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December 2025
Volume 38 | Number 3

Special Issue

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Promoting and Protecting the Mental Health of Black Children and Families

Association of Professionals Solving the Abuse of Children

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Vol. 38 | No. 3

ADVISOR

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A Critical Literature Review of African American Families' Experiences with the Behavioral Health Delivery System

Julia Radlauer-Doerfler, University of South Florida; Morgan Cooley, Florida Atlantic University; Heather Thompson, Florida Atlantic University; Robin Jimenez-Bean, Florida Atlantic University; Alicia Best, Morehouse School of Medicine; Jeff Randall, Medical University of South Carolina

Abstract

Given current disparities faced by African American families in behavioral health outcomes, the behavioral health delivery system does not appear to sufficiently meet the needs of African Americans. Existing research has identified a number of structural or systemic barriers that families may face to equitable care. The purpose of this article is to provide a critical literature review of structural factors that influence African American families' experiences with the behavioral health delivery system. Particular attention is paid to both historical and contemporary context of behavioral health services, with a focus on structural and systemic factors that influence design, delivery, and receipt of behavioral health care of African American families. The authors provide additional framing for understanding larger system or power dynamics impacting behavioral health care through discussion of social determinants of mental health, as well as cultural factors that may influence families' experiences, preferences, and needs. Finally, implications for more equitable responses in the behavioral health system for African Americans are presented. These responses include an African-centered approach and relationally-focused practices in the behavioral health system through racial equity and social capital.

Keywords: *African American and Black families, mental health, mental health treatment, training for mental health workers*

Despite increases in research and evidence-based interventions, youth mental health has been in decline (Office of the Surgeon General, 2021). Behavioral and mental health conditions affect one in five children in the United States with significant psychological or physical symptomatology (i.e., anxiety, depression, ADHD, hyperactivity, learning disorders, etc.; Caldwell et al., 2016). Existing research indicates 80% of chronic behavioral or mental health disorders begin in childhood (Reiss et al., 2017). The residual effects of childhood behavioral and mental health challenges can have adverse effects into adulthood, resulting in permanent issues (Bitsko et al., 2022). Such statistics are staggering when compounded with the World Health Organization's (WHO) 2018 prediction that by 2020, globally, childhood psychiatric (e.g., mental illness/mental health) conditions will increase by 50%. It is important to note this report was released prior to COVID-19. Such increases have consistently made childhood psychiatric (e.g., mental illness/mental health) conditions one of the five most common causes of mortality and disability among children (Agency for Healthcare Research and Quality, 2022; WHO, 2001).

For children struggling with mental or behavioral health conditions, unresolved childhood trauma, insecurities, and depression may intensify during adulthood if healthy coping strategies are not integrated while transitioning into adulthood. This is particularly true for African American youth who are twice as likely to complete suicide as white youth (Office of the Surgeon General, 2021). Black youth are more likely to receive harsher conduct-related diagnoses as compared to white youth, who are more often diagnosed with ADHD for behavioral challenges (Hoffman et al., 2023). In addition, Black

youth are more likely to experience trauma that can go undiagnosed or inappropriately diagnosed (Akubuiro et al., 2023). Negative experiences with or within mental and behavioral health systems can come from factors like insufficient access to services, living in under-resourced communities, stigma toward mental health conditions, or negative experiences with providers (e.g., Hoffman et al., 2023; Rodgers et al., 2022). Consequently, an understanding of historical and structural factors that contribute to worsened outcomes and racialized experiences regarding behavioral and mental health service utilization is crucial in addressing the needs and well-being of African American families (Akubuiro et al., 2023; Thurston & Phares, 2008). The purpose of this article is to provide a critical literature review of structural factors that influence African American families' experiences with the behavioral health delivery system.

Introduction to Behavioral Health and Mental Health and Purpose of Review

Mental health, according to the WHO (2018), "is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community." The American Medical Association (2022a) distinguishes mental health and behavioral health as distinct experiences. Mental health refers to an individual's emotional, cognitive, and psychological capacity, while behavioral health is attributed to the individual's physical response to stress and the physical symptoms that may occur (e.g., substance use disorders; AMA, 2022). Children's mental health and associated disorders are characterized by limited functioning or impairment of regulating emotions, learning capability, and appropriate behavior conduct (APA, 2022; CDC, 2025). Mental health disorders in children include anxiety, attention-deficit/hyperactivity disorder (ADHD), depression, conduct disorder, post-traumatic stress disorder (PTSD), oppositional defiant disorder (ODD), and other behavioral and cognitive disorders (APA, 2022). When children are unable to regulate their emotions or feel a sense of safety or security, they may develop adverse behavioral health conditions or behavioral health disorders, resulting in learning disorders, substance use, underage drinking, self-injurious behavior, and other maladaptive behaviors (CDC, 2023).

Mental health is an important determinant of positive relationships within a child's or adult's environment and a contributor toward overall emotional and mental well-being (CDC, 2024; Scott et al., 2011). Further, research has found the onset of mental health conditions frequently start during childhood, which can increase the likelihood of physical health challenges, high risk behavior, poor social relationships, and decreased psychological well-being in adulthood (Schlack et al., 2021; Scott et al., 2016). Further, COVID-19 amplified the disparities of mental health treatment available to racially minoritized populations (Hawks, 2023). Understanding these disparities in the context of structural racism provides an opportunity to re-create the future of behavioral and mental health treatment. However, there is relatively little research that thoroughly addresses emergent trends in mental and behavioral health services, and it is clear that the needs of African American youth have not been fully addressed by the behavioral health delivery system (Douglas et al., 2023).

The purpose of this review is to provide a historical and contemporary overview of various structural factors influencing the behavioral health system and mental health treatment for African American families. These barriers include the following: health insurance, access to care, and utilization of services; social determinants of mental health for African Americans; poverty and mental health among African American families; cultural considerations and mistrust of mental health professionals; and inequities in therapeutic relationships. Finally, potential equitable responses in the behavioral health system for African Americans will be presented. These responses include an African-centered approach and relationally-focused organizational practices in the behavioral health system through racial equity and social capital.

Historical Evolution of U.S. Behavioral Health System

The behavioral health system was initiated in 1992 when SAMHSA was created through the reorganization of four separate agencies scattered throughout the Public Health Service (National Institute of Mental Health, 2015). This reorganization moved research to the National Institutes of Health, while the treatment of mental health and substance use services was consolidated under one general system. Under SAMHSA (2020), the Center for Mental Health Services (CMHS) is responsible for working to increase the quality of and access to mental health services. In 2001, David Satcher, who was the U.S. Surgeon General, wrote a supplemental report titled Mental Health: Culture, Race, and Ethnicity that documented the need for Americans to utilize evidence-based practices to address their mental wellness. The report also recognized disparities that existed in access, availability, and utilization of formal services by African Americans (Satcher, 2001). Lack of access to services created a greater disability burden due to unmet needs, thus the report implied that it was necessary to recognize the role that culture plays in mental health.

In 2003, the New Freedom Commission on Mental Health was established to address nineteen recommendations for the mental health service delivery system, focusing on the existing continuum of services designed using the medical model, ranging from deep-end state hospital inpatient care to more prevention-oriented services (Hogan, 2003). This group reported that services for those with diagnosed mental health conditions or disabilities appeared fragmented (Hogan, 2003). Despite the need for developing mental health services and a system of care in 2003, many of the same problems exist 20 years later. In fact, disparities not only continue to exist but appear to be worsening, particularly for racialized youth (Douglas et al., 2023).

Trends and Gaps in the Behavioral Health Service System for Families in the U.S.

Behavioral health relates to how humans react to mental health symptoms and a person's behavioral response, while mental health is the biological influence upon human thinking and emotions that often influence how someone experiences or feels when they are navigating mental health challenges (Galderisi et al., 2015; Maranda et al., 2022). Behavioral health systems most frequently treat those who struggle with behavioral health disorders, such as substance use disorders (SUD) or process addictions (i.e., gambling disorder, compulsive gaming disorder, food, sexual compulsive disorder) utilizing evidence-based practices (American Medical Association, 2022b). On the other hand, mental health systems are typically composed of medical and healthcare professionals who assess, diagnose, prescribe medications, and provide psychotherapy. In the United States, the Substance Abuse and Mental Health Services Administration [SAMHSA] is the governing agency within the U.S. Department of Health and Human Services established by Congress in 1992 (SAMHSA, 2024). SAMHSA is typically responsible for the ongoing development of the national behavioral health system, as well as promoting the use of effective behavioral treatments and mental health services within communities. The continuum of care for traditional behavioral health treatment services in America follows a medical model, and more recently with the Affordable Care Act, the medical home model (Aletraris et al., 2017; Kuramoto, 2014).

The medical home model, according to the Agency for Healthcare Research and Quality [AHRQ], is responsible for five important characteristics: (1) comprehensive care; (2) patient-centered; (3) coordinated care; (4) accessible services; and (5) quality and safety (AHRQ, 2022). This service array and treatment process is structured and formal, both in the type of practices or treatments as well as in

access to care. The framework for the continuum of services available in the service delivery model is provided through the federal government and then implemented at the state level (Wodarski, 2014). Every state is required to identify its service array and then guide what services should be available within the state and how those services should be provided. In the state of Florida, the Substance Use and Mental Health Program (SAMH) is a service provided through the Florida Department of Children and Families (DCF, 2023). A gap among existing services that needs further development within research is that much of what is funded are formal services offered in a professional treatment setting or driven by a transactional service delivery model where payment is often determined by government funding and insurance companies. In addition, the medical home model can leave children with mental health needs at a loss for appropriate service unless their provider has a focus or expertise in treating mental health conditions (Rast et al., 2023).

An important and emerging aspect of the behavioral health system is the inclusion of peer support, which can be described as supportive and trusting opportunities for those going through inpatient mental health or substance misuse treatment performed by individuals with lived experience (e.g., sobriety, recovery, completed substance misuse treatment, etc.; Chapman et al., 2018; Turpin & Shier, 2017). Peer support has been a component of substance use treatment for years and was recently documented as an evidence-based practice for people experiencing mental health conditions, as well as other social needs (e.g., child welfare involvement; Mental Health America, 2019; Sedivy et al., 2020). While family support groups have been added to the continuum of services above, peer support has not been officially included despite its use and availability across the United States (Mental Health America, 2019). The primary challenge with this service is not the effectiveness but rather the successful reimbursement of the service at an appropriate and timely reimbursement rate (Ostrow et al., 2017; Torres et al., 2020; Wallis et al., 2023). Among adults, the value of this service has been documented to decrease psychiatric hospital admissions, reduce inpatient days, increase outpatient treatment, and improve engagement and overall quality of life for people experiencing mental health conditions (Mental Health America, 2019; Scannell, 2021; Torres et al., 2019). Similarly, youth peer support models show immense promise, yet they lack the level of evaluation to further codify federal support and reimbursement, which is a significant gap in both practice and research (de Beer et al., 2024).

Barriers to African Americans Achieving Equitable Behavioral Health Outcomes

According to SAMHSA (2018), mental health equity refers to the right for all populations to access quality behavioral and mental health care regardless of race, ethnicity, socioeconomic status, gender, sexual orientation, where someone lives, or their social condition. Within the behavioral and mental health systems, inequity exists. Prior research determined there are a higher number of black families of color not receiving quality care versus white, non-Hispanic families who are receiving such services (Fong et al., 2014; Williams et al., 2020). Research has also indicated that African American families experience unequal outcomes as a result of not receiving such services (Williams et al., 2020). Relatedly, others have found that 49% of African American families with a child with emotional or developmental challenges delayed behavioral or mental health services for their youth and adolescents (Richmond et al., 2022). Unfortunately, despite advances in the quality of healthcare, mental health disparities have been documented across the United States, particularly among minoritized populations and people from low socio-economic communities who have less access to healthcare and less quality treatment available (Alegria et al., 2018; Mental Health America, 2023). Exposure to historical race-based adversity such as a lack

of access to healthcare, education, and economic resources results in the socioeconomic disparities among African Americans (Mental Health America, 2023). Research has recognized that socioeconomic status is strongly associated with child and adult mental health; subsequently, people living in poverty, as well as those who are incarcerated or experiencing substance use conditions, tend to report poorer mental health (Hoffman et al., 2023; Morsy & Rothstein, 2019).

