

Mending Racial Trauma with Carynne Williams and Jennifer Shepard Payne

[00:00:00] **Debbie Sorensen:** The day that we release this episode May 25th, 2021 is a painful day in America. It's the one year anniversary of the murder of George Floyd. And today we're going to hear from two voices on the podcast. Carynne Williams and Dr. Jennifer Shepard Payne.

First, we'll hear a poem by Dr. Jennifer Shepard Payne. Dr. Payne is an associate professor at Azusa Pacific university in the department of social work. She received her doctorate from the UCLA school of public affairs and is a licensed clinical social worker with many years of experience in mental health, clinical practice and administration. Her research interests include developing culturally tailored community-based depression and trauma interventions and addressing minority mental health disparities.

For several years, Dr. Payne has been working on culturally tailoring, acceptance and commitment therapy for African-American communities, both clinically and via [00:01:00] research. She has a private practice dTG counseling and consulting, where she provides act counseling and coaching primarily to African Americans of faith suffering from anxiety or trauma.

She's also writing a book with new harbinger publications, entitled acceptance and commitment therapy for black trauma. A culturally embracing guide to pulling yourself out of the fire and emerging whole, which will be released November, 2021. She also has a training coming out with Praxis that starts this week on May 28th, called culturally tailored act, targeting black racial trauma. Here's Jennifer's story and her poem

Jennifer Payne: On Monday morning after George Floyd was killed. I sat paralyzed at my computer flooded by emotion. I couldn't move. I couldn't be productive. I couldn't focus. Instead. I needed to engage. And non [00:02:00] work-related activity and free. Right? This is what emerged.

[Jennifer reads her poem, The curb]

Debbie Sorensen: Thank you for sharing that with us, Jennifer. And now I'd like to introduce Carynne Williams. Carynne is a clinical social worker in Durham, North Carolina, and the founder of MEND minds, which is focused on evidence-based treatment of racial trauma. And she is someone who has truly turned her pain about the world. Into values based action and we're going to hear her story and talk about the important work that she's doing on racial trauma Carynnewelcome thank you i'm so happy that you're here with us today

Carynne Williams: Debbie. Thank you so much for having me. I appreciate you having me here.

Debbie Sorensen: Well, I was wondering if you, you could tell us the story of what you created last year in the aftermath of George Floyd's murder.

Carynne Williams: Yeah. So, um, one thing to know about me is that I never, I never think of MEND as something that [00:07:00] I created. I usually think of it as, um, I am a person of faith and, um, the murder of George Floyd. Really in some ways, made me a person out of character. Um, I was uncharacteristically angry. , I was very frustrated, very tired, and it wasn't, I wasn't able to compartmentalize it.

Um, it kind of took over, , for a while and with my faith being what it is, , I. Began praying. And just kind of saying, God, I don't know what to do with this anger. This is not something that I'm used to. This is not something that, um, that I, I even know how to approach. I mean, I I'm a therapist. I, I cannot be an angry person.

Um, it was impacting every part of my life, even my family life, to be honest, um, how angry I was. And so. It made me, it forced me into prayer [00:08:00] and the next day, an idea came to me, which I think was answer to the prayer, um, to, you know, the, the part that really I'm trying to figure out what it was.

You know, there's so much about his death that is bothersome, but what was the part that was making me so angry that it was. Just invading all parts of my life. And I think the part that really made me angry was this retraumatizing that continues to happen over and over and over again. And the fact that we feel so powerless, to prevent that, that for my children, I cannot, in my mind at that time, I can not prevent them from being traumatized by this.

I can not prevent my son from having to have, you know, have that conversation about what it means to be Brown in America and male. And so, , the trauma part and narrowed down was the [00:09:00] part that really bothered me. And I said, well, that, that's kind of a good thing because I am a psychotherapist. I help people with trauma on a regular basis.

I had no specific other than I did, I have had trauma focused CBT. Um, but there were no, um, other very specific evidence-based practices that I had been trained on, particularly for trauma. And I knew I had known for about two years that I had wanted to, um, learn more about EMDR at the time. And it was really the, the trauma treatment modality that I knew about.

