Nzima Model of Human Development: An inclusive framework for understanding lifespan development

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Abstract

Mainstream psychology largely promotes human development theories and models that are not designed to account for the lived experiences of diverse populations. Historically, the field of human development has relied upon models that encompass various stages of development and how they may look from Eurocentric perspectives. As diversity increases on a global scale, there is a dire need for a model that is more inclusive of diverse persons and various lived experiences. This commentary offers a developmental theory to help equip practitioners in the helping professions when working with clients from other cultural backgrounds and diverse lived experiences. Building on historically adaptive developmental theories, this article proposes the Nzima Model of Human Development, which addresses culturally relevant societal norms and struggles today.

Keywords: lifespan development, human development, BIPOC, black, developmental stages

For years, human development has been a cornerstone in undergraduate and graduate education in psychology and counseling. Theorists such as Piaget, Vygotsky, Freud, and Erikson offered very influential thoughts on human development which have served as blueprints. As we have evolved as a society, practitioners need to have more modern human development theories to understand our remarkably diverse and changing world. Globally, we have experienced radical shifts since these previous theories were developed (Greenfield, 2009; Trask, 2020). Among these shifts are changes in family norms, ways that people identify themselves, racial atrocities, and the emergence of global threats to health such as the COVID-19 pandemic. These have all drastically affected human development.

We are in dire need of a culturally responsive human development model that encompasses Black, Indigenous, and People of Color (BIPOC) persons and the various societal changes that have affected us all. Most current models are based upon mainstream and European culture, and are not accurate representations of BIPOC families and their experiences in society. This article offers a new developmental framework that encompasses vital stages of development and highlights relationship and identity-related factors that shape individuals at each stage. This framework can serve as a preparation tool for psychology and counseling students working with BIPOC families and other culturally diverse communities.

Introducing a development model that is inclusive of marginalized families will enable researchers to identify critical nuances that practitioners must understand to devise effective interventions, not solely looking at risk factors but also protective factors. Practitioners working with marginalized families that understand the importance of

protective factors will be better equipped to recognize maladaptive behaviors and implement early interventions across all systemic levels. This approach will provide all children and families with the necessary support to lead healthier lives and foster more equitable environments.

Critique of Relevant Theories: Psychoanalytic and Ecological Systems work

Stages of development from the psychoanalytic perspective originating with Freud reflect Eurocentric perspectives of the types of crises individuals experience. Critics of psychoanalysis cite a lack of diversity in Freud's model and how his work promulgated a biased perspective of women's experiences (Auld & Hyman, 1991). Moreover, Freud's penis envy, Oedipus, and Electra complexes lack rigorous research to confirm his conclusions. In their chapter on psychoanalytic therapy of women, Auld and Hyman speak about how these biases persist: little research has been done into how boys and girls view their bodies and the effect of those views on their psychological health. Compounding this issue is the pervasive use of single case studies in psychoanalysis and how findings drawn from memory with missing data lack internal and external validity (Gottdiener & Suh, 2012).

While Erikson's Theory of Psychosocial Development provides a full continuum of the life stages, his theory also posited unsubstantiated gender-based differences, such as women achieving identity later than men (Malone et al., 2016). Freud and Erikson's Furthermore, Erikson studied mostly male subjects between the ages of 30 and 85 whose wealthier middle class experiences cannot accurately represent diverse demographic communities (Malone et al., 2016). Furthermore, Corey (2024) states that trying to apply psychoanalysis to any low-income clients of any cultural, racial or ethnic background is essentially counterproductive. Additionally, many of Freud's clients were middle-aged women from Vienna; this makes his theory hard to generalize to the overall population as well (Grünbaum, 2018;

McLeod, 2024). Both perspectives only include a heterosexual point of view for the families, which fails to provide adequate support for contemporary and marginalized families whose structures are more complex and nuanced than Freud and Erikson's theories accommodate for in their work.