Health equity means that people have equal opportunity to be as healthy as they can be. It is necessary to remove barriers to health. Some of these barriers have included poverty, discrimination, lack of access to employment, lower quality education, unsafe housing, and lack of access to health care (Braverman, 2014; Rodgers et al., 2023). In the past, African Americans have been derailed from seeking treatment and receiving quality health care due to lack of information about services, confusion regarding the meaning of mental health, spiritual reasons, hesitance or lack of ability to access behavioral health services, treatment-provider bias, and poor quality of care (Kawaii-Bogue, 2017). This is a complex challenge because African Americans have reported similar incidence rates of mental health and substance use conditions as non-Hispanic White people; however, they have a higher prevalence of serious mental health issues (NAMI, 2014). Interestingly, the difference can be partially attributed to traditional service barriers, including longer duration of illness, lower access due to transportation and location, lower utilization of behavioral health treatment, poor quality of care, and complex comorbidities typically seen in minoritized and underserved populations (Carpenter-Song et al., 2011). Broadly, the impact of mental health challenges among African Americans are a result of structural factors, including the stress of culture, racism, poverty, and discrimination as well as social determinants of health (Shim et al., 2014). Despite gains in understanding and identifying and understanding the impact of these structural barriers among both adults and youth, there has yet to be a groundbreaking solution to address barriers in youths' treatment (de Beer et al., 2024).

Paying attention to the culture, preferences, and beliefs of people experiencing mental health conditions is essential to positive outcomes, yet this research area has been relatively underexplored for African American children and families. Extant research has found that mental health disparities for African Americans are prevalent and may also be a consequence of sub-par services, inexperienced providers, and a cultural disconnect on how to treat mental health issues among different ethnic groups (Smith, 2005; Simmons University, 2017). Thus, disparities also exist due to a mental health system that is not responsive to the preferences of clients, which results in lower quality services (e.g., Le Cook et al., 2014; Panchal et al., 2024). Intersectionality refers to the way individuals are shaped by and identify with an array of cultural, structural, sociobiological, economic, and social contexts (Howard & Renfrow, 2014). Mental health disparities for African Americans are exacerbated when services are not aligned or responsive to the intersectionality of mental health conditions, social determinants of health, systemic racism in health systems, and the culture and preferences of African Americans (Smith, 2020).

While there are many contributing factors, the very nature and institutional structure of the behavioral health continuum of care has implications for the mental health of African American families. Researchers have demonstrated that African Americans may not prefer to have their mental health needs met in this way, thus perpetuating a disparity in accessing services. For example, it has been identified that disparities have persisted under four target areas: less access to mental health services, less likelihood of receiving needed services, receipt of lower quality mental health treatment, and under-representation of minoritized families in research (Satcher, 2001). Thus, African Americans are disproportionately impacted by mental health conditions partially because there are barriers to mental health treatment as well as limited utilization

of services (Chang & Downey, 2012; Panchal et al., 2024). Another potential challenge to successful mental health treatment is that African Americans have tended to seek assistance with their mental health conditions from their primary care providers rather than from professionals with mental health training; they also lack exposure to more culturally-responsive mental health care (Snowden & Pingitore, 2002; Simmons, 2023). Research has indicated that there are fewer disparities in mental health outcomes when African Americans sought mental health treatment from specialized mental health professionals, so eliminating barriers to access is essential (Rivera et al., 2021; Stockdale et al., 2008).

Health Insurance, Access to Care, and Utilization of Services

A lack of insurance has also been associated with lack of access to mental health care (American Psychiatry Association, 2017). According to the Agency for Healthcare Administration (2013), African Americans tend to be insured at a much lower rate than other populations, and studies indicate that about 11% of African Americans are uninsured compared to approximately 7% of non-Hispanic Whites (American Psychiatry Association, 2017). While the Affordable Care Act of 2010 created an opportunity for parity of mental health treatment, not all states implemented Medicaid expansion (Snowden, 2012), and for those who do not qualify for Medicaid, health insurance may be unaffordable. In addition, Medicaid spending on behavioral health services for youth has decreased (Torio et al., 2015). Even families trying to utilize private insurance for mental health treatment may still be required to pay a co-payment, which may present a financial hardship for adolescents that may keep them from seeking services (Kruse et al., 2022). There are other disparities in terms of accessibility to mental health services as well. Access to treatment is defined as the timely utilization of health services to achieve the best health outcomes (Snowden, 2012). There are several identified barriers to access, including financial needs, sociodemographic characteristics, and knowledge and beliefs about mental health treatment and provider participation (Mendenhall et al., 2011; Garney et al., 2021). Interestingly, the phenomenon of "uptake" sheds some light on sociodemographic characteristics and the knowledge and beliefs of African Americans related to access to mental health treatment (Gavin et al., 1998). Uptake refers to the utilization rates of insurance benefits to access services. African Americans historically have disproportionately low rates of service utilization, regardless of access to benefits and free service provision (Snowden, 2012). To get a better understanding of how sociodemographic factors create a barrier to accessing mental health treatment, it is helpful to examine mental health through the framing of social determinants.

Social Determinants of Mental Health

Social determinants of health are defined as "conditions in which people are born, grow, live, work and age that impact health and well-being" (Shim et al., 2014, p. 23). The origins of mental health conditions are often biologically determined; however, research has demonstrated that modifiable social, environmental, and socioeconomic contexts also play an important role in a person's mental health functioning (Alegría et al., 2018; Shim et al., 2014; Shim & Compton, 2020). Social determinants are related to both causation and the course of mental health conditions (Kirkbride et al., 2024; Wilkinson & Marmot, 2003). A public health approach to addressing social determinants of health can focus on prevention of mental health conditions by addressing the root causes of the societal factors that increase individual-level needs and enhance protective factors in communities (Marmot et al., 2008; Shim et al., 2014).

Social determinants of mental health are created or influenced by policies, which impact the opportunities available to children and families, the neighborhood, environmental surroundings, and the social landscape in communities (Compton & Shim, 2015; Shim et al., 2014). Examples of social determinants of mental health include underemployment, food insecurity, poor access to health care, educational inequity, poverty, built environments, social isolation, housing instability, and adverse life experiences

(Compton & Shim, 2015; Shim et al., 2014). African Americans are more likely to experience socioeconomic disparities, including exclusion from health, educational, social, and economic resources (Fong et al., 2014; Taylor, 2019). African American families with members experiencing behavioral health conditions coupled with complex challenges (e.g., low socioeconomic status, multi-system involvement, limited access to support services) reportedly experience poorer mental and physical health outcomes (Fitzsimons et al., 2017). However, there is even more limited research exploring families of children or adolescents navigating behavioral health conditions and social determinants of mental health.

Poverty and Mental Health Among African American Families

It is beyond the capacity and intent of this paper to explore all of the social determinants of health; however, socioeconomic status is a relevant example of how the social determinants of health impact mental health conditions. African Americans experience socioeconomic disparities due to historical adversity, including slavery and race-based exclusion from health, educational, social, and economic resources (Burkett, 2017). Socioeconomic status is associated with mental health, as people who are living in poverty, homelessness, incarceration, or have substance use conditions are at higher risk for poorer mental health (Rostain et al., 2015). Approximately 27% of African Americans live below the poverty level compared to 10.8% of non-Hispanic Whites (American Psychiatry Association, 2017). The poverty rate for rural African Americans is 40.6% while non-Hispanic White families in rural areas have a poverty rate of 13.5% (American Psychiatry Association, 2017). Further, as a result of generational poverty and systemic barriers, African American children are significantly more likely to live in single-parent families and high-poverty neighborhoods (The Annie E. Casey Foundation, 2025). Poverty goes hand in hand with unemployment, and in 2012, the African American unemployment rate was double that of non-Hispanic Whites (14% and 7% respectively; U.S. Bureau of Labor Statistics, 2013).

Researchers have recognized that poverty is associated with higher levels of stress; moreover, African American families experience what has been coined as 'culturally bound economic insecurity,' and specifically refers to the fear that families experience when their financial circumstances are impossible to overcome (Bossert & D'Ambrosio, 2013). Culturally bound economic insecurity is the never-ending sensation that one's financial situation is hopeless or helpless, and this causes a state of confusion, poorer mental health, and lower family functioning for African American families (Burkett, 2017). For example, African Americans living below the poverty level are three times more likely to report serious mental health conditions than those living above poverty (NAMI, n.d.).

When a family is struggling to have their basic needs met, accessing mental health treatment is not a priority. It has been documented that 64% of African American children live in single-parent households, which can put them at greater risk for poverty, adverse childhood experiences, and residential instability (Kids Count Data, 2025). Further, lower-income populations have less access to high-quality mental and physical healthcare as providers are not as present in low socio-economic communities (Hodgkinson et al., 2017). Ultimately, growing up in poverty greatly impacts healthy child development, which can exacerbate mental health conditions (Redd et al., 2024). For example, poverty increases the likelihood that a child will be exposed to elements that will impede brain development and result in poor academic, health, and mental health outcomes (Redd et al., 2024). Given these outcomes, it is important to understand the intersection of culture and other conditions impacting mental health treatment for African American families.

Cultural Considerations and Mistrust of Mental Health Professionals

There are many cultural considerations to consider when looking at the lower utilization of mental

health services among the African American community, such as the stigma associated with mental health conditions, lower health literacy, scarcity of culturally competent providers, mistrust of the healthcare system, and other societal factors (American Psychiatry Association, 2017; Thomas & Snowden, 2001). Both structural and institutional racism have resulted in historical trauma to many African Americans (Burkett, 2017). Historical trauma is defined as psychological and emotional damage that occurs over the life course and across generations, frequently caused by traumatic events directed specifically towards one cultural group (Mohatt et al., 2014). Historical trauma for the African American community has resulted in diminished community solidarity, compromised mental health and well-being, sustained skepticism of formal mental health treatment, and a lack of understanding of this complex trauma (Hankerson et al., 2022; Scott-Jones & Kamara, 2020). The fear of being retraumatized deters some African Americans from using formal mental health treatment (Burkett, 2017). Past research has indicated that skepticism on the part of African Americans is a healthy, resilient response to the prolonged impact of institutional racism; thus, cultural mistrust can be seen as an adaptive response (Grier & Cobbs, 1992).

Despite progress made over the years, racism continues to have an impact on the mental health of African Americans. This historical negative treatment has led to the mistrust of professionals, many of whom are seen as self-serving by the African American community (Pederson et al., 2025). Commonly, African Americans do not want professionals involved in their lives because of the perception that intervention by social service agencies will potentially lead to punitive intervention (Best et al., 2021; Breland-Noble, 2004; Thomas et al., 2023). For example, policies such as mandatory reporting require professionals to report potential abuse and neglect to authorities, but African American and Black families are inequitably reported to hotlines when compared to White families (Burkett, 2017). Cultural bias toward mental health professionals and systems is often due to prior experiences with issues such as historical misdiagnoses, inadequate or inappropriate treatment, and a lack of cultural understanding from providers that inhibits African Americans from accessing care (Hatcher et al., 2017).

