen:** Yeah. Well, there are, you know, again, several other act processes throughout your book and metaphors and exercises and examples that, again, I think are really powerful. I, I wanna end with a couple more questions. So more along the lines of values and actions. And one thing I think that, you really emphasize in your book, A little different again than the kind of white, Western typical model of psychology because you really emphasize collective black values, the more communal values and the communal nature of values.

And I think that, you know, often that's unemphasized in, you know, in our world that we are in with, with ACT and mental health. And so I was wondering if you could just speak a little bit about why you emphasize that in your book, the communal and collective values, and also maybe give [00:54:00] a few examples, um, cuz you give a lot of examples

**Jennifer Shepard Payne:** Oh.

**Debbie Sorensen:** book.

Yeah.

**Jennifer Shepard Payne:** Yeah, sure. Um, so, uh, kind of like what, what I talked about a little bit earlier where I was talking about the fact that these, these interventions that we use, um, are kind of a square peg in a round hole situation to a certain degree. Um, I think one thing that would make it fit better, um, definitely has to do with looking at the difference between when somebody is having an individual problem and when they're having a systemic problem.

Because if they're having an individual problem, then that would take certain, um, actions. But if, if they're having a systemic problem, then there probably would be need be a need for different actions. So, um, so that's the [00:55:00] reason why, um, I kind of broke up. Values and broke up committed action into two separate parts.

So, um, yes, there's individual values that we can look at. Um, I mean, you know, we know, we know the various, um, individual values. I mean love or, um, acceptance or, um, education or, you know, whatever. But so there's a lot of like, um, individual values that we can have. But I think that it's really important

for, uh, not only, um, like both for black people, not only to establish, but to move forward on communal, actions.

And when I say communal action, it means whatever your community is or if you don't have a community, which is like really kind of vital, you need, you need social supports in order to. [00:56:00] To, to, to reach these systemic issues. You can't, you can't do this by yourself. You can't do it as an island. So, um, if you don't have social support, then how can we create social support for you?

But, um, so, so that's the reason why, um, pulling out a fire, you know, or poof. The poof model is a group model. It's not an individual model.

**Debbie Sorensen:** Can I just jump in real quick to, because I was just reading a critique recently that within, you know, some more white, um, therapy models, there's, there's like more emphasis on setting boundaries and almost like, oh, well that person's toxic. Cut them out of your life forever. And I mean, I know that there are some people that are like abusive and like narcissistic abuse and that kind of thing, so I get that.

But the, the commentary that I was reading was, Yeah, that doesn't fly for a lot of people and a lot of communities and in certain cultures, it's like, that's not, that model [00:57:00] is not gonna resonate or work. And I, I mean, I personally, you know, as a white person, I still think that goes too far sometimes. Like, you know, community and social support is important for everyone, but I, I just hadn't thought about it that way.

Like, yeah, that's not gonna land well for a lot of people.

**Jennifer Shepard Payne:** Right. Yeah. Well, I mean, yeah, and I agree with you. Um, I think that when I, when I'm talking about social supports, I am primarily talking about positive social supports.

I mean, I'm not, not, you know, I mean, yet, you know, it is, it is draining to have someone. Who's toxic in your environment. Um, but it's not as simple as cut 'em off,

you know?

It's not that simple either. So, but, but, but the point is, I guess there are a lot of people that are, um, kind of living in silos, um, and they, um, are struggling really, you know, desperately. And then maybe they come to therapy and the



group therapy, [00:58:00] the format where you have 10, 10 people in the group, , and going through these like, um, these parts of the hexaflex um, for a, for a few, a few weeks together.

Um, and then really like honing in on you don't have a community. This is your new community. Um, so this, this group of people, you know, like we, they begin to actually form like their own. Relationships amongst themselves. It, so it becomes more like, instead of me being a therapist, I, I'm more of a facilitator.