So, I decided, well, I'm going to get that. And so how do I get that? Well, if I get that training, how does that translate to me being a part of the solution? Um, and I said, Well, a lot of African-Americans don't get therapy because there aren't a lot of African-American therapists for one. [00:10:00] And secondly, not a lot of us out of all the ones who are, who are therapists, you know, not everyone is specially trained specifically in trauma. And so I decided that I would become. Uh, what I call a trauma Ninja and I would be trained in some very specific evidence-based practices, including AMDR and act.

Um, well, including AMDR at the time. Um, and I would give the services away to two people for free every year for the rest of my career. And if you think about the ripple effect of one person getting treatment, what that does too. Their community, what it does to their family, what it does for their, their coworkers and their parents and their siblings, for their neighbors, even, you know, and the impact and the ripple effect of treating one person, spans [00:11:00] decades. And so, um, I decided, well, that's a pretty good solution, you

know, by the time I, I, you know, do this for another. 80 years. Um, cause I never intend to retire. by the time I continue to do this, you know, I can help a lot of people. And then I thought to myself, well, I wonder if other therapists or other clinicians might be interested in doing something similar.

And so I've posted, um, on a Facebook group group called the clinicians of color group. And, uh, just kind of put out this idea. And I was trying last night to remember exactly how I started that email. I think I said something like, so I've got a crazy idea. That's how I started the post. And I was hoping, hoping, hoping to get 20 people are w you know, I just thought 20 people, man, we can do so much work.

You know, this could be really impactful. And [00:12:00] within three hours of me posting that we had over 300 people express interest, that number doubled within a couple of days. And, um, as we stand now almost a year later, we have a little over 1300 clinicians of color who have committed to this cause. And, from there, uh, so we had, people and I was over just overwhelmed by the interest.

Um, but then I started to discover who we had in our midst. Um, and Jennifer, Dr. Jennifer Shephard Payne, um, was one of the clinicians who, , expressed interest and she kind of messaged me and said, well, I know you're interested in EMDR, but what about that? And I said, well, I've heard of ACT before, but I'm not super familiar, um, with, with what it is or any of the concepts or tenants of the treatment.

And, um, so [00:13:00] when she began to explain it to me, magic just started to happen. I mean, it really was that that was the true unfolding of what the mission would look like, what it would be. Not that everything would be all about act, but it introduced us to several key players, , who really made a difference in the work that we're doing right now.

Debbie Sorensen: So what are some of the initiatives that mend has, has done?

Carynne Williams: Right. So our, our mission is to, , train clinicians of color and the evidence-based practices that showed the highest, uh, efficacy rates in treating trauma. And, um, we have them trained with the, uh, you know, top experts in these treatment modalities. And, in return, these menders as we call them, , agree to [00:14:00] provide free a full course of free treatment for a person to people of color, um, every year for five years at a minimum.

So at a minimum of 10 people per, per clinician. And, um, so far I believe that between. The few trainings that we've had so far, I believe that we've trained. , if we're not at 500 clinicians so far we're inching towards it. Um, so in these trainings, um, have been in act acceptance and commitment therapy and, uh, EMDR, which is eye movement, desensitization and reprocessing.

So. That is the gist of what we're doing. , and. Along the way there have been other parts of the mission that have sprouted. Um, and so it's become a network where we can [00:15:00] support these clinicians, not only in their, , academic and endeavors to be trained and, um, to come through as, as, , more highly qualified clinicians, but also a support network to say, Hey, where we're not only clinicians of color.

We are people of color and living in this world is a trauma for us, um, as well. And so being together and understanding each other from a different perspective, um, has also become kind of like this, this part of this unintentional part of the mission that has been very key and very important and keeping the, the stated mission moving forward.

Debbie Sorensen: I love how this, you know, this quote, crazy idea that you had and posted it started with just a seed and it really blossomed into this. Amazing network in this beautiful garden of just doing something so important in the [00:16:00] world. And but I want to just kind of talk a little bit about how you were able to take just this idea and use your idea, use your clinical skills and use, um, the relationships that you've formed with other people to turn it into this, this beautiful work that you're doing.

Carynne Williams: You know, again, this is something that I can't, I can't look the conscious take, I can't take credit for it. Um, I really think that there's no such thing as coincidence. I think that everything has purpose even the, um, the ugliest parts of life. And certainly, you know, I certainly wish that George Floyd was here, with his daughter wished that he had never had that traumatic experience.