There is extensive documentation that African Americans struggle to access high-quality and effective behavioral health treatment services (Summers, 2009). Past research identified that professionals' cultural biases can impact their ability to understand the functioning of African Americans (Snowden, 2002). When mental health professionals do not understand how behaviors are different among different cultures, they may function on personal assumptions that impact treatment (Gopalkrishnan, 2018). The difficulty of diagnosing a patient in combination with an ethnic-specific expression of the disorder impedes the accuracy of diagnosis and translates into decreased treatment effectiveness (Payne, 2012). For example, regarding depressive disorders, African Americans have been seen as more likely to express anger or irritability rather than hopelessness or sadness, which is seen as more typical in a non-Hispanic White person (Hankerson et al., 2015; Payne, 2012).

SAMHSA (2001) also documented that African Americans metabolize medication differently than other ethnicities, indicating that they should be prescribed lower doses of medication; however, research has demonstrated that they are typically prescribed higher doses of psychotropic medication. Others have identified that African Americans have been prescribed off-label medication and incorrect medication more frequently than their non-Hispanic White counterparts (Carpenter-Song, 2011). There is a long history of African Americans being misdiagnosed with paranoid schizophrenia by non-Hispanic White professionals, and research has indicated that misdiagnosis has been due to racial bias (Snowden, 2002). When treating African American youth, interventions tend to be ineffective because youth view being prescribed medication as a "quick fix" to their complex life challenges (Samuel, 2015). Parents of African American youth express

concern that medicalization of social problems is not the solution, but rather the need is for system change and cultural sensitivity training for professionals (Rostain et al., 2015). Researchers have also demonstrated that utilizing only Eurocentric theories to explain the behavior of African Americans is ineffective and does not value cultural differences (Harley et al., 2015).

African American families have reported fear of being stereotyped and misunderstood, which leads to concerns that the system will not provide appropriate care (Lindsey et al., 2006). African Americans have reported that they do not receive the same quality of care, and doctors have provided less information, less supportive talk, and lower clinical performance to African Americans (Cooper & Roter, 2003). It has also been documented that African Americans report problems communicating with mental health professionals as a barrier to seeking treatment, which can result in receiving substandard care (Newhill & Harris, 2007). Alegria et al. (2008) found that African Americans with depression had significantly lower odds of receiving adequate care compared to non-Hispanic Whites with the same diagnosis. In addition, results of a national study indicated that African Americans reported poorer attitudes toward mental health treatment after receiving services compared to their attitudes prior to service provision (Diala et al., 2000).

Implications for Behavioral Health and Potential Equitable Responses in the Behavioral Health System

The research identified above regarding the mental health support preferences of African Americans is a critical piece to creating an equitable behavioral health system. Some existing frameworks, philosophies, and evidence-based practices support the identified preferences of African Americans and should be incorporated into the development of equitable mental health support for African Americans.

African-Centered Approach

There is documented research recognizing the benefits of applying an African-centered approach to mental health for African American youth and families (Hatcher et al., 2017). African Americans have been known to have deep ties to their cultural heritage, traditions, religion, and values passed down through generations. The African-centered perspective is grounded in the history, culture, and spirituality of people of African descent, so it closely aligns with these values (Asante, 1990). Asante (1998) reported that acknowledging and integrating youths' own experiences and values helps promote holistic well-being for youth and promotes self-efficacy and autonomy. Research has indicated that using an African-centered paradigm to guide interventions in mental health services is associated with more participation of African American youth (Kalonji, 2014). A more recent systematic review of African-centered interventions for Black youth identified benefits for youths' academic achievement, identity, and behavior, despite mixed findings related to the rigor of the studies (Lateef et al., 2021).

The African-centered approach focuses on cultural uniqueness, strengths, and community development rather than the deficit-based approach utilized in most of Western medicine (Graham, 1999). The approach was developed in the 1980s and has been formalized through the years. The fundamentals of the African-centered principles are described below:

- Umoja (Unity): This is the foundational principle and focuses on togetherness. Unity begins in the family, is centered on moral values, and supports conflict resolution.
- Kujichagulia (self-determination): This reaffirms the rights and responsibility of Africans to exist, speak their truth and make contributions to history.

- **Ujima (Collective work and responsibility):** Working together to solve common problems. African people believe that they are collectively responsible for failures, victories, and cooperation between families, organizations, and communities.
- **Ujamaa (Cooperative economics):** The commitment to build and maintain businesses. There is a central concept of shared wealth, self-reliance on community building, and respect for work.
- **Nia (Purpose):** The commitment to building, developing, and defending our community, its culture, and history to regain greatness as a people. It is the motivation for African Americans to make significant historical contributions.
- **Kuumba (Creativity):** The principle relates to leaving the community in a better place than it was received.
- **Imani (Faith):** Belief and commitment to a higher power and ourselves to live in a faithful manner recognizing the values to "live righteously, self-correct, support, care for and be responsible for each other" (Karenga, 1996).

Hatcher and colleagues (2017) outlined various Afrocentric principles that can be used to enhance mental health services for youth, as well as provided case scenarios to demonstrate the use and effectiveness of integrating African-centered approaches. A specific example of this intervention is through a program called Habilitation Empowerment Accountability Therapy (HEAT), which has primarily been focused on families impacted by the criminal justice system (Marlowe et al., 2018). HEAT explicitly centers spirituality as a core value throughout the program and has had successful outcomes as evidenced by substantially higher African American rates of drug court graduation (Marlowe et al., 2018). The model requires that African-centered principles be centered in all work with youth and guide cultural interactions (Karenga, 1996). It has been identified that employing African-centered principles provides a culturally relevant alternative to managing stress in the lives of African Americans (Kalonji, 2014). In addition, many of the values identified in the African-centered model closely align with research around resilience and recovery from trauma; for example, having a sense of purpose is a predictor of positive mental health (Alim et al, 2008). Additional African-centered programs showing promising results have included pregnancy prevention programming for females (Dixon et al., 2000), school and community programming to support life skills development (Flay et al., 2004), academic success and prosocial behavior (Whaley & McQueen, 2004), and a cultural knowledge and social skill-building program (Whaley et al., 2017). Although some of these programs are not explicitly about mental health, they each address important aspects of youths' social or physical well-being that influence their mental health, self-awareness, and self-advocacy.

Creating Equity in the Behavioral Health System through Racial Equity and Social Capital

Racial equity is the condition where one's racial identity no longer influences how one fares in society. This includes the creation of racially just policies, practices, attitudes, and cultural messages, and the elimination of structures that reinforce different experiences and outcomes by race (Hawn et al., 2020). Health equity is principled in committing to eliminate health disparities, which means striving for the highest standard of health for all people while giving special attention to the needs of those at risk based on their social conditions (Braverman, 2014). Current policies either create racial inequity or create racial equity, and it is necessary to examine and evaluate policies and practices in inequitable systems to achieve equity. Achieving equity requires a shift in thinking from reducing disparities once they exist to looking at the policies and practices that created the disparity in the first place (Dettlaff et al., 2020). It is time to reimagine mental health treatment in America from a system with disparate outcomes for African Americans to an equitable system that

provides mental health treatment and support for all those experiencing mental health symptoms. To achieve equity, government-funded systems may need to reconsider the notion that the only path to mental wellness is through a therapist or psychiatrist who provides guidance or medication. For example, equity could include the use of social support as a buffer against mental illness, and policies could reimburse for peer support approaches, faith-based support, or family-based intervention that engages youth and families with people in their communities to support them (Gruber, 2020).

When creating equity through social support and social capital, it is important to take into consideration the actual versus potential resources that are available in a community and to address power dynamics that affect how individuals can or cannot access social capital (Campbell, 2020). For example, not all families can afford services, have available time to engage in services due to employment or caregiving tasks, or would choose treatments that were created by outsiders. Identifying and addressing inequalities within communities is imperative for social capital interventions and health promotion. Phelan et al. (2010) warned that developing new interventions may increase social inequalities in outcomes, even if they improve individual health outcomes overall. Interventions should aim to improve mental health while also reducing inequalities, and social capital interventions should ensure that there are no unintended consequences (Umberson & Karas Montez, 2010). This can be accomplished through a policy that uses a combination of research around social capital and the heavy inclusion of community participation in the process. For example, inclusion of families or older youth who have experienced mental health challenges in the planning, analysis, or implementation of approaches can provide important information on the equity and success of a new intervention or program.

According to the Institute of Medicine's report on youth mental health, to achieve equity, it is necessary to prioritize prevention strategies rather than continuing to react to mental health issues (National Research Council (US) and Institute of Medicine, 2009). This shift should include tailoring prevention and intervention strategies specifically designed for racial/ethnic populations that address structural inequalities at the individual, organizational, and community levels (Alegria et al., 2015). In the William T. Grant Foundation's report on disparities in mental health, they lay out a framework for creating equity that includes the following: identify specific periods of developmental vulnerability and provide support during those times, address socioeconomic disparities, address childhood adversities, target family-level mechanisms for mental health disparities, improve neighborhood conditions, reduce neighborhood violence, expand access to mental health care and school opportunities, and study provider mechanisms of mental health disparities (Alegria et al., 2015). It is apparent from this list that simply providing mental health treatment services will never solve the problem of disparities in children's mental health. The framework alone will not address the mental health conditions of children; thus, it is not an either-or approach but rather a both-and approach that will level the playing field. Many of the items mentioned in the framework can be addressed by individual-level social support and community-level social capital.

Further, there is documented research focusing on models such as structural competency, which is designed to promote awareness of forces that influence health outcomes at the institutional or community level (Metzl, 2014). The argument for the model is that if people experience stigma at the institutional level rather than only at the individual level, these structural causes of stigma must also go away at the institutional level. The way to address the needed changes is through clinical training at the individual, organizational, institutional, and policy levels, as well as through neighborhoods and cities (Metzl, 2014). Structural competency consists of training in five core competencies: recognizing the structures that shape clinical interactions; developing an extra-clinical language of structure; rearticulating "cultural" formulations in structural terms; observing and imagining structural interventions; and developing structural humility (Metzl, 2014). ■

About the Authors

Dr. Julie Radlauer-Doerfler *is a leading expert in the social influences of mental health and uses her experience to create impact within communities, systems, organizations, and individuals. Her approach is collaborative, creative, and curious as she strives to educate utilizing unique avenues including media, stage production, video production, podcasting and writing. She has extensive experience in behavioral health, public health, and organizational development for more than 25 years. She speaks internationally, is a keynote speaker, has spoken at the United Nations and TEDx Miami on social support, and social connectedness. Her research on structural racism in the behavioral health field has led to the development of a national curriculum designed to create more equitable systems. She is passionate about addressing behavioral health challenges in communities and speaks widely on the topic.*

Dr. Morgan Cooley *earned her PhD in Marriage and Family Therapy in 2014 and MSW in Social Work in 2009 from Florida State University in Tallahassee, Florida. She taught as an Assistant Professor between 2014-2018 at the University of Tennessee at Chattanooga. Currently, Dr. Cooley is a social work faculty member at Florida Atlantic University. She is a licensed clinical social worker with practice experience in couple and family therapy, working with child welfare involved families, mental health and trauma, and also those who identify as LGBT+. Dr. Cooley's research is greatly influenced by a background in both social work and family science and focuses on examining the relationships between child mental health and family system or child welfare context. Specifically, she is interested in the relationship quality between foster children and foster parents, the influence of fostering experiences and child behavior on foster parent well-being, and what factors are associated with improved foster child mental health. Her ultimate career goal is to enhance the preparation and training of both relative and non-relative foster families to support youth who have to be placed into foster care, particularly youth who are dealing with mental health challenges.*

Dr. Heather Thompson *earned her PhD in Marriage and Family Therapy and MSW in Social Work from the Florida State University in Tallahassee. She taught as an Adjunct Professor at Florida Agricultural & Mechanical University after the completion of her PhD. She has several years of experience in the child welfare system in Florida, working in a range of roles from a front line staff to an administrator at the lead child welfare agency of North Florida. Additionally, as a Licensed Clinical Social Worker, Dr. Thompson has provided counseling services, including individual, couple and family counseling, as well as parenting interventions to at-risk families involved in the foster care and juvenile justice systems. She is also a Qualified Supervisor for registered interns in Social Work and Marriage and Family Therapy. Her area of research expertise is in child welfare, specifically identifying protective factors for adolescents and their families in long-term foster care. Her secondary area of research focuses on identifying best practices for child welfare professionals.*

Robin Jimenez-Bean *received her Master's in Social Work from Florida Atlantic University and currently works as the Office of Undergraduate Research and Inquiry as the Program Coordinator. She has a rich history and experience with undergraduate and master's-level research and her interests revolve around the child welfare system, foster care, and post-traumatic growth of foster care youth.*

Dr. Alicia Best *is an Associate Professor in the Department of Public Health Education at the Morehouse School of Medicine where she teaches, advises and mentors graduate public health students and medical residents. Her research expertise lies at the intersection of health communication and health equity, with a primary focus on identifying, understanding, and contextualizing social and cultural factors (e.g. religiosity, health literacy, etc.) that influence cancer-related and other health disparities; and designing, implementing, and evaluating health communication interventions to address these disparities. Dr. Best has been principal investigator or co-investigator on multiple internally and externally funded research projects collectively aimed at reducing health disparities. Additionally, she has over 10 years of practical public health program implementation and evaluation experience, along with a strong proficiency in both qualitative and quantitative methodologies.*

Dr. Jeff Randall *completed his Ph.D. in clinical and health psychology at Virginia Tech, and a post-doctoral fellowship at the University of Pittsburgh. He is a professor at the Medical University of South Carolina. He has published over 70 articles and is associated with disseminating 700 programs in 40 states and 20 countries.*

Conflict of Interest Statement

The authors have no conflicts of interest to disclose.