The more inclusive developmental model proposed herein refocuses key developmental mechanisms toward dynamic changing relationships, rather than periodic crises as conceived by Freud and Erikson. Through ecological systems thinking, Bronfenbrenner (1977) and later Spencer (1995) offered a more contextualized perspective on development than early psychoanalytic theorists or their ecological systems predecessors. Spencer's (2006) Phenomenological Variant of the Ecological Systems Theory (PVEST) builds upon Bronfenbrenner's ecological work by incorporating phenomenological impact and emphasizing the subjective experiences and perceptions of individuals within their contexts. Stated differently, the PVEST model expands on the self-organization perspective from Bronfenbrenner's ecological perspective by nesting the self in the larger micro- and macro -systems . Thus, in the PVEST model, developmental changes are not simply energized by the interplay between the person and their systems, but also by the perceptions, expectations, and demands that influence the individual within their developmental context (Cunningham et al, 2023).

Spencer's PVEST model highlighted the impact of feedback from the environment, particularly related to individual differences based on race, class, skin color, gender, gender identity, and maturational differences (Spencer et al., 1997; Spencer 2008b). According to Spencer, there are bidirectional interactions between the individual and their context that shapes the identity development processes and life outcomes across the lifespan. Both Bronfenbrenner's and Spencer's theories serve as a theoretical backdrop for the proposed developmental theory: the Nzima Model of Human Development.

The goal of this article is to offer an inclusive model to understanding human development,

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especially for BIPOC. The Nzima model is based upon components of Erikson's Psychosocial Theory and Spencer's PVEST. The main purpose of this commentary is to argue for a more culturally responsive approach to human development, specifically, through the Nzima Model of Human Development . The word *Nzima* means "whole" in Swahili, representative of this model's aim to understand the entire human experience for diverse populations; all humans have culture and ways of being that impact their development. Rogoff argues that human development can only be understood through an appreciation that people are developing as participants in ever-changing cultural communities (2003). These cultural communities grow and expand within a cultural constellation that is meaningful, connected, and dynamic across generations.

The Nzima Model of Human Development blends elements of psychodynamic and ecological theories. The core of the Nzima model is adapted from Erikson's stage theory, energized by shifts in relationships (Nzima) rather than a focus on crises (Erikson) as a key theoretical mechanism. The rationale for this shift is a rejection of underlying individualistic cultural themes pervasive in contemporary developmental theories, such as internal conflicts and turmoil. We affirm the importance of context (i.e., the people and spaces within the developmental microsystem), but also the significance of identity development over the

lifespan that is impacted by how we are perceived and treated in our communities. Therefore, the developmental locus for Nzima is interactionism, in which critical developmental changes happen in community and in the relationship between the learner and their ecology.

Finally, the framing principle for the Nzima model is contextualism which highlights the interdependence between the individual and their community ecology (for instance, the ongoing bi-directional impact of social media usage on peer relationships, shifting how people connect, and in turn how and when we use various social media platforms). Globalization has necessitated a rejection of simple cultural dichotomies which fail to meet the challenges raised by global interconnectedness (Hermans & Kempen, 1998). For example, the global pandemic shifted how learners connect to schools, for months for some, and years for others. The Nzima model may help to explain why some learners flourished and others faltered. Specifically, community-based support systems for distance learning could have facilitated adaptive coping skills and promoted healthy emergent identities for BIPOC students during the pandemic.

The Nzima Model seeks to address this gap in developmental theory by blending a discontinuous stage framework with a continuous ecological approach that examines protective and risk factors for healthy identity development across the lifespan.

