

Introduction to Module 3

Eva Marie Shivers: Hi. Welcome. We're here today to introduce Competency Number Three on equity and cultural sensitivity. My name is Eva Marie Shivers. I'm the executive director of Indigo Cultural Center. I've been in the infant mental health field since 1998.

My partner here is Kadija Johnston. Kadija was the past director of the Infant-Parent Program at the University of California San Francisco. Kadija's been in the field of infant mental health since 1985.

Kadija, we've known each other for a while now. As friends and colleagues, as compatriots in our quest to include racial equity in the work of infant and early childhood mental health consultation.

Interestingly enough, we haven't really talked a whole lot about our personal journeys, which we both know are really central to our ongoing professional work. My question to you today is, "What has been your path to infusing equity into the work that you do and also into your life?"

Kadija Johnston: Thank you, Eva, for that introduction and for the thought-provoking question. It's a pleasure to be here with you. As a social worker and an infant mental health practitioner, I've always felt grateful and fortunate that my profession is a platform for social justice practice.

Since starting, as you said, in the infant mental health field, now over 30-some years ago, addressing inequities has been central to my work as a therapist, as a supervisor, as a mental health consultant, and as a director of an early childhood mental health program.

While three decades is a very long time, I also know that my journey and the influences on it started much earlier than my professional career. My views about race were being shaped, like for all of us, from the beginning of my life.

I lived my first five years within a very tight extended matrilineal matrix of a recently immigrated Italian family. From those folks, I internalized much that I value and hold dear. Along with the gifts, I also recognize that the seeds of racial bias were sowed.

As an adult, an important part of my process has been to reflect on and revise the messages that I received about race early on. Examples of those early influential messages are myriad. I remember that the nickname given to me by my aunts when I was just the toddler was Princess Talkalota, which I now recognize is not cute but rather disparaging of indigenous people.

The largest nut in the candy bowl at our house was really casually referred to using a really derogatory term for a Black person's toe. As a child, my experiences were almost exclusively with all white people.

Then having gone away to college, when I came home the first time with my first African American friend, my grandmother tolerated him, I now realize, because his light skin and his Aryan last name allowed her to deceive herself about his ethnicity. He was a good German boy.

Later though, violence was threatened by my uncle if I brought my slightly darker-skinned man who would become my life partner to a family gathering. I recognize that those examples are also only one side of the coin and that fortunately there were countervailing views in my family.

My father was a criminal defense attorney from whom I learned that the justice system is anything but. Despite the fact that the place we lived was almost exclusively white, many of my father's clients were African American. Dinner table conversations often included my father's recounting of the inequities that his clients faced.

Of course, Eva, the examples that I've just given don't encapsulate my entire experience, but they're emblematic of the power, for good and for ill, of how experiences of race and systemic racism shape our views of ourselves and one another from very early on.

Reflecting on my own experiences and rather recently making a commitment to a conscious course of study about systemic racism, white supremacy, and white privilege, I think I've developed, I hope I've developed a deeper appreciation for just how early, deeply, and dangerously these biases and other forms of prejudice are internalized and then perpetuated.

We're all familiar with Walter Gilliam's study that laid bare the racial disproportionalities of expulsion in preschool-age children. Eva, your remarkable work with Smart Support, Arizona's mental health consultation program, really opened our eyes to the powerful positive effects that mental health consultation can have on changing biased perceptions, especially of Black and Brown boys.

Your recently published article with Annie Davis and Deb Perry was so powerful in pointing to characteristics that correlate to consultation being effective especially for boys of color.

I'm not telling you this but others, that the study found that racial matching of consultants and consultee matters and that early childhood mental health consultants who reported that they had consciously cultivated knowledge about equity, cultural humility, and systemic racism...

Those were the consultants, regardless of race or ethnicity, who were more likely to address and help to amend the injustices through their work, especially if they were like me, white. I think another important prognosticator of positive outcomes was the consultative alliance.

I was particularly pleased to see that result, as you know, because I have long hypothesized that the quality of the relationship that the mental health consultant creates with teachers or home visitors or parents with whom they consult goes far toward determining how those adults will see and treat the young children in their charge.