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Mental Health in Black Families of Children with Autism: Implications for Child Well-Being and Family Functioning

Melissa Duchene-Kelly, PhD[1]; Zachary Price, PhD[2]; Michael Geuss, PhD[1]; Ronald Drummond, M.Ed., BCBA, LBA[1]

[1]Department of Psychology, Bowie State University; [2]Department of Early Childhood Education, Towson University

Abstract

The increasing prevalence of autism spectrum disorder (ASD) diagnoses, now affecting 1 in 36 children, poses significant challenges for families, particularly those from marginalized communities. Research consistently shows that parents of children with ASD experience higher levels of stress and depression compared to parents of typically developing children or children with other disabilities. This elevated psychological distress can negatively impact both parents' well-being and the quality of care they are capable of providing to children. Addressing the mental health concerns of caregivers of children with autism is of critical importance, especially in marginalized communities. This commentary examines the potential link between poor mental health of caregivers and child maltreatment, focusing on the intersectional experiences of Black families of children with autism. Black parents of children with ASD face unique stressors, including barriers to adequate educational support and healthcare, financial strains, and stigmatization. These challenges can lead to isolation, depression, and heightened stress levels. The views expressed in this commentary emphasize the need for culturally responsive interventions to support the mental health of Black parents caring for of children with ASD. By prioritizing parents'-mental health, we can potentially improve overall family well-being and reduce the risk of child maltreatment.

Keywords: *autism, mental health, Black families, parents, supports*

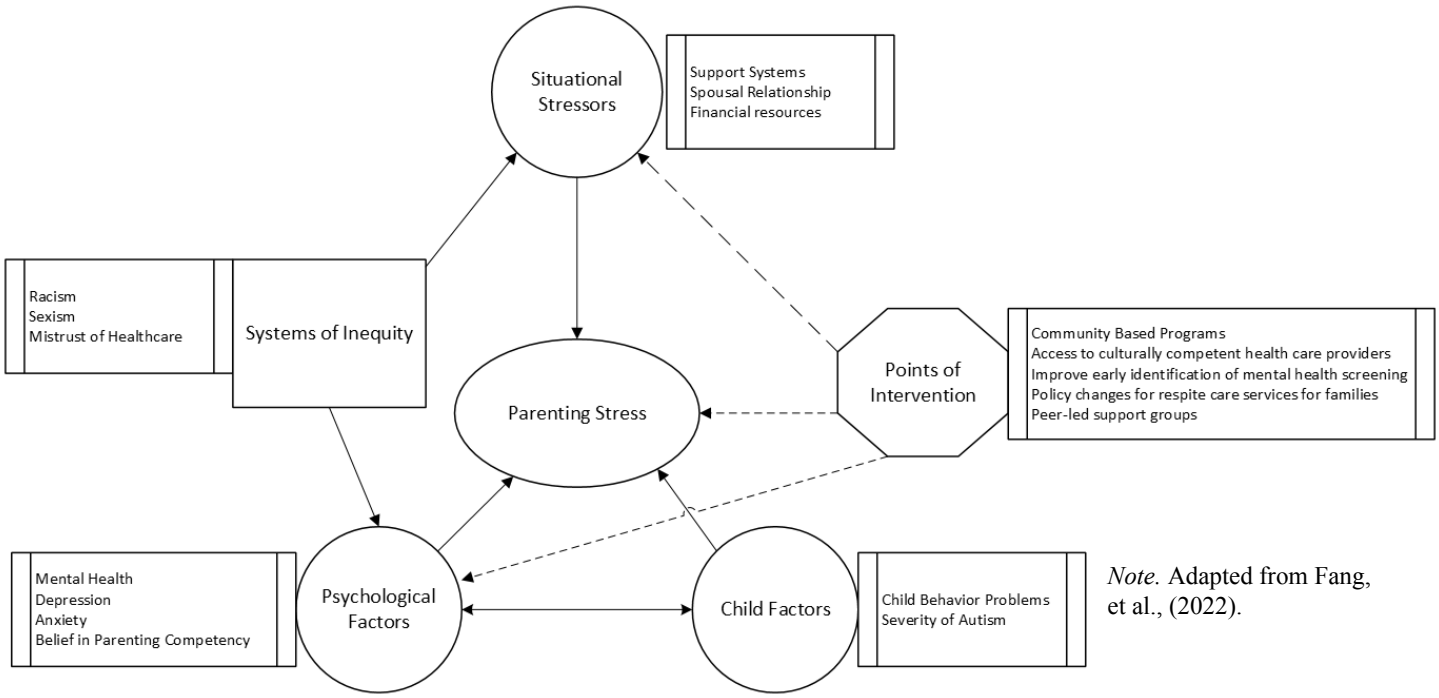
The prevalence of autism spectrum disorder (ASD) has risen dramatically in recent decades, with current estimates indicating that 1 in 36 children in the United States have the diagnosis (Centers for Disease Control and Prevention, 2024). This increase has caused significant strain on educational, healthcare, and social service systems struggling to meet the complex needs of both children with ASD and their families (Chiarotti & Venerosi, 2020). While much attention has focused on expanding diagnostic and intervention services, less emphasis has been placed on supporting the mental health and well-being of parents caring for children with ASD, particularly within marginalized families who face unique challenges and barriers.

This commentary examines the critical importance of mental health support for Black parents of children with ASD. Drawing on recent empirical literature, we explore the unique stressors and challenges Black families face. A model adapted from Fang et al.'s (2022) *Parenting Stress* (see Figure 1) illustrates the intersection of these issues to add context as we explore the potential consequences of prolonged parental stress and poor mental health on family functioning and child outcomes.

Additionally, we consider how chronic stress and untreated mental health issues may increase the risk of child maltreatment in already overburdened families. Ultimately, we offer recommendations for culturally responsive mental health supports and family-centered interventions to promote resilience and positive outcomes for Black families raising children with ASD.

Figure 1

Adapted Model of Parenting Stress



Note. Adapted from Fang, et al., (2022).

Stressors Unique to Black Families

Raising a child with ASD presents significant challenges for all families and the intersectional experiences of minority families compound this reality. Black parents often encounter a complex series of additional stressors related to systemic racism, economic disparities, and cultural stigma that exacerbate the ongoing stress of caring for a child with autism. A growing body of research has documented the unique experiences of Black families navigating ASD diagnosis, treatment, and ongoing care for their children, highlighting their strength and determination.

In a systematic review of over 60 studies examining the experiences of families of children with ASD across World Health Organization African regions, Baloyi et al. (2024) identified several common challenges faced by Black families, including: disparity in education systems and healthcare systems, inadequate social support, financial strain, and stigmatization leading to isolation from extended family and community networks. These findings align with research on Black families of children with ASD in the United States, who report similar experiences of marginalization and barriers to care (Burkett et al., 2017; Dababnah et al., 2022).

For Black single parents in particular, the intersecting impacts of racism, classism, and sexism create additional layers of oppression and stress as they attempt to access services and support for their children with ASD. Singh (2023) conducted an intersectional analysis of narratives from Black single mothers who relied on public health insurance to care for their children with ASD. The study exposed compounded discrimination and structural barriers for single mothers attempting to navigate complex bureaucratic systems to obtain diagnoses,

therapies, and educational support for their children. The narratives revealed common challenges like dismissals and microaggressions from providers; significant economic constraints related to food, housing, and transportation; and barriers to accessing therapeutic services.

The chronic stress of caring for a child with high support needs coupled with experiences of systemic racism and economic hardship places Black parents at elevated risk for mental health challenges. Multiple studies have documented higher rates of stress, depression, and anxiety among parents of children with ASD compared to parents of neurotypical children or children with other disabilities (Hastings et al., 2005; Olsson &Hwang, 2006). Black parents face additional psychological burdens related to racial trauma, cultural stigma, and mistrust of healthcare systems, all of which may exacerbate mental health risks and create barriers to seeking support.

Barriers to Accessing Mental Health Support

Black parents of children with ASD are at an elevated risk for mental health challenges, yet often face significant obstacles to accessing quality mental health care. The cultural stigma surrounding mental illness and help-seeking behaviors remains prevalent in many Black communities, leading some parents to avoid or delay seeking mental health support, even when experiencing significant distress (Pearson et al., 2022). Mistrust of healthcare institutions stemming from historical and ongoing experiences of racism and a lack of culturally competent providers today create further barriers to engagement in mental health services.

Research by Dababnah et al. (2018) examining the experiences of Black parents accessing ASD-related services found that many encountered dismissive attitudes, cultural insensitivity, and outright discrimination from providers. These negative experiences often led to delayed diagnosis and treatment for their children, increasing stress and frustration in parents attempting to advocate for their children's needs. The compounded effects of provider bias, cultural mismatch, and systemic barriers within healthcare and educational systems contribute to poorer mental health outcomes for Black parents of children with ASD.

Economic constraints also play a significant role in limiting access to mental health support for many Black families. Single mothers, in particular, often struggle to balance work obligations with the intensive caregiving needs of a child with ASD, leading to financial strain and reduced ability to afford mental health services for themselves (Singh, 2023). Even when public insurance coverage is available, finding providers who accept Medicaid and have expertise in both ASD and culturally responsive care for Black families can be highly challenging.

Consequences of Untreated Parental Mental Health Issues

The chronic stress and mental health challenges experienced by many Black parents of children with ASD can have far-reaching consequences for both parent and child well-being if left unaddressed. A substantial body of research has documented the negative impacts of parental stress and depression on parent-child interactions, family functioning, and child outcomes in families affected by ASD. Of particular concern is the potential for chronic stress and untreated mental health issues to increase the risk of child maltreatment in families already struggling to meet the complex needs of a child with ASD. While the majority of parents of children with disabilities provide loving care despite significant challenges, research has shown elevated rates of maltreatment among children with disabilities, including ASD (Maclean et al., 2017). A study by McDonnell et al. (2019) found that children with ASD were more at risk for maltreatment even when compared to other maltreated youth. The authors suggest that the complex care needs and behavioral challenges associated with ASD may overwhelm parents' capacity to provide adequate care, particularly in the context of limited social support and resources. The intersection of parental mental

health issues, economic strain, social isolation, and the behavioral challenges associated with ASD may create conditions that increase the likelihood of neglect or abuse, mainly when adequate support systems are not in place.