NZIMA Model Stages of Development

Figure 1. The conceptual depiction of the Nzima Human Development Theory/ Framework
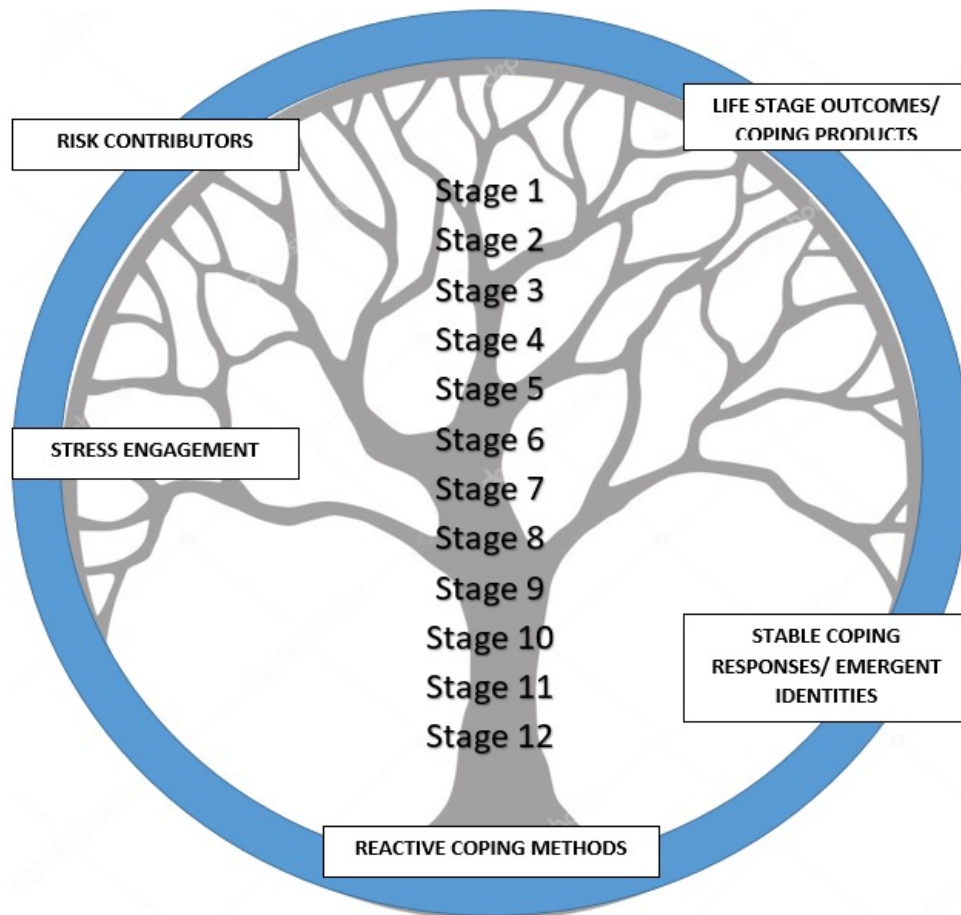
As can be seen in Figure 1, the Nzima model is best depicted as a tree, connecting important historical socio-cultural artifacts, descendants, and values (e.g., ancestors, cultural traditions, collective community traumas and strengths) with the roots, trunk, and branches of the developmental process. This illustration signifies that human development begins in a particular community with a specific social and historical backdrop that serves as a context (i.e., soil and roots) for an infant at birth. Stage 1 is placed at the top of the tree to highlight how the factors that predate an individual's conception (e.g., potential parents and their families) contribute to the development of an individual,

who becomes a part of the collective through the developmental process. From this perspective, an infant is the product of the tree or the fruit, and through the developmental process becomes one with the branches, trunk, and roots of the tree. Then, the thick blue circle signifies the continuity of the identity development process over the lifespan. Across the age-graded stages, a person continues to be perceived by their community and interpret those perceptions. The perception of the individual by their community members and the individual's interpretation of those perceptions can serve as risk or protective factors for their development.

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This model seeks to describe how relationships affect our changing self-perceptions, which subsequently impact our stress engagement and life stage outcomes over time. For instance, as a woman of color, I may feel that my community members view me as a loyal and supportive friend, and this perception could insulate me from media images that cast women like me as unreliable and materialistic. In this example, perceptions of me as a good friend are serving as protective factors and my resultant coping strategies and identity outcomes will be favorable and adaptive. In essence, from Spencer's perspective, "adaptive" in the context of human development—particularly for marginalized populations—refers to the dynamic and contextually relevant ways individuals actively respond to and navigate the risks and opportunities within their ecological systems (2008a, p. 697).

The Nzima model similarly focuses on understanding how individuals manage to function and develop in the face of vulnerability and inequality. Thus, the presence of risk or protective factors impacts an individual's stress engagement and selection of coping reactions that lead to identity structures and life stage outcomes. As practitioners in this model, a goal would be to create supportive structures and protective factors that support healthy life outcomes for all individuals, especially individuals from BIPOC and other culturally diverse communities.