In my book that I co-authored with Charles Brinamen on mental health consultation, we describe 10 elements of what we coined as the consultative stance. Those are ways of comporting oneself with people to whom we consult. I wrote that stance over 15 years ago.

Then, I believed that principles from my mental health background would be essential to evidencing change through mental health consultation. I knew that parallel process and making sure that we gave centrality to the ways we created relationships and being curious about and appreciating the subjective experience of the consultee, I knew that that was important from a mental health perspective.

What I didn't fully appreciate then was the importance of these capacities in addressing racism and other unconscious forms of bias. It's really only been more recently, as I have committed to an intentional practice of self-inventory and study of equity, anti-racism, and my own white privilege...

That I've come to see how the consultative stance and our mental health consultation practice more broadly can, and I believe should, be employed to address harmful personal biases and to dismantle systems of oppression impacting very young children.

Oppression is a mental health issue. Combating oppression is then primary to the purview of those of us in the mental health profession. For me, both personally and professionally, the ability to skillfully oppose oppression begins with and regularly returns to cultivating my own self-awareness.

Fortunately, focused reflection has been a part of my professional training from early on. I've been involved in reflective supervision for all of my 35 years. The salience of spaces to support self-awareness as it relates to equity has been underscored for me by the Diversity-Informed Tenets for Work with Infants, Children and Families.

The tenets are our guideposts for making and reaffirming personal, professional, and systemic commitments to disrupt and transform the racialized injustices in our society. That work, for me as a white, able-bodied, cisgender, privileged person, means returning regularly to face my own biased beliefs and many missteps. That's tenet number one. Self-awareness leads to better services for families.

I supplement what I uncover inside myself by turning to others as guides for my voyage. I've been fortunate to have so many guides, my family, you, other professionals, and friends.

Then from a more academic angle, I'm really educating myself in the typically untold history of systemic racism so that I'm reading people like Michelle Alexander's "The New Jim Crow" or the Stevenson brothers, Bryan Stevenson's memoir, "Just Mercy," about the disproportionalities in who receives the death penalty, or his brother Howard Stevenson's work about racial literacy.

Joy DeGruy's theory of Post Traumatic Slave Syndrome and Resmaa's "My Grandmother's Hands" have all been influential in my journey, as have, spiritually, Angel Kyodo Williams and

most recently Rhonda Magee's work, "The Inner Work of Racial Justice," which then brings me to the present moment in my personal journey and the present moment in the world.

What a precarious and hopefully auspicious moment this is. In the midst of a global health crisis and with our country poised, I believe, to reckon in new ways with our pernicious past regarding racism, I'm galvanized, despite my trepidation, to redouble my commitment to face, disrupt, and work hard to help transform the racial injustices that reside in our work.

Especially now, I'm really buoyed by reminding myself of two of the elements of the consultative stance, patience, and holding hope.

Eva: [laughs]

Kadija: That's where I'd like the end. We need to be patient, patient with ourselves, with the seeming intractable obstacles or what seems like the too-slow pace of change.

I believe we need to hold hope, which requires us to adopt an attitude of courage on optimism in ourselves and in those we consult with and the children and families on whose behalf we need to stay in the struggle. Patience and hope.

Eva: That's right. Wow, Kadija. Listening to your journey, gosh, it really makes me think about how pretty much everything you said is completely tied to our work in infant and early childhood mental health consultation.

I think the biggest takeaway and I think the biggest lesson and probably the biggest strategy that I know I promote in the racial equity work that I do around the country is this idea of integration. Integrating yourself, integrating your own personal journey in the work that you do.

I think this is the way that we transform ourselves and our programs and our systems. We have to really focus more on an integrative approach versus a standalone, separate, add-on approach, which was kind of the primary modality for thinking about race in the past.

The moment has come for us to bring our full selves to this work. As we do that, as you know, in your personal journey, that's where we see things start to shift in our day-to-day work and in the way that we promote and advocate for equity in early childhood mental health consultation.

A little bit I'd like to respond also and share a little bit about my own journey and who I am. I think for those of us who are really dedicated to racial equity, it is absolutely crucial that we spend time situating ourselves in this work.