Hastings et al. (2005) found that mothers reported higher levels of depression compared to fathers of children with ASD and that maternal depression is predictive of increased parenting stress. Child behavior problems also predicted higher maternal stress, creating a cyclical pattern in which parental mental health challenges and child difficulties exacerbate one another. This aligns with earlier work by Gray (2002) demonstrating that parents of children with more severe ASD symptoms and behavioral challenges experienced more significant emotional distress and were at higher risk for depression.

Poor parental mental health can directly impact the quality of care and support provided to children with ASD. Depressed parents may have difficulty consistently implementing behavioral interventions, maintaining routines, and providing the high levels of engagement and responsiveness needed to support their child's development (Greenlee et al., 2023). Additionally, parental stress and mental health issues are associated with increased use of harsh parenting practices and reduced warmth in parent-child interactions, which may exacerbate challenging behaviors in children with ASD (Brei et al., 2015).

Of particular concern is the potential for chronic stress and untreated mental health issues to increase the risk of child maltreatment in families already struggling to meet the complex needs of a child with ASD. While the majority of parents of children with disabilities provide loving care despite significant challenges, research has shown elevated rates of maltreatment among children with disabilities, including ASD (Maclean et al., 2017). The intersection of parental mental health issues, economic strain, social isolation, and the behavioral challenges associated with ASD may create conditions that increase the likelihood of neglect or abuse, mainly when adequate support systems are not in place.

A study by McDonnell et al. (2019) found that children with ASD were more likely to be maltreated compared to children without ASD. Notably, children with ASD were more at risk for maltreatment even when compared to other maltreated youth. The authors suggest that the complex care needs and behavioral challenges associated with ASD may overwhelm parents' capacity to provide adequate care, particularly in the context of limited social support and resources.

Hastings et al. (2005) found that mothers of children with ASD reported higher levels of depression compared to fathers of children with ASD and that maternal depression is predictive of increased parenting stress. Child behavior problems also predicted higher maternal stress, creating a cyclical pattern in which parental mental health challenges and child difficulties exacerbate one another. This aligns with earlier work by Gray (2002) demonstrating that parents of children with more severe ASD symptoms and behavioral challenges experienced more significant emotional distress and were at higher risk for depression.

For Black families facing additional stressors related to systemic racism and economic marginalization, the risk of neglect stemming from parental burnout and mental health challenges may be further elevated. The chronic stress and mental health challenges experienced by many Black parents of children with ASD can have far-reaching consequences for both parent and child well-being if left unaddressed.

It is critical to note that experiences of racism and discrimination within child welfare systems may also contribute to disproportionate reporting and investigation of Black families(Boyd, 2014). However, the potential for parental mental health issues to negatively impact child well-being in families affected by ASD underscores the urgent need for accessible, culturally responsive mental health support for Black parents.

Culturally Responsive Mental Health Supports

Addressing the mental health needs of Black parents raising children with ASD requires a multifaceted approach that considers the unique cultural, social, and economic contexts shaping family experiences. Culturally responsive interventions that build on existing strengths and coping strategies within Black communities show promise for improving mental health outcomes and family resilience.

Research by Burkett et al. (2017) and Lewis et al. (2022) explores the role of faith, spirituality, and collective support systems in promoting coping and resilience among Black parents of children with ASD. Many families draw strength from religious beliefs, church involvement, and extended kinship networks when facing the challenges of raising a child with ASD. Mental health interventions that acknowledge and incorporate these cultural strengths may be more acceptable and effective for Black families compared to traditional Western approaches to mental health treatment.

The Parents Taking Action project, a community-based program developed by Dababnah et al. (2023), adapted an existing parent education curriculum to address the unique needs and experiences of Black families affected by ASD. Pilot results showed improvements in parental empowerment, knowledge about ASD, and the adoption of evidence-based strategies for supporting child development. Such culturally tailored interventions may help reduce the stigma surrounding mental health support and increase engagement among Black families.

Another innovative approach is the Fostering Advocacy, Communication, Empowerment, and Support (FACES) program examined by Pearson et al. (2022), which explored the intersection of mental health, autism, and faith in Black families. The study revealed that while many Black families associate mental health challenges with stigma and isolation, personal faith and support from religious communities played a central role in coping. Interventions that partner with faith communities and incorporate spiritual coping strategies may be particularly effective for supporting the mental health of Black parents of children with ASD.

Improving access to culturally competent mental healthcare providers is another crucial component of addressing the mental health needs of Black parents. Training programs focused on increasing the cultural responsiveness of ASD service providers, such as the framework described by Jimenez-Gomez & Beaulieu (2022), can help reduce experiences of racism and bias in healthcare settings. Additionally, efforts to increase the representation of Black professionals within ASD-related fields may help build trust and improve engagement in mental health services among Black families.

Recommendations and Future Directions

Addressing the mental health needs of Black parents raising children with ASD requires a comprehensive approach involving policy changes, healthcare system improvements, community partnerships, and targeted interventions. Based on the current literature, we offer the following recommendations for supporting the mental health and well-being of Black families affected by ASD:

1. Increase funding and support for community-based, culturally responsive mental health interventions designed explicitly for Black parents of children with ASD. Programs that incorporate faith-based coping strategies, build on existing community strengths, and address the intersecting impacts of racism, economic stress, and disability-related challenges show promise.
2. Improve early identification and mental health screening for parents of children newly diagnosed with ASD, focusing on reducing barriers to care for Black families. This may involve partnering with trusted community organizations, providing in-home support services, and offering flexible scheduling options to accommodate work and caregiving responsibilities.

3. Expand training in cultural responsiveness and anti-racism practices for all providers working with families affected by ASD, including healthcare professionals, educators, and social service providers. Efforts should be made to increase the representation of Black professionals in fields providing ASD-related services.
4. Advocate for policy changes to improve economic support and respite care services for families raising children with ASD with particular attention to the needs of single-parent households relying on public assistance.
5. Conduct further research on the unique experiences and mental health needs of Black fathers of children with ASD, and how intersecting identities related to gender, class, and immigration status may impact mental health outcomes for Black parents.
6. Develop and evaluate interventions aimed at reducing stigma surrounding mental health and disability within Black communities, potentially leveraging the influence of faith leaders and other trusted community figures.
7. Explore innovative approaches to providing mental health support, such as peer-led support groups, teletherapy options, and/or integration of mental health services within existing ASD treatment programs.

Conclusion

The mental health and well-being of Black parents raising children with ASD have been historically overlooked despite the significant challenges and stressors faced by this population. Addressing parental mental health is crucial not only for improving parents' quality of life, but also for promoting positive outcomes for children with ASD and reducing risks associated with chronic stress and caregiver burnout. By developing and implementing culturally responsive mental health supports that consider the unique experiences of Black families, we can work towards more equitable, effective, and compassionate care for all families affected by ASD.

Future research should continue to explore the intersections of race, culture, disability, and mental health to inform evidence-based interventions and policy changes. Additionally, centering Black parents' voices and lived experiences in research and program development efforts is essential for creating genuinely responsive and empowering supports. With targeted efforts to address the mental health needs of Black parents raising children with ASD, we can promote family resilience, improve child outcomes, and work towards a more just and inclusive system of care for all families affected by ASD. ■

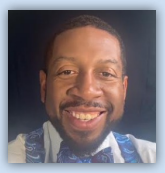
About the Authors

Dr. Melissa Duchene-Kelly *is an Associate Professor in the Department of Psychology at Bowie State University whose work integrates developmental psychology, family processes, early childhood education, and community-engaged research to address inequities affecting children and families in under-resourced communities. Her research focuses heavily on autism, including disparities in early identification, culturally responsive developmental screening, and the lived experiences of parents navigating diagnostic and support systems. She examines how social and structural factors contribute to delayed diagnosis and limited access to services, and she develops community-responsive approaches—such as parent education and early childhood partnerships—to strengthen screening pathways and support families immediately after diagnosis.*

Dr. Duchene-Kelly directs the FAMILY (Focused Artificial Intelligence for Maternal, Infant, and Lifelong Years) Health Lab, established through a National Institute of Health (NIH) grant, where her work focuses on improving the health of families in underrepresented communities. Her research interests include enhancing access to quality behavioral healthcare across diverse populations and the implementation of artificial intelligence technologies to address health disparities in low-resourced areas. She also serves as Co-Lead of the Local Evaluation Program Team for Educare Washington, DC where she directs a data-driven evaluation program that assesses child development, family needs, and program implementation to inform continuous quality improvement and strengthen early childhood programming for under-resourced communities.

Dr. Zachary Price *is an Assistant Professor in the Department of Early Childhood Education at Towson University, where his research focuses on infant and toddler development, early educator workforce experiences, and equity and inclusion in early learning settings (0-K). Additionally, Dr. Price serves as the lead of the Local Evaluation Program Team for Educare Washington, DC where they conduct observations, child assessments, and family interviews to strengthen evidence-based practices in early childhood education and support continuous quality improvement efforts that promote school readiness and eliminate opportunity gaps for young children experiencing poverty. His research and evaluation work emphasizes culturally responsive practices and meaningful collaboration with educators, families, and communities to advance equity in early learning.*

Dr. Michael Geuss *is an Assistant Professor in the Department of Psychology at Bowie State University. His research focuses on visual perception, spatial cognition, and the influence of non-visual factors on how humans interact with their environment. He utilizes experimental research methods in realistic settings and virtual environments to address applied and theoretical research questions. Previously, Dr. Geuss worked as a research scientist for the U.S. Army Research Laboratory and the Max Planck Institute for Biological Cybernetics. Currently, he enjoys teaching undergraduate courses on research methods, cognitive psychology, and sensation and perception.*



Ronald "Ron" Drummond *is a doctoral candidate in the Educational Leadership program at Bowie State University where he focuses on examining how mentoring structures and school-based support systems influence the professional confidence and retention of Black male elementary educators. His research addresses the critical shortage of Black male teachers in elementary education and explores systemic interventions to support their professional development and longevity in the field.*

Ron is a Board Certified Behavior Analyst and co-owner of Above PAR ABA Services, a practice dedicated to making a positive difference in the lives of individuals and families through applied behavior analysis. At Above PAR ABA, Ron's work is grounded in a mission to empower individuals with developmental differences to reach their fullest potential through evidence-based interventions and compassionate care. The practice utilizes individualized treatment plans tailored to meet the unique needs and goals of each client, implementing positive reinforcement strategies and data-driven techniques to help individuals develop essential skills and behaviors that promote independence, foster meaningful relationships, and facilitate lifelong learning. Through his clinical practice and academic research, Ron brings together expertise in behavioral science and educational leadership to support both children with developmental differences and the educators who serve them.

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The Intersection of Mental Health, Education, and Child Well-being in BIPOC Families: A Call for Culturally Responsive Interventions

Masica Jordan-Alston[1]; Melissa Duchene-Kelly[2]; Marja Humphrey[1]; Nikki Ham[1]; Brittany Williams[1]; LaDonna Tucker[3]; Sade Dunn[1]; Chanel Hamilton[2]

[1]Department of Counseling & Psychological Studies, Bowie State University
[2]Department of Psychology, Bowie State University
[3]Department of Teaching, Learning & Professional Studies, Bowie State University

Author Note

Masica Jordan-Alston, Melissa Duchene-Kelly, Marja Humphrey, Nikki Ham, Brittany Williams, LaDonna Tucker, Sade Dunn, and Chanel Hamilton are affiliated with Bowie State University.