Stage1: Pre-Conception, Conception and Birth (Gestational Period)

This stage focuses on the journey to parenthood from pregnancy planning and conception to birth and beyond. It includes factors such as pregnancy type (planned vs. unplanned), birthing method (natural, vaginal, or caesarean), and family structure (e.g., nuclear, LGBTQ). For different cultures, parental age, marital status, and wealth can tremendously impact community perceptions of the pregnancy and gestational period. Montalmant and Ettinger (2024) conducted a meta-analysis of 42 articles which examined the role of structural racism, cultural incompetence, and implicit bias on Black women's pregnancy-related deaths and complications. The results support the importance of fostering increased cultural competency and disparity education to improve relationships between these women and their doctors.

The Nzima model emphasizes the impact of parental stress and the medical team's perception on the overall pregnancy and birthing experience. Influential at this stage are the mother's perception of the quality of her relationships with medical providers, how these relationships influence her use of coping strategies (such as health seeking practices), and her resulting identity outcomes (i.e., whether mom sees herself as a good and healthy mother). For example, a young Latine expectant mother may experience protective factors from community-based health programming that leverages health care providers and community healers trained to support diverse mothers with alternative birthing resources. The Nzima model views these factors as protecting the mother by allowing her to draw upon her culturally-bound funds of knowledge during her prenatal process.

Stage 2: Attachment and Bonding Stage (Birth to 1 year old)

This stage pertains to parent-child bonding and attachment, focusing on factors like skin-to-skin contact, feeding methods, and the infant's perception. The Nzima model highlights how societal biases based on appearance, sex, and ability can impact the infant's early development through differential health-related treatment and access. Siden et al. (2022) suggested a link between clinician implicit bias and disproportionate maternal morbidity rates for Black women, lower clinician trust among Hispanic women, and worse postpartum pain management for Black women. They recommend a design for implicit bias interventions with clinicians that employs three strategies: education and self-awareness, communication skills, and cognitive reframing (Siden et al., 2022). Communication skills development emphasizes rapport building, which

connects with the development of protective factors in the Nzima model. At this stage, a component of the Nzima model is the systemic bias new mothers may experience in their community for choices about breastfeeding, childcare (e.g., whether to use a family member or a community center), and other aspects of child-rearing. Within the Nzima model, factors such as quality of healthcare access, bonding beliefs and time (e.g., skin-to-skin bonding duration), and early dietary support systems contribute to biological stressors and early coping mechanisms as the infant engages with the world around them. Stated differently, newborns are highly impacted by the frequency of doctors visits, how long they are held, and what they are fed (e.g., breast milk, infant formula ranging from organic to ready-to-feed formula).

Stage 3: Little Explorers (Approximately 1 to 5 years old)

This stage focuses on toddlers' exploration and development. Toddlers are learning to communicate, walk, and interact with others in childcare settings. Even at this stage, perceptions of others have the potential to impact the trajectory of the child's development. Researchers cite implicit bias as a contributing factor to Black preschoolers being 3.6 times more likely to receive one or more suspensions than White preschoolers (Gilliam et al., 2016). Expulsions and suspensions in preschool can undermine access to early educational opportunities and Black boys are disproportionately impacted. Furthermore, this stage highlights the importance of early language (including sign language) development and social cues within the context of supportive early-learning settings. Societal perceptions (as displayed in television programming and toys) can influence children's emerging identities and coping strategies, as children learn from social cues and implicit expectations. Observed coping patterns and strategies (e.g., style of play, available play resources) will inform the emergent identities of little explorers within the context of marginalized communities. At this stage, young learners are highly impacted by available roles and role models, which frame how these roles are valued in their families and communities. For instance, the presence of hometown heroes who are known for their intellectual or athletic abilities can be aspirational models and provide an explicit ambition during this developmental stage.