We have to know who we are and what we bring almost to every conversation that we have, especially when we're having explicit conversations about race and power and privilege and bias.

You know I've been running Indigo Cultural Center. I founded it back in 2007. At the filming of this video, that was 13 years ago. So much of what we do is research and evaluation in the space of infant mental health, in early care and education. Racial equity is central to all of the work that we do. We use our research for advocacy. I'm very transparent about that.

We have a mission in our research and evaluation to really help promote social change and to raise awareness in terms of children and families and communities who have been historically marginalized and oppressed.

I identify [laughs] as a cis-gendered, mixed-race African American woman. My identity is absolutely contextualized by history. I am a historical being, as are you, as is everyone else.

To think about the time and space in which we grew up and the time and space in which we first learned about race, I remember the very first day I even learned about the word prejudice and what that means. I was walking home with my best friend. I think we were six.

Anyway, to think about and reflect upon those early racialized memories is also a big part of what we bring to this work. I also am the mother of a beautiful, dark-skinned African American boy. We adopted him from the foster care system when he was a baby. He has special needs. He's on the spectrum. We recently discovered other learning disabilities.

The intersectionality of all of that, him being male and him being African American and even the color of his skin, the hue of his skin, as you mentioned in your story, also matter is in this society.

His disabilities as well as his strengths all contribute to how he walks in the world. It absolutely impacts how I see the world as his mother. It also influences how I see my work. The sense of urgency I feel about this work has really amplified since becoming his mother and is becoming increasingly urgent the older he gets.

I identify as a researcher. I do a lot of equity facilitation around the country, primarily with infant mental health professionals. I've seen, really firsthand, through the research studies that you mentioned as well as the racial equity, I have seen how things can really transform in our work.

I do believe so strongly -- you've heard me say this, Kadija -- I don't come from a clinical background. My background is in developmental psychology. I also believe so strongly in the potential and promise of infant and early childhood mental health consultation to address racialized gaps.

We have evaluated and conducted research on so many professional development initiatives throughout the past couple of decades. This is the first initiative that I have encountered where we're actually starting to see shifts in closing those racialized gaps for children.

We have to pay attention. Not only do we have to pay attention but for those of us who are newly coming to this work, we have to commit ourselves to integrating this knowledge and

doing our own work of personal and professional transformation. I think the promise and potential of mental health consultation -- oh my gosh -- we will see that just grow in ways that we probably can't even imagine.

A lot of what you shared is really central to our frameworks for understanding how things shift with equity. Here at Indigo, we talk about racial equity from the inside out. What we mean is not something linear, but we think about different levels of transformation.

As I listened to your stories, I thought about, "Oh, right now she's talking about this internal level and your own experiences and your own work recently coming to your own explicit unfolding of what this means to you as a spiritual being, as a person in a relationship with an African American partner, as a person who's doing this work in a very diverse community, in the Bay Area."

You mentioned the Diversity-Informed Tenets number one. That's my favorite one. [laughs] I think that it's one, especially for mental health consultants, that is key to us integrating race and equity into our work. Self-awareness leads to better service for families. It starts with us.

Make no mistake about it. This equity work is more about us, less about them. It reminds me. How we are, who we are, is as important as what we do. That is absolutely central in this work

When we want to integrate racial equity, we don't immediately jump to, "Oh, what are the strategies we can bring to the classrooms? Tell me what to do. Tell me the things that I have to bring and the resources."

That's all good, but sometimes we can actually do harm if we start there. We absolutely have to start with ourselves. That means all of the reading and the books that you mentioned, part of our personal growth, and bringing that personal growth to our places of work.

This brings us to our next level, the interpersonal level. How are we with our colleagues? What are our relationships like with our reflective supervisors? Yes, the consultative stance, the first time I read your book when it came out...What, in 2006?

Kadija: Yeah.

Eva: 2006. I immediately thought about racial and cultural implications. [laughs]

Kadija: Before I did.

Eva: I have long been a fan and continue to be a fan of really promoting the consultative stance as being really central to us being good at doing this equity work. You had mentioned attending to subjective experience. The centrality of relationships, hello. Consultative alliance, yes. Holding hope, that is relational. I think it's also partly internal as well.