Correspondence concerning this article should be addressed to Masica Jordan-Alston, Department of Counseling & Psychological Studies, Bowie State University, 14000 Jericho Park Road, Proctor Building Room 274, Bowie, MD 20715. Email: mjordan@bowiestate.edu

Abstract

This commentary examines how systemic racism, economic inequality, and healthcare barriers intersect to impact the mental health, education, and overall well-being of Black, Indigenous, and People of Color (BIPOC) families, with particular attention to the challenges faced by both children and their parents. However, it is crucial to acknowledge the limitations of the information presented. While this discussion highlights significant systemic barriers and proposes interventions, the analysis does not encompass all possible cultural and contextual variations within BIPOC populations. Moreover, further research is needed to validate the scalability and long-term efficacy of the suggested programs and policies. These challenges impact both parental and child mental health, academic achievement, and family stability. Poor parental mental health can impair caregiving abilities, potentially increasing the risk of child maltreatment when compounded by chronic stressors and inadequate support systems. Additionally, cultural stigma surrounding mental health treatment in some BIPOC communities prevents many individuals from seeking necessary help, further exacerbating family stress. This article highlights the importance of culturally responsive interventions and systemic changes to address these interconnected issues, improve family well-being, and promote academic success among BIPOC children.

Keywords: *BIPOC families, mental health disparities, culturally responsive interventions, child well-being, trauma-informed care, parental mental health, educational equity*

The COVID-19 pandemic highlights and exacerbates longstanding mental health disparities faced by Black, Indigenous, and People of Color (BIPOC) communities in the United States. For example, a study by Sneed et al. (2020) finds that Black Americans report significantly higher levels of anxiety and depression during the pandemic compared to their White counterparts, largely due to heightened financial instability, greater exposure to COVID-19, and limited access to culturally responsive mental health resources. These disparities were further exacerbated by pre-existing systemic inequities, such as employment in high-risk essential jobs and limited healthcare access. Research indicates that Black Americans have experienced increased psychological distress during the pandemic due to systemic inequities and the disproportionate impact of COVID-19 on communities of color (Sneed et al., 2020). This distress occurs within a broader context of historical and ongoing systemic racism, economic inequality, and mistrust in healthcare systems—all of which contribute to significant racial mental health disparities (Taylor, 2022). For BIPOC families, the compounded effects of systemic racism, economic inequality, and barriers to quality healthcare create a complex web of challenges. While these challenges are significant, it is important to acknowledge the limitations of existing research in addressing them. Much of the literature focuses on documenting the negative impacts of these systematic issues, but often lacks scalable, evidence-based solutions or critical analysis of why proposed interventions may fall short. This leaves a gap in understanding which strategies are most effective and how they can be adapted to diverse community needs. This commentary examines the intersection of these challenges, emphasizing how poor mental health-particularly among parents-can negatively impact caregiving, academic achievement, and overall family well-being. This commentary presents culturally responsive interventions and policy recommendations to address these interconnected issues effectively, while acknowledging that the proposed strategies may require adaptation to suit specific community contexts and resources.

Mental Health and Educational Outcomes

A substantial body of research demonstrates the profound impact of mental health on educational outcomes across all stages of development (Agnafors et al., 2021; Becker et al., 2013). Mental health challenges such as depression, anxiety, and attention-deficit/hyperactivity disorder (ADHD) can impair academic performance, reducing concentration, motivation, and the ability to complete schoolwork effectively (Schulte-Körne, 2016; Andersen et al., 2021; Marin et al., 2018). School absenteeism is another consequence of both internalizing and externalizing mental health symptoms, which can further disrupt academic achievement and student engagement (Rogers et al., 2024). For instance, Marin et al. (2018) found that adolescents experiencing emotional and behavioral issues were significantly more likely to repeat a grade, reinforcing the academic impact of untreated mental health problems. These challenges are particularly pronounced for BIPOC students who often face additional stressors related to systemic racism, socioeconomic disparities, and cultural isolation (Thomeer et al., 2023). Research highlights specific stressors that disproportionately affect BIPOC students, including racial bias in school disciplinary practices, limited access to culturally competent school counselors, and financial instability. For example, a 2018 study by the U.S. Government Accountability Office found that Black students were overrepresented in school disciplinary actions, such as suspensions and expulsions, compared to their White peers. Additionally, studies have shown that many schools serving predominantly BIPOC populations lack adequate mental health resources, further compounding these challenges (Alegria et al., 2010; Gamble & Lambros, 2014). Inadequate or inappropriate responses to behavioral concerns—especially in under-resourced schools—can further intensify these challenges. Evidence-based practices are essential for effectively addressing antisocial behavior and improving student outcomes (Walker, Ramsey, & Gresham, 2004). Structural inequities

in mental health care—including provider biases and microaggressions—further worsen outcomes for BIPOC children and families. For example, misinterpretation of symptoms and poor treatment adherence have been noted as significant barriers (Merino et al., 2018). Addressing these systemic inequities is essential to breaking the cycle of deteriorating outcomes and ensuring equitable educational opportunities for all children.

Parental Mental Health and Child Maltreatment Risk

Parental mental health plays a critical role in family dynamics and child well-being. Poor parental mental health can negatively affect emotional availability, consistency in caregiving, and the ability to provide a stable environment for children (Kamis, 2021). In turn, children's behavioral and emotional challenges can amplify parental stress, creating a feedback loop that deepens mental health difficulties for both parents and children. Addressing these interconnected issues requires a dual focus on supporting both child and parent mental health. Chronic stress, untreated mental health issues, and socioeconomic hardship can impair a parent's ability to provide adequate care, respond sensitively to their child's needs, and implement consistent discipline strategies (Barth et al., 2005; Francis et al., 2018). For BIPOC families, these challenges are further complicated by the intersection of racial trauma, economic instability, and barriers to accessing culturally competent mental health care. Research consistently links parental mental health issues to an increased risk of child maltreatment, particularly when these issues are compounded by substance abuse, domestic violence, or poverty (Mehta et al. 2023; Stith et al., 2009). Additionally, stigma surrounding mental health treatment in some BIPOC communities may prevent parents from seeking help, exacerbating family stress and increasing the risk of maltreatment (Alvidrez et al., 2008; APA, 2024). The systemic bias against BIPOC families in the child welfare system further complicates this issue. Disproportionate reporting and investigation of BIPOC families often occur even in the absence of actual maltreatment, perpetuating harmful stereotypes and unnecessary family separations (Boyd, 2014; Harp & Bunting, 2020). Addressing these systemic issues requires culturally responsive interventions that support families without perpetuating inequities.

Culturally Responsive Interventions

School-Based Mental Health Support

Integrating culturally responsive mental health services into schools can bridge the gap between mental health and educational support for BIPOC students. A strong rationale for these interventions is rooted in evidence showing that culturally responsive programs not only reduce stigma but also significantly enhance trust and engagement in mental health services. For example, the "Culturally Responsive School Mental Health Program" implemented in urban schools across New York City provides robust support for this approach by employing mental health professionals who share cultural backgrounds with students, which reduces stigma and improves academic outcomes by addressing students' emotional needs in a culturally relevant manner (Santiago et al., 2018). Training school counselors and mental health professionals in culturally competent practices is essential for building trust and providing effective interventions (Pham et al., 2021). Evidence-based, culturally adapted mental health programs have been shown to improve both psychological well-being and academic performance of students (Durlak et al., 2011; Harte & Barry, 2024).

Family-Centered Approaches

Engaging families as partners in mental health interventions and educational planning is critical for supporting BIPOC children. Culturally responsive family engagement involves meaningful collaboration in decision-making processes and recognition of diverse family structures (Garbacz et al., 2017). Programs that address parental mental health while strengthening parenting skills have proven effective in reducing child maltreatment risk

and improving overall family functioning (Barth et al., 2005; Gubbels et al., 2019; Sanders, 2023). These programs are backed by studies indicating that integrating mental health support into parenting interventions yields substantial improvements in family cohesion and reduces the incidence of child maltreatment, particularly in high-stress environments often faced by BIPOC families (Barth et al., 2005; Gubbels et al., 2019). Evidence from family-centered interventions, such as parent training programs integrated with mental health support, demonstrates significant improvements in both parental and child outcomes, highlighting the need for continued investment in these initiatives (Sanders, 2023).

Community-Based Support Networks

Leveraging community strengths and cultural practices enhances the effectiveness of mental health and educational interventions. Community-based initiatives, such as peer mentorship programs and culturally grounded parenting workshops, provide essential support by fostering resilience and reducing barriers to care. These initiatives are particularly impactful when aligned with local cultural values, as demonstrated by programs like the "Circle of Care" in Indigenous communities, which integrates traditional practices with mental health services to improve family outcomes (Alegria et al., 2010). Partnerships between schools, mental health providers, and community organizations can create comprehensive support systems tailored to the needs of BIPOC families (Lyon, et al., 2016). Initiatives such as peer support programs and culturally grounded parenting groups reduce stigma and provide vital resources to families.

Trauma-Informed Care

Implementing trauma-informed practices in educational and mental health settings is essential for addressing the impacts of historical and ongoing trauma. These practices involve recognizing the signs of trauma, understanding its effects on learning and behavior, and creating safe, supportive environments that promote healing and resilience. By emphasizing emotional safety, fostering trust, and avoiding re-traumatization, trauma-informed approaches can significantly improve outcomes for both students and their families. Training educators and mental health professionals to adopt trauma-informed approaches can create safe, supportive environments that promote healing and resilience (Substance Abuse and Mental Health Services Administration, 2014).

Policy Recommendations

To address the multifaceted challenges faced by BIPOC families at the intersection of mental health, education, and systemic inequality, it is critical to translate research and community-informed practices into actionable policies. The following recommendations are grounded in the evidence and themes discussed throughout this commentary and are intended to guide the development of equitable and culturally responsive support systems. These policy strategies aim to reduce disparities, promote well-being, and ensure that families have access to the comprehensive care and resources they need.

- Increase funding for school-based mental health services, with an emphasis on culturally responsive training for mental health professionals.
- Develop and implement policies that integrate mental health support into educational settings, including early identification and intervention programs.
- Expand access to culturally responsive parenting programs that address both mental health and child maltreatment prevention.
- Invest in research to evaluate and adapt mental health interventions specifically designed for BIPOC families.
- Address systemic racism and bias within healthcare, education, and child welfare systems to reduce disparities in access and outcomes.
- Provide resources to community-based organizations offering culturally grounded support services.