Stage 4: Big Kid Now (Approximately 5–9 years old)

In elementary school, children navigate social interactions, form friendships, and develop more persistent identities. Adaptive coping strategies are essential for managing the stressors of this transition. As children prepare for puberty-related transitions, the consequences of their actions become more significant due to societal expectations. Children from BIPOC communities can experience precocious puberty as early as 7–9 years old (Senger-Carpenter et al., 2024; Creo et al., 2022). In fact, the Pediatric Endocrine Society proposed guidelines that normal puberty in Black girls may occur as early as age 6 (Kaplowitz & Oberfield, 1999). As children move into biological, social, and emotional changes associated with puberty, the consequences of their life stage outcomes are more prominent as they are seen as more culpable by society and social systems. Children of Color who participate in organized sports may have greater access to coaches and community members. These types of mentoring relationships serve as protective factors and provide important examples of adaptive coping strategies as well as model more positive life stage outcomes. Greater responsibility and higher expectations from their mentors and coaches can create a healthy stress for BIPOC children. While participation in organized sports can occur at later stages, participation in sports is used here as an illustration of the importance of collectivism and interdependence as a salient cultural theme within BIPOC communities. Within these communities, the benefits of positive peer pressures and adaptive coping methods provide a psychosocial safety net that may not be as critical for other communities.

Stage 5: It's the Tween Years (Approximately 9 to 12 years old)

During this pre-adolescent stage, children explore friendships, develop romantic interests, and navigate the transition to middle school. As children move through this stage, their developing secondary sex characteristics will begin to influence how the community perceives them. For instance, taller males are perceived as older and females with breasts may be seen as more mature. Racial bias can compound these perceptions. One scholar found that Black male students were viewed by most participating teachers as 4 years older than their Black female and White counterparts (Adekeye, 2019). Furthermore, youth in this stage may experience early sexualizing because of their advanced/ early breast development or mature intellect and personalities.

An important aspect of development for this stage is understanding the child's peer-level exposure to sexually explicit movies, music, and media. As peer-group members tend to make critical connections during this stage, children need trusted adults and older mentors to provide guidance for navigating the barrage of conflicting messages they receive about identity. For example, youths' questioning their sexuality and gender identity at the same time as others in their peer group might benefit from guidance in connecting with educational resources and safe spaces to discuss their feelings.

Stage 6: Low Teens (Approximately 12 to 15 years old)

In late middle school and early high school, teens continue to develop their identities, experiment with relationships, and face new challenges. Risk behaviors such as substance use and vaping are common, while protective factors such as supportive mentors and encouraging coaches are pivotal for these adolescents. Physical and psychosocial changes associated with puberty can influence youths' self-perception and coping strategies. For illustration, a teen in this stage who has not developed highly visible secondary sex characteristics and behaves as a tomboy may experience different stressors and deploy different coping strategies to address how they are being perceived. It follows that the chosen coping methods will have an impact on how the tomboy sees themselves as an emergent identity.

Nyborg and Curry (2010) found that higher self-reported internalizing and externalizing problems, higher levels of hopelessness and lower self-esteem were correlated with personal experiences with racism among 10-to-15-year-old African American boys ($n = 84$). Considering these results within the Nzima model suggests that these young men experienced risk factors directly related to how they were perceived by their community (exposure to racism), and these experiences had a maladaptive impact on their coping strategies (vis., internalizing and externalizing behaviors) and identities (i.e., lower self-esteem). The reported higher levels of hopelessness exemplify negative life stage outcomes and suggests that creating protective community care systems in accordance with this model would benefit BIPOC youth who experience racism. Furthermore, it is important to note that many experiences of interpersonal racism go unreported (or under-reported) so youth champions need to proactively create and maintain community systems of care to address the possibility of cases that are never reported.

Stage 7: High Teens (Approximately 15 to -19 years old)

In late adolescence, teens explore career options, navigate social dynamics, and face increased pressure to conform to societal norms. Within BIPOC communities, youth experience the increased burden to represent their cultural identities across various settings such as school or work. Key transitions include education choices (military, college, trade school, workforce, etc.), identity exploration, and sexual experimentation. Often referred to as the "dual" pandemic, the co-occurrence of the global COVID-19 pandemic and rise in racial tensions in the U.S. created a context for a community-based program targeting

social-emotional learning, connections, and youth development, as well as continuing to support mental health and wellness for BIPOC youth (Charlemagne, 2021). Charlemagne's mixed methods research provides a strong exemplar of the benefits of community assets (e.g., frontline youth development, BIPOC professionals) for BIPOC children in times of crisis. Contextual factors to consider at this stage include the impact of the teen's stable identity(s) (e.g., diva, scholar, athlete) on how others perceive them, habitual coping strategy use (including self-medicating or self-sabotaging behaviors), and societal pressures to conform to a sexual norm.