And then they, they, um, they come together. So, so yeah. So,

but, but, but coming together, um, is important. Like, it's like finding out what, what values does your community hold in the sense that, you know, where like, what values do, are we moving forward or we wanna move [00:59:00] forward as a community? Like, whether, whether it's our, our, our individual communities, or whether it's our families, or whether it's our, you know, our, our churches, our synagogues, I mean, whatever.

However we wanna define our, our, our group. Our tribe. That's how we define it. Um, and, but, but, but how does the tribe look at moving forward? What's most important to them? Is it freedom? Is it, um, liberty? Is it, um, you know, you know, like determination? Is it, you know, what is, what is, what are those things that like, as a group we can move forward on?

Because those, the group things have to do with, um, systemic change. you can't change a system by yourself. And so, , communal committed action is, is something that people together can do. And, and you don't, you have to reinvent a wheel.

You don't [01:00:00] have to, say, Okay, well, my, my community is not really helpful. You know, I'm not able to connect with them. Then connect with, um, an organization or an agency that's already out there doing the things that matter to you. Um, it could be on a national level, it could be, you know, it doesn't have to, it doesn't have to like be just as closed as the individuals that are right around you.

Um, but, but, but even like if you take one step towards, uh, systemic change, then that makes you feel

fulfilled.

**Debbie Sorensen:** Yeah. It's meaningful. It's, it's both. I think that's, that's, that's an inspiring note to end on because I think it's both helpful to you because it connects you to your values and you're taking action towards your values, which is really meaningful and hopeful and important. And also part [01:01:00] of what you're doing is to help address this problem.

At the level that really matters. Right. And, and Jennifer, I, I think this is the perfect note to end on actually,

because, I think that you have been a living demonstration of that in, you know, as you're describing the work that you've done over the last few years. And I know it's been, you know, challenging in a lot of ways for you because you've had, meanwhile, you know, your own life stressors going on.

Um, but to see some examples of putting that into action, and, and I know there are one of the things that you have in your book are a number of kind of ideas and resources for people for some of the ways, some more specific ways in which they can do that.

**Jennifer Shepard Payne:** Yeah,

absolutely. Yeah. And I

think we've, we've done that. I mean, you know, you, you, you have joined MEND and, um, a number of us have joined MEND. Um, and just decided that, you know what, this is a value to us. And so we've decided to [01:02:00] partner together, um, towards, you know, same thing. Systemic change is, you know, I think that's, that's when it, it becomes powerful when, when a community comes together.

To, to try to make a difference about something.

**Debbie Sorensen:** Absolutely. Our, our mutual friend Carynne, who also was on, on that previous episode back, um, a ways back and she talks about the potluck and each person finding their piece that they can bring to the potluck, whichever, whatever piece that may be for, for you. Yeah.

**Jennifer Shepard Payne:** exactly.

**Debbie Sorensen:** So, Jennifer, on that note, we'll wrap up and again, I'll remind people you can find the book out of the Fire Healing Black Trauma caused by Systemic Racism using Acceptance and Commitment Therapy.

If you are interested in joining MEND for, for racial trauma, um, either as a clinician of color or as an ally and supporter of MEND, we'll link to that MEND minds. Um, how can people find you online? [01:03:00] Jennifer, do you have any, any ways that people can connect with you?

**Jennifer Shepard Payne:** Sure. Um, feel free to go to my website. It's um, www dot poof, p o o f, pulling out of fire.com.

**Debbie Sorensen:** That's what PROOF stands for, Pulling out of Fire .

Um, yes, which is one of the metaphors in the book about, uh, you know, kind of a different way to approach the pain. Um, yeah. Well, Jennifer, um, I appreciate your book. I really appreciate the work that you're doing, and thank you again so much for being here today.

**Jennifer Shepard Payne:** Oh, thank you. Thank you. I loved being here. Thanks so much.

**Debbie Sorensen:** Jennifer. Bye-Bye.

**Jennifer Shepard Payne:** Bye.

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