Conclusion

The intersection of mental health, education, and child wellbeing in BIPOC families is a complex and pressing issue requiring comprehensive, culturally responsive approaches. By addressing systemic inequities, improving access to quality care, and integrating support services within educational settings, we can create pathways for better outcomes. Future efforts must center the voices and experiences of BIPOC communities in developing and implementing solutions. Only through collaborative and culturally informed strategies can we promote equity in mental health, education, and family well-being. ■

About the Authors

***Dr. Masica D. Jordan Alston**, Ed.D., MA, LCPC, CPRS is a nationally recognized leader dedicated to transforming educational and workforce systems through culturally responsive practices. As a tenured associate professor and Associate Director of the UJIMA Center at Bowie State University, she leads initiatives focused on preparing and empowering culturally responsive school counselors who reflect and support the diverse stories of every student. Her work ensures that underserved youth and other marginalized populations have access to meet their academic, social, and emotional needs with cultural sensitivity and excellence. Dr. Jordan Alston also serves as founder and CEO of Jordan Peer Recovery and Apexx Adams Transportation and Clean Energy, where she bridges behavioral health, education, and workforce innovation to create holistic pathways for personal and community advancement. Across all her ventures, she champions education as both a healing process and a mechanism for social change. She holds a B.S. in Sociology and an M.A. in Counseling Psychology from Bowie State University, along with a Doctorate in Counseling/Psychology. Dr. Jordan Alston is a Licensed Clinical Professional Counselor (LCPC), a Certified Peer Recovery Specialist (CPRS), and a graduate of MIT's certificate program in Participatory Design and Application. Her groundbreaking work and leadership have been featured in TIME magazine and The Washington Informer, highlighting her impact on advancing educational equity and culturally responsive training nationwide. Through her teaching, research, and leadership, Dr. Jordan Alston continues to build systems that empower underserved people to thrive—restoring identity, expanding opportunity, and cultivating the next generation of socially conscious leaders and educators.*

***Dr. Melissa Duchene-Kelly** is an Associate Professor in the Department of Psychology at Bowie State University whose work integrates developmental psychology, family processes, early childhood education, and community-engaged research to address inequities affecting children and families in under-resourced communities. Her research focuses heavily on autism, including disparities in early identification, culturally responsive developmental screening, and the lived experiences of parents navigating diagnostic and support systems. She examines how social and structural factors contribute to delayed diagnosis and limited access to services, and she develops community-responsive approaches—such as parent education and early childhood partnerships—to strengthen screening pathways and support families immediately after diagnosis. Dr. Duchene-Kelly directs the FAMILY (Focused Artificial Intelligence for Maternal, Infant, and Lifelong Years) Health Lab, established through a National Institute of Health (NIH) grant, where her work focuses on improving the health of families in underrepresented communities. Her research interests include enhancing access to quality behavioral healthcare across diverse populations and the implementation of artificial intelligence technologies to address health disparities in low-resourced areas. She also serves as Co-Lead of the Local Evaluation Program Team for Educare Washington, DC where she directs a data-driven evaluation program that assesses child development, family needs, and program implementation to inform continuous quality improvement and strengthen early childhood programming for under-resourced communities.*

About the Authors (continued)

***Dr. Marja Humphrey**, an associate professor and program coordinator in the School Counseling program at Bowie State University, has many publications and presentations to her credit. Her research interests include counselor preparation, leadership, identity development, spirituality, and wellness. She has served in multiple roles with local, state, and national professional organizations and nonprofits. Dr. Humphrey's Interfaith Team at Bowie State University was awarded two grants to further their cooperative work on campus, building bridges across differences and increasing Interfaith literacy. In 2023, Dr. Nikki Ham, Dr. Humphrey (serving as the Director of Participant Engagement and Stakeholder Relations), and Dr. Masica Jordan-Alston established the Ujima Center for School Counseling Scholars at Bowie State University, after being awarded a United States Department of Education grant for over $5 Million dollars over a five-year period. This project provides culturally responsive professional development for school counselors-in-training as they prepare to serve the mental health needs of K-12 students in local public schools. An avid learner, connector, and truth-teller, Dr. Humphrey offers therapeutic challenge and support as a licensed counselor to individuals and couples pursuing meaningful lives. Dr. Humphrey earned her doctorate in Counselor Education and Supervision at the University of Maryland, College Park.*

***Nikki Poindexter Ham, Ed.D.,** has served as a school counselor for over fifteen years, with successful experience in organizational and instructional leadership. During her time as a school counselor and school counselor leader, she had a proven track record of success in improving student performance, developing teams and building bridges between the school, parents and community leaders. She currently is Assistant Professor of School Counseling, in the Department of Counseling at Bowie State University. In addition to her professorship, she also serves as the Executive Director of the Ujima Center for School Counseling Scholars at Bowie State University. She is also a Licensed Clinical Professional Counselor (LCPC) in Maryland. Dr. Poindexter Ham is dedicated and passionate about helping students and their families remove the social, emotional barriers to their academic success and achieve mental health wellness. She has presented at international, national and state-level school counseling conferences. Dr. Poindexter Ham serves on the advisory board for Ueno a mental health and physical health wellness app. Finally, she has served as the President of the Maryland School Counselor Association and currently serves as Director on the Board of Directors for the American School Counselor Association.*

***Dr. Brittany A. Williams** is an Assistant Professor in the Counseling and Psychological Studies department at Bowie State University. She holds a doctoral degree in Counseling and Supervision from James Madison University and a M.S. in Clinical Mental Health Counseling from Syracuse University. During her graduate studies, she gained diverse experiences working in various settings, including schools, substance use treatment centers, and with individuals experiencing homelessness and disabilities. Dr. Williams is a Licensed Clinical Professional Counselor committed to providing quality, life-changing therapeutic experiences that meet clients where they are. She identifies as a humanistic counselor and believes in clients' active participation in therapy. With a focus on culturally sensitive practices, she aims to foster positive outcomes among marginalized populations, particularly within the Black community, through compassionate and individualized care*

***Dr. LaDonna Tucker s**erves as the Program Coordinator for the Master of Arts in Teaching (MAT) program within the Department of Teaching, Learning & Professional Development at Bowie State University, where she provides academic leadership, program oversight, and student support in the College of Education. Recognized as an Assistant Professor, Dr. Tucker contributes to both teaching and scholarship, including co-authoring research such as "Community College Funding: Legislators' Attitudes," and advancing academic initiatives across the university. Her work has also attracted external support, including a $163,142 award secured in partnership with Uneō Health through the Maryland Community Health Resources Commission. Through her academic service, grant activity, and commitment to educator preparation, Dr. Tucker plays a vital role in strengthening teacher training and professional development at Bowie State University.*

About the Authors (continued)

Dr. Sadé Dunn *serves as the Executive Director of the Pasadena Villa Outpatient Treatment Program in McLean, Virginia. She is an approved supervisor and a Licensed Professional Counselor (LPC)/Licensed Clinical Professional Counselor (LCPC), holding licensure in Washington, D.C., Maryland, and Virginia. Dr. Dunn is an alumna of Governors State University and Bowie State University. Dr. Dunn has demonstrated her commitment to the counseling profession through various leadership roles. She was the counselor representative for the Maryland Counselors for Social Justice board from 2019 to 2022 and was recognized as a Maryland Counseling Association Emerging Leader for the 2020-2021 year. Additionally, she served as secretary of the MCA ALGBTQ board from 2015 to 2018. Her expertise in perinatal mood and anxiety disorders is informed by personal experience, research, and dedicated advocacy in the field. Dr. Dunn's research interests include perinatal mental health, identity, and stages of development.*

Chanel Hamilton *is a graduate of Bowie State University with a B.S. in Psychology. She is currently interested in developmental disorders such as ADHD and Autism Spectrum Disorder, specifically in underrepresented communities. Hamilton hopes to pursue a career in assessment, standing firm in the belief of prioritizing early diagnosis and lifetime support to ensure certain psychological disorders are not disproportionately affecting different demographics of race and gender. Regarding research, Hamilton is interested in pursuing research that not only helps the scientific community but also leaves a lasting, beneficial impact on those involved in said research. Upon completing her bachelor's degree at Bowie State University, she volunteered with agencies both within the nation and overseas to further gain experience before entering a Master's program to continue her education and eventually pursue a doctoral degree in clinical psychology.*

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Conceptualizing Child Abuse Advocacy Through Post-Structural Feminism and Bronfenbrenner's Bioecological Lens

Dr. Leta Hooper
Bowie State University

Abstract

School personnel represent the largest demographic of mandated reporters for child maltreatment. However, numerous unreported cases of child maltreatment from school personnel have raised concerns about prospective teachers being prepared for mandated reporting. This paper illustrates how a course activity utilized Bronfenbrenner's bioecological theory and post-structural feminism to aid pre-service teachers in conceptualizing their role in advocacy and critiquing the function of systems and structures for a child abuse case in Maryland. This work highlights the benefits of integrating post-structural feminist theories into teacher preparation courses to raise awareness about children's rights, examine the power dynamics between adults and children, promote strategies for preventing and advocating against child maltreatment, and emphasize the need for support systems to address teachers' secondary traumatic stress.

Keywords: child maltreatment, advocacy, post-structural feminism, Bronfenbrenner's bioecological systems

Child maltreatment is a global epidemic that negatively impacts children's physical, emotional, mental, and cognitive development and ability to live (Deliveli, 2023; Dinehart & Kenny, 2015; Patton, 2017; Rahimi et. al, 2021; Rodriguez et al., 2021). Patton (2017) drew upon research to highlight how consistent yelling, belittling, threatening, and hitting negatively impact children's brain development, contributing to low IQ, irritability, anxiety, aggressiveness, hypervigilance, depression, substance abuse, dysfunctional relationships, and future domestic violence. According to the U.S. Children's Bureau 2024 child maltreatment report, 558,899 children and youth were victims of child abuse in 2022, and approximately 1,990 children and youth died from abuse and neglect (Children's Bureau, 2024). Child Protective Services' (CPS) response and delivery of prevention and post-reporting services increased for children and families from 2022 to 2024.

School personnel represent the largest demographic of mandated reporters (Rapoport et al., 2020). For pre-service teachers, teacher candidates, and novice teachers, compliance with this mandate can be high stakes. Teachers hold a prominent position in society, interacting with children daily and being keenly aware of differences in a child's behavior (Dinehart & Kenny, 2015). However, numerous unreported cases of child maltreatment from school personnel have raised concerns about prospective teachers being prepared for mandated reporting. To address this issue, the state of Maryland enacted the Maryland Child Protection Act in 2022. Under this law, mandated reporters face imprisonment and a $10,000.00 fine for failing to comply with the policies on reporting any cases of child sexual abuse. This law was proposed and passed in response to several teachers at a local public elementary school in Maryland failing to report suspicions of their colleague sexually exploiting children at the school.

Research found that insufficient training and preparation for teachers to detect, report, and prevent abuse have resulted in unreported cases of students experiencing maltreatment (Dinehart & Kenny, 2015; Rahimi et al., 2021). Reasons for this include limited knowledge about identifying symptoms of child maltreatment, fear of retaliation from families or colleagues, concerns about the impact on children

when families are displaced, a lack of understanding of prevention and intervention strategies, concern about children being separated from their families, and vague reporting procedures and definitions (Dinehart & Kenny, 2015).

Researchers have reported how subjectivity in mandated reporting has contributed to racial disparity in the child welfare system, with Black families specifically targeted (Chandler-Cole, 2024; Roberts, 2022; Roberts, 2023). Chandler-Cole (2024) argued that mandated reporting training without cultural competency and awareness of mental health stressors or poverty conditions could result in the reporter exercising implicit bias and subjectivity that target impoverished families and families of color as suspects of child maltreatment. These experiences have led to traumatic experiences for families and children, especially children being displaced from their families (Patton, 2017; Roberts, 2022). In response to this approach, organizations and scholars have pushed for an alternative pathway for reporting child abuse, maltreatment, and neglect. In this approach, professionals responding to child abuse are referred to as mandated supporters. This approach involves home visits and parental programs that offer workshops on alternative discipline practices and accessibility to resources for sustainable living (Myers, 2023; Patton, 2017).

Purpose

To support pre-service teachers in developing a deeper understanding of the state requirements for mandated reporters, their roles and responsibilities as a mandated reporter, and the systemic factors that contribute to the overrepresentation of Black and Brown children in the foster care system (Deliveli, 2023), I designed an assignment in which they explored a real-life case of child abuse that occurred in a local affluent community. In this article, I explain how a multi-layered activity assigned in a family, school, and community partnerships course for an early childhood special education teacher education program at a historically Black college and university (HBCU) can be used for pre-service teachers to develop an awareness of the importance of understanding conditions of child abuse and neglect.