Risk factors for late adolescents may include feeling pressured to present themselves as similar to other popular individuals present based upon their immediate social circles and hierarchies. One protective factor for this period is the opportunity for optimal challenge in leadership roles and positive peer circles.

Stage 8: Adulting (Approximately 20 to 30 years old)

In early adulthood, individuals explore various paths in education, careers, and relationships. Identity development continues, leading to changes in friendships and partnerships. Using an intersectional framework, Mehra et al. (2023) explored the lived experiences of 24 Black pregnant women seeking employment and how racism and economic marginalization caused them harm. Based upon this research, Mehra et al. advocate for addressing pregnancy discrimination and promoting family-friendly workplace policies to create health equity and gender parity. Key transitions in this stage include leaving home, finding employment, getting married, and having children. The impact of social perception and coping strategies on identity development remains significant, influencing both personal and professional relationships.

The cycle of perception, stress, coping, and life stage outcomes continue to impact the development of new identities for the early adult. These may be professional, social, or personal identities, such

as "a lazy coworker," "a supportive friend," or "a promiscuous heterosexual." While our perceptions activate these identities, our selection of coping mechanisms and aligned behaviors make these identities our reality. In other words, how we see ourselves is shaped by our response to how we believe others see us.

Stage 9: "Momma I made it!" (Or Not) (Approximately 30 to 40 years old)

In middle adulthood, individuals feel more settled in their identities and relationships. In a study of 99 LGBTQ+ people on the impact of the Supreme Court's 2015 ruling on marriage equality, researchers found that Black participants held more favorable views of marriage and viewed the decision to marry as an opportunity to elevate their identities (Robinson & Frost, 2023). BIPOC men and women were marrying for status among their work and social circles or within their faith communities. Furthermore, Latine and Black participants reported more equality-focused understandings of their right to marry. In this case, individuals were exercising their demand to be seen and recognized by society on their own terms, specifically asserting their identities and relationships. Within this stage, individuals may also experience significant life events like divorce, remarriage, loss, and/or beginning to care for aging parents. While there is less tempest than in earlier stages, social perception and coping strategies continue to influence individuals' well-being and identity-related outcomes. Protective factors at this stage may include self-care friend groups and participation in affinity spaces based upon people's intersecting identities. Alternatively, risk factors include career setbacks, unresolved family conflict and community-wide traumas that impact how individuals are seen in this stage of development.

Stage 10: Cruising Years (Approximately 40 to 60 years old)

In mid to late adulthood, individuals often reach career milestones, experience family transitions

(such as, empty nesting, grandchildren), and face new challenges, like caregiving for older adults. One qualitative study on Black grandparents raising their grandchildren utilized the Bowen Family System Theory to uncover the significance of unwavering faith, sense of responsibility, the importance of respect, and ongoing challenges (Washington, 2024). The study found that past choices, current coping strategies, and social factors continued to shape their experiences.

Sources of stress in mid to late adulthood may still emanate from perceptions and social comparison, but additional sources of stress such as personal health challenges and caring for aging elders often emerge during this time.

Stage 11: Seniority Years (Approximately 60–70 years old)

In late adulthood, individuals often focus on adapting to retirement, travel, and spending additional time with loved ones. The he Health and Retirement Study's 2016 sample of 6,015 adults (ages 50 and older) revealed that BIPOC men, women, and White women reported more chronic stressors compared to White men (Wang & Suntai, 2021). These findings suggest that intersectional identities combine to create increased stressors and hardships (Wang & Suntai, 2021). Health concerns and declining abilities can impact the well-being and self-perception of adults at this stage. As they adjust to new roles and face challenges, individuals may adopt new coping strategies. For example, they may no longer see themselves as providers and they may struggle with their new roles in their communities. Many of these factors will lead to new coping strategies and coping products.

During the seniority years, a new coping strategy might be engaging in chess play at a local community center. While the senior may have taken up this activity as a way to keep their mind active, a resulting coping product would be new relationships and friendships with their community members. Many adults in this stage find it difficult to form new friendships, but participation in a common pastime

or interest could create a context for important interactions. These factors are more critical for BIPOC seniors because their communities may have limited spaces and resources where they can feel safe coming together, or they may find it challenging to find groups with shared interests in their community. Issues like transportation, opportunity awareness, and individual motivation will shape how BIPOC seniors navigate this stage.