And then, um, you know, Me being, you know, passing away from it. But I think that the interesting part of all of [00:17:00] this is that there are so many conversations that were happening separately. , Meg McKelvie but the separate conversation that she was having with, um, Dr.

Jennifer Shepherd Payne. , that tied into men's mission and really helped it to flourish. Um, separate conversation that was being had by, um, a few other organizations that were now, scheduled to partner with. It just seemed like the timing was absolutely right and that all of these conversations eventually came to, came to a head.

And really complemented each other instead of being, um, competitors. And so, um, I, I can't take any credit for that at all. Um, I'm just honored, honored, honored to be a part of the process. I really am.

Debbie Sorensen: How often do we feel like we want to do something about a problem in the world, but [00:18:00] feel unsure of ourselves or have a story about our ability to do it. And then we just do nothing. And I think that's the action piece of this is what's so incredible. I imagine that some people who are listening feel this way too, you know, they care and they want to do something. Can you tell our listeners a little bit about how they might get involved either as MEND, you know, clinicians or as allies, or even make a donation to MEND.

Carynne Williams: I can. So, um, I've described, you know, in thinking about what the issues are and what the, the possible solutions are. MEND itself is an organization that is meant for clinicians of color, but the, the call for social justice belongs to everyone. Everyone who sees it as a necessity. And, um, I've described it before.

And I, I, I think it's pretty good if I say so myself [00:19:00] as just described social justice as a potluck, um, mission and that everybody, everybody has some something to bring to the

table. If you are a clinician, if you are not a clinician, if you are an attorney, if you're a single mom at home, everybody who sees the need for social justice has a part to play in it.

Um, and we can't get so overwhelmed by the larger mission that we don't do our own individual parts. So, so for listeners who are, um, thinking, hearing this and thinking that they want to be a part of, um, the social justice mission. Um, I would say that we have our MEND allies group, which is a group for, um, for non, non BIPOC or white clinicians, um, who want to align with our mission.

And there are very specific ways within the, the allies group that they do that. It's not [00:20:00] necessarily by becoming, um, trained in the, you know, in the same trainings that the MEND group is becoming trained in, but more so about how to be an ally. Um, there are anti-racism trainings. There are ways to contribute financially.

There are ways to contribute with your time. And I think that's really important because. W, you know, we would be foolish to think that white clinicians don't have people of color as their clients. And so being trained in the best way to address these issues that are so, um, clear and present every day with people of color, um, it may not necessarily come through in a session.

But if they're a person living in this country who was a person of color, they are [00:21:00] dealing with these issues, whether they even recognize it or not. There's so much of what we go through that we have accepted as culture. Um, and so being trained specifically so that you don't have to be afraid. Of asking the right questions.

I think sometimes we keep quiet because we don't want to ask the wrong question. We don't want to be offensive. We don't, you know, and, and we miss opportunities to help people heal. And so if, if you're interested in any way, uh, being a part of this solution or, you know, for your own benefit or for the benefit of your community or your clients, Um, I would ask that you, um, visit us on our website, which is mendminds.org, M E N D M I N D S dot org.

And there will be a link there for you to submit an interest form, to become a MEND ally and an opportunity to, um, to donate, um, [00:22:00] towards our cause.

Debbie Sorensen: wonderful. Well, check it out, everyone. We will also post a link to MEND on our webpage. Carynne,. I just want to thank you. First of all, for. Joining me today. Thank you so much for telling your story and, um, for inspiring our listeners to take action in whatever way makes sense for them. And more importantly, I just want to thank you for the incredible amount of energy and time and love you have put into this really important work.

Carynne Williams: Yeah. And Debbie, I can definitely say the same for you. You were another person who was a foundational member, pretty much of the, the men allies group. I mean, you were one of the original allies and. Because of the work and the time and dedication that you and Meg and so many others have put in that we have been able to get this far.

And so I'm really grateful to you for all of that. And we're grateful for being here today and I'm hoping, [00:23:00] um, that this is a relationship that we continue for.

Debbie Sorensen: Me too. Thank you, Carynne

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