The interpersonal level is so key. Related to the interpersonal level, I think there are some other strategies we can integrate into our work. For example, the importance of shared language. You

and I have been using the term equity. What do we mean by that? We need to define it so we have the same understanding.

How is the construct of equity different yet also overlapping with our notions of culture? More nuanced, what is the shared definition of language among whatever group we happen to be working with? Nuanced notions of shared language, these are informed by culture, history. As mental health consultants, how do we learn those shared meanings?

This brings us to understanding community. What do we mean by community? Is it geographically bound? Is it bound by shared identity across geography? Is it all of that? As consultants, how might we authentically connect with communities that are different than our own? That really involves us needing to understand and have some shared language around what we mean.

Then another level that you mentioned was what we call transformation at the institutional or systemic or organizational level. Understanding our history, our histories plural, is really key to that.

We need to spend time with one another exploring. Why are we even focusing on racial equity? How did we end up here? How is mental health consultation connected to equity? What is the history of mental health consultation [laughs] and equity? For that matter, what is the connection between mental health more broadly and race? We need to understand those histories.

For those of you watching this video, if you haven't already, I would highly recommend that you watch the Center of Excellence's equity webinars. We had a series of four webinars that took place over the spring and summer of 2020, right in the midst of COVID pandemic and protests around anti-Black racism.

These webinars, probably more than any other webinar that I've ever viewed or been a part of, they do an excellent job of reviewing how we got here. The webinars include historical and systemic things related to race and racism in the United States. Then we drill down and talk about implications for mental health consultation. Those are excellent resources for you.

At the ideological level -- that's another level of transformation -- how are we thinking about this work? For example, in the Diversity-Informed Tenets, one of tenets is valuing non-dominant bodies of knowledge.

Wow. In our work as mental health consultations, we have our dominant ways of knowing about this work and, not or but and, how do we integrate those dominant ways of knowing, those dominant bodies of knowledge, with ways of knowing that might not be celebrated or recognized?

How do we slow down enough? How do we trust each other enough to get to really understanding what are those bodies of knowledge? How are they showing up in our work?

How are they showing up in our organization? Are we missing them? Those kinds of conversations are the conversations that we need to have.

This framework of racial equity from the inside out and all these levels of internal and interpersonal, institutional, ideological, it's reflected in many of the resources that you'll find in this particular module as well as many of the other resources that you'll find in the Center of Excellence's toolkit.

[laughs] We have several tool kits. We have an equity toolkit. We have other toolkits. What I want to say is this is a work in progress. We are continuously adding, revising, updating these resources to integrate equity themes more and more.

I think the main takeaways just from this introduction to this particular module is that what you are about to see in the upcoming slides is just a really small piece of what we think is important as you strive to integrate an equity lens into your professional and personal development, into your day-to-day work.

There are many great resources that can take you much deeper into this work. For example, the competencies for infant and early childhood mental health consultation have been revised to integrate a deeper lens for racial equity.

Areas of growth. We are all in this together. I think one of the points that I try to raise and I will continue to raise is that this equity work should not be solely and largely directed to mental health consultants themselves. Mental health consultants shouldering this work is not the way that we achieve transformation.

Each of us, policy, state administrators, leaders like you, Kadija, in the field, researchers, supervisors...Kadija, your story really highlights the vulnerability in sharing your story, your commitment to change.

Our leaders have to be committed to this change. They have to find a way to share with others what their journey is. That feels very vulnerable a lot of the times. We need to be more and more transparent about our journeys.

A lot of the ideas in the strategies that you'll see in this module and the other resources, they're still largely aspirational. What that means is that we are all learning and growing while we're simultaneously trying to apply this to our work.

The ongoing work at the Center of Excellence, I believe, is transactional in nature. All of us were eager to hear from you as you apply this to your lives, to your work, as you work with your colleagues, to figure out what this means for your organization.

We are open to receiving suggestions about what else you need that can help you along the journey. The journey should never end, ever, ever, ever. I know that it doesn't for me. I know that is not for you, Kadija. With that, I think that we will end our [laughs] very long introduction.

Kadija: Thank you.