Stage 12: The Reflective Years (Approximately 70+ years old)

In very late adulthood, individuals often prioritize rest, reflection, and spending time with loved ones. During this stage, unresolved family conflict may have a major impact on the quality of life for adults in the reflecting years. Furthermore, individuals may face significant challenges such as the loss of loved ones, declining physical and/or mental health, and cognitive decline, within the context of systemic inequity and limited access to critical resources. There may be limited access to high quality health care, limited funds for sufficient food, or less access to transportation.

Multigenerational living arrangements are becoming more commonplace in BIPOC communities and can be a protective factor as they provide an opportunity for elders to reconnect with their children and grandchildren, A 2022 study of Canadian households found that ethnic minority families were more likely than White families to live in multigenerational households, which reduced minority children's odds of living in unaffordable housing (Choi & Ramaj, 2023).

At this stage, individuals may be committed to habitual coping mechanisms that have led to specific and persistent life outcomes. For example, a Black man who has practiced avoidance as a coping strategy to navigate his life hassles may persist in the use of this strategy, even if his avoidance created distance in some important relationships. While he may desire closer relationships, he could experience greater difficulty changing these habits than he may have experienced in younger stages.

Stage 13: End of Life (The Final Reflections)

This stage encompasses an individual's experiences of loss and grief due to illness, accidents, tragedies, or separation. This stage is not definitively tied to age, but rather healthy development. In one case, a man who is the youngest brother of 12 siblings may be navigating the end-of-life stage at 80 years old when all of his siblings have already made their transition (i.e, passed away); in another situation, this stage could occur for a younger individual facing terminal illness.

The individual's family may grieve the loss of their loved ones, particularly those occurring unexpectedly or prematurely. Separations at this stage can involve the emotional turmoil of missing, estranged, or incarcerated family members. Developmentally, this stage marks a period of facing one's own mortality because of imminent life threats, loss of a beloved other, or global pandemics, and tragedies.

Theory Refinement and Testing

Additional research is needed to better understand how Nzima explains development. Specifically, we need to conduct content analyses or thematic analyses (Byrne, 2022) on extant data on culturally diverse communities to determine whether the stages and life outcomes occur as posited in the Nzima model. For example, Nzima researchers could examine oral history archives, ethnographic research reports, or narrative interview studies collected from various marginalized communities to determine the extent to which the Nzima predicted life outcomes are evident in the qualitative data. We will utilize publicly available data sources that capture the life experiences and perspectives of individuals from various cultural backgrounds. Next, we would use findings from these investigations to refine the theory and move to the application and validation stage of theory development.

To test the Nzima model, it is necessary to use both post-positivist and transformative methodological approaches. Post-positivist approaches include most traditional psychological research methods, while the transformative approach draws from more liberation and equity focused tools of inquiry. Thus, we recommend randomized controlled trials on interventions to influence relationship quality and peer influence, as well as well-designed qualitative studies (e.g., observational, narrative data sources). For example, a randomized controlled trial could examine the impact of a culturally-relevant communication skills training on romantic relationship quality. Another study might examine how to reduce risky adolescent peer influences through a community-based social norms intervention. This type of research could confirm or refute the importance of community-based socialization, since the Nzima framework suggests that these relationships greatly impact identity development.

Using the transformative framework, Nzima researchers could conduct an ethnographic investigation of content and context for parental socialization messages within a marginalized community. Finally, it is important to develop measures and scales to assess coping strategy use and emergent identity development among BIPOC community members. Development and use of new research tools will help to clarify how this model can enable greater understanding of the best ways to serve BIPOC and other culturally diverse communities.

An inclusive developmental model is crucial for uncovering challenging experiences within BIPOC families, enabling their provision of necessary support, and expanding their opportunity to lead fulfilling and equitable lives. Establishing a new framework will facilitate the training of emerging practitioners in the field. This framework will enhance the identification of lived experiences among BIPOC families that may contribute to the prevalence of mental health challenges in children and mitigate misdiagnoses. Consequently, improved identification of the challenges faced by these families will empower practitioners to better

understand their clients' experiences and devise more effective interventions across all systemic levels for BIPOC communities.

Impact on Practice and Policy

Developing a new model of life stages with a focus on dynamic and fluid relationship importance will allow more inclusivity for all genders and BIPOC families. When teaching those coming into the helping professions, the Nzima framework can help better inform trainees so they are more equipped to work with BIPOC families.

The Nzima model has the potential to transform our understanding of what these BIPOC families encounter in their identities at each stage, and the anomalies they may encounter at various systemic levels. This model also includes updated perspectives on new societal norms, racial atrocities, and global pandemic experiences and how they affect the population. Having an updated model will aid us to better train those in the health professions and allow for greater insight into family systems and individual development.

Better Policies

Through the application of the Nzima Model of Human Development, researchers could advocate for prevention-focused policies that strengthen families. The need for early childhood development training, community-based healing circles, and substance use disorder treatment could be addressed by creating policies that fund the development of community-based prenatal training and gestational preparation and support (such as lifestyle readiness skills for new parents). These policies would be especially beneficial within marginalized communities and families.

Additional areas for training include navigating blended families, parental training (e.g., social-emotional learning for families, anger management), and vocational training. Vocational training

opportunities and support create economic stability for families. Consider the impact of implementation training for policies aimed at creating sustainable community-based programs that foster positive relationships among children, families, and their communities. Finally, advocates should require more funding for culturally responsive children's mental health treatment to ensure that marginalized populations have access to culturally informed supports. We would advocate for increased insurance reimbursement rates for practitioners that work within the arena of childhood mental health, especially practitioners focused on BIPOC communities. These additional compensations would represent hazard pay for the emotional and mental investments required to engage with marginalized communities.

Legally mandated early intervention support and resources for pregnant teenagers would be invaluable and encourage young parents to fulfill their lives and continue with school aspirations. These interventions should include psychoeducational training on parenting and self-care. Customized and culturally informed training would provide BIPOC youth with the skills and support systems needed to dismantle maladaptive practices and harmful generational influences they may have encountered. We would advocate for allotting these youth funding for childcare costs, mental health counseling, healthcare, and customized training, so they can obtain gainful employment, complete college, and provide for their children.

Better Practices

The Nzima Human Development theory is designed to provide greater visibility of the impact of systemic factors on developmental progress and outcomes. To address these systems of inequality, it is paramount that lawmakers prioritize affordable mental health services, and raise public awareness about the prevalence of child maltreatment and how to reduce it.

Education and Training

We recommend that preparation for pre-service mental health trainees utilize inclusive models of human development, such as the Nzima model. It is critical that professionals who work with children are trained to identify signs of child maltreatment, and both the protective and risk factors that can inform interventions to address it.

Advocacy and Awareness

Greater support is recommended for sustainable community-based models for mental health treatment delivery, advocacy, and awareness. By forging critical partnerships with faith-based and other community organizations, we can heal longstanding mistrust of practitioners and work toward a culture of prevention and support.

With ample psychoeducational training for parents and community stakeholders on issues such as postpartum depression, work-related strain, role exhaustion, and family conflict, the Nzima framework can serve as a catalyst to advocate for balance and wholeness within the family, and crucially, among BIPOC communities. ■

Author Bios

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Dr. Sadé Dunn *is an esteemed assistant professor at Bowie State University, holding titles of Approved Supervisor and Licensed Professional Counselor across the Washington, D.C metropolitan area. Dr. Dunn is passionate about human growth and development and has worked tirelessly to cultivate a framework for stages of development inclusive of everyone.*

Ms. Shemiyah Holland *is an advanced doctoral student at the University of California, Santa Barbara (UCSB). Ms. Holland is an experienced nationally certified school psychologist. Shemiyah serves as a fellow for UCSB's Project TEAMS, which is a collaboration that Trains Special Education and School Psychology Scholars to Advance Equity in the Study of Mental Health among Students.*
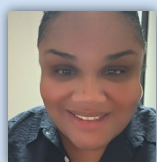
Mrs. Adrienne Bills *is a nonprofit grants manager and developmental researcher with a background in evaluation and project coordination. Mrs. Bills possesses expertise in the inner workings of state, federal and nonprofit grants and a desire to promote degree completion for underrepresented and underprivileged college students.*

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