HBCU teacher education programs have played an instrumental role in diversifying the teaching force's demographic, specifically contributing to the increase of Black teachers (Mawhinney et al., 2012). Since HBCUs are overwhelmingly comprised of Black students, courses in these higher education institutions need to explore topics that are deemed private, taboo, and culturally sensitive in the Black community to produce environments that are healthy and safe for everyone in the Black community. In the book *Spare the Kids: Why Whupping Children Won't Save Black America*, Patton (2017) noted how Black parents' physical and verbal discipline practices toward their children are recognized as acceptable forms of punishment in the Black community. This belief deemed corporal punishment as an effective disciplinary practice for children. It is deemed a form of protection to prepare Black children and youth to successfully navigate a racialized society. Patton (2017) further added how corporal punishment is associated with the trauma Black people encountered during enslavement and how Black parents upheld these practices to teach their children racial etiquette to prevent being beaten or lynched by white[1] people. However, Patton (2017) problematized how corporal punishment is symbolized as a core pillar of responsible parenting in the Black community and questioned the effectiveness of physical and harsh discipline practices that are touted and supported by Black parents and clergy leaders. Patton (2017) described how Black parents were not exposed to a variety of caregiving practices during enslavement

1 The letter, "W" in white and whiteness is lowercase throughout the article. This approach supports the work of Critical Race Theory as it recognizes the language in text and how it can reinforce racial hierarchy (Matias, 2020).

and the Jim Crow era. Patton (2017) pointed out that these practices have not decreased but have increased the state-sanctioned violence Black children and youth commonly experience, which has led to the mass killings and incarceration of Black children and youth.

In the early part of the course, the pre-service teachers learned about Bronfenbrenner's bioecological systems theory (1995). Bronfenbrenner's bioecological theory (1995) acknowledges how the individual's interactions and experiences with each system and the workings of one or more systems can shape human development (Lockhart, 2021). These systems are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Destabilization or negative experiences in one of the systems can impact the progression of a person's experience and development. Therefore, bioecological systems theory encourages pre-service teachers to analyze how the environments, interactions, and events that occur over time shape the child's experiences, social interactions with adults and peers, behavioral patterns, and engagement in activities both within and beyond the school setting. Patton (2017) supported this notion by arguing that when children are exposed to adverse environments in which they are belittled, hit, and yelled at, their brain development is influenced. This can lead to low IQ, quick temper, hypervigilance, aggressive behaviors, depression, suicide, engagement in sexual activities, and substance abuse. Providing opportunities for pre-service teachers to identify and analyze the various structures of bioecological systems in real-life scenarios encourages them to critique the systems that are or are not meeting the needs of children and adolescents (Cornell & Verlenden, 2020).

Critiquing and Analyzing Bronfenbrenner's Bioecological Systems Through a Post-Structural Feminism Lens

Bronfenbrenner's bioecological systems theory focuses on how cultural, historical, social, economic, and political elements shape human development. However, Bronfenbrenner's research has garnered criticism due to its failure to examine the experiences of underrepresented people such as people of color, particularly, women and children of color. Additionally, Bronfenbrenner's research has been criticized for not explicitly addressing how oppression, power, and privilege are infused into each system and impact people's development (Lockhart, 2021; Roy, 2018). To examine an individual's experience, a core understanding is needed of how various systems of oppression reinforce subjugation and inferiority for people whose social identities are not white, male, affluent, heterosexual, Christian, or able-bodied. While Bronfenbrenner's bioecological systems theory provides a foundation for analyzing the functionality of the systems for the individual and the individual's experiences with the systems, the works of post-structural feminism offer an opportunity for a person to be informed about the interlocking systems of oppression and to examine how they are perpetuated in multiple systems of society (Lockhart, 2021; Nadan et al., 2015; Roberts, 2023).

Bronfenbrenner's bioecological systems are discussed throughout the course.This theory helps pre-service teachers to understand and identify entities that are risk or protective factors for children. Bronfenbrenner's work is integrated into an assignment that involves analyzing a case

study that focuses on a community's response to the maltreatment of six immigrant children. The course module for this course included the following materials to complete the assignment: (a) the Maryland Child Protection Act statute; (b) an article on the four types of parenting; (c) literature by bell hooks; (d) a video of a panel that addressed abuse and violence in intimate partnerships and between parents and children; and (e) a lecture recording on child maltreatment and mandated reporting.

The purpose of including these resources in the module is to help pre-service teachers detect authoritarian or uninvolved parenting styles, describe how specific parenting styles impact a child's development, and be informed about the role and responsibilities of mandated reporters as advocates for children. This task also offers pre-service teachers an opportunity to examine the effectiveness of Bronfenbrenner's bioecological theory when barriers and unjust practices are perpetuated by people recognized in society as responsible for providing safety and security for children and youth. Post-structural feminism is a branch of feminist theory that challenges and critiques contemporary discourses about social identities in society (Maclaran & Stevens, 2018; Perez et al., 2016). Post-structural feminism challenges the idea of framing a person's social identity as binary, standardized, and inherently fixed. Instead, post-structural feminism acknowledges the power of discourses to contextualize people's experiences based on their multiple social identities. It examines how language and social discourses influence the power relations of men, women, and children (Collins, 2022; hooks, 2000a, 2000b, 2001; Perez et al., 2016; Roberts, 2022).

Post-structural feminist, bell hooks[2], pushed feminist scholars to examine and problematize the difference in society's response to violence when perpetuated by men to harm girls and women rather than women to harm men and children. Hooks (2001) contested the longstanding societal myth that domination and love can coexist. She further mentioned how dominating behaviors such as withholding information, corporal punishment, abuse, and lying diminish the possibilities of a person developing authentically and establishing and sustaining authentic, meaningful, and loving relationships with other people (hooks, 2001). Intersectionality and the works of Black feminism, specifically the concept of the matrix of domination, contribute to bell hooks' work by addressing how the nuances of cultural factors and various forms of oppression play a role in understanding how children's bodies are constantly surveilled and subjugated by family members, educators, public servants, and other adults in the community (Perez et al., 2016; Roberts, 2023). The subjugation of children's bodies in school spaces occurs in classroom management, specifically when it involves meeting the teacher's expectations regarding the length of time a child must remain seated and demonstrate on-task behavior. For example, depending on the grade level, children as young as five are often expected to remain seated for extended periods—whether to complete academic-related assignments, high stakes standardized tests, or during breakfast and lunch periods in the cafeteria. Scholars have noted how schools that are situated in specific residential segregated communities tend to experience surveillance and restricted schedules that limit opportunities for children to engage in movement, creativity, and interactions with peers and express themselves (Valenzuela, 2010).

Post-structural feminism understands that child abuse occurs due to the inaccessibility of resources and support systems. Intersectionality rejects the notion that race, gender, or class independently determines the outcome of experiences for an individual. Rather, intersectionality theorizes how multiple identities, such as race, gender, class, socioeconomic status, ability, sexual orientation, age, residential community, and so forth, simultaneously influence a person's experience through systems of bias and inequities. Black feminist scholar Dorothy Roberts (2023) utilized the matrix of domination lens

2 Bell hooks's name is in lowercase letters to center the scholarship of her work (NewsOneStaff, 2022).

to highlight how child welfare agencies primarily target Black residential communities. Roberts (2023) stated that due to racist, capitalist, and patriarchal policies, many children in the U.S. experience inadequate housing, nutrition, health care, education, and childcare, which child protection agencies overlook when it comes to investigating families for child abuse and neglect.

Bell hooks addressed parenting in multiple early works (2000a, 2000b, 2001, 2004). She evoked her personal and brother's experiences with abuse from her father when they were children. The abuse they experienced restricted them from displaying emotions, led them to withdraw from engagement in playful behaviors that did not align with the ideals of heteropatriarchy, and generated confusion about the meaning of love in the household. She developed two theoretical constructs underlying liberated parenting: revolutionary parenting and feminist parenting. Both forms of parenting support the child's right to receive love, respect, and responsive care. These theoretical constructs also utilize an anti-patriarchal and anti-sexist approach to humanize and prioritize family members' concerns, feelings, and well-being (Hooper & Muzeta, 2025).

For revolutionary parenting, hooks argued that a woman's identity and familial identity as a biological mother do not immediately grant her the ability to be sufficiently prepared to be a parent, raise, and provide care for the child. Revolutionary parenting urges people to conceptualize how men can equally participate in the roles and responsibilities of parenting and child-rearing. Hooks (2000b) asserted that terms such as "tenderness" and "affection" are commonly associated with motherhood rather than fatherhood (p. 137). She further stated that regardless of a person's gender and marital status, the child-rearing process is not only exclusive to adults or women who have children. Revolutionary parenting is driven by the belief that it takes a village to raise a child. It is a communal methodology that leans on the participation of the community of people, including immediate or extended family members, neighbors, community-based childcare staff and educators, or educators at local schools, to raise a child (Hooper & Muzeta, 2025). This practice informs the child that they are loved by people in the community. It also creates an opportunity for the child to develop relationships with more than one person as their caregiver and be informed that more than one individual can be contacted and depended on to obtain love, safety, and security.

For feminist parenting, hooks addressed the importance of raising both boys and girls in gender-inclusive, anti-hierarchical, and gender-non-conforming spaces and allowing children to engage in exploration. Regardless of the gender of the parent and child, hooks (2000a) explained the role that mothers and fathers play in upholding and practicing sexism and patriarchy in parenting. She argued that parents who perpetuate these oppressive conditions in the household adopt an authoritarian or autocratic approach to parenting, which dismisses children's civil rights. In this context, hooks called out the discrepancies between the society and feminist responses when the abuser of children is a mother or adult female rather than a male.

The pre-service teachers were assigned the following book chapters to review: "Justice: Childhood Love Lessons" from the book *All About Love* (hooks, 2001) and "Feminist Parenting" from the book *Feminist Theory: From Margin to Center* (hooks, 2000b). Reviewing these works allows the pre-service teachers to learn about the rights, humanity, and degree of autonomy children are granted in society. Through these works, they also examine and critique structures and systems that reinforce parental or caregiver domination while silencing and traumatizing children. One theme is the need to question and challenge adult behaviors that dominate children. Hooks' collective works urge parents and families to challenge sexism and patriarchy to set the foundation for children to experience meaningful love, safety, emotions, and the liberation of their bodies (hooks, 2000a, 2000b, 2001, 2004). Bell hooks advocated for the home being a place of origin for cultivating love and community (hooks, 2001). A family that upholds beliefs and behavioral practices rooted in hierarchy, marginalization, and oppression within the home will likely perpetuate these

ideologies by projecting them onto individuals they perceive as inferior in the broader society (hooks, 2001).

The pre-service teachers were also asked to watch a video that premiered on MSNBC in 2014 and featured Melissa Harris-Perry, as the host, Stacey Patton, Bomani Jones, Camelo Ortiz, and Rev. Dr. Jackie Lewis. This panel discussed the connection between domestic violence and child abuse and society's failure to respond to family violence by NFL football players specifically, Ray Rice's domestic violence and Adrian Peterson's child abuse scandal (Melissa Harris-Perry Show, 2014). The panel also discussed how the photographs of bruises and marks on Adrian Peterson's son's body sparked societal outrage. This video exposed how corporal punishment has been a widely accepted parenting practice. This parenting practice is enforced on the most vulnerable persons (children) in society to rationalize producing outcomes that are desirable and satisfactory for the parent.

The pre-service teachers were also instructed to watch a local news video that features an upper-middle-class white woman who was arrested for abusing her six children adopted from Latin American countries. Although the news reporter explained that the children confided in their friends' parents, neighbors, local police, and fire department, the mother was not arrested until years later, despite 65 incidents of neglect and suspected abuse reported to the police. After reviewing the assigned readings and video, the pre-service teachers were asked to utilize bell hooks' and Bronfenbrenner's standpoints to question, critique, and raise concerns about the inadequacy of systems with respect to individual and community care and responsibility. They were asked to examine the reporting of the incident that they witnessed in the video, explain and critique the roles and responsibilities of people in the community, and interpret and critique the interactions and relationships the children had with education leaders, educators, friends, neighbors, and community stakeholders. This multi-tiered activity was presented on a discussion board in the institution's learning management system. The pre-service teachers were encouraged to choose one of the systems from the bioecological framework to critique. To ensure that the discussion board activity was informative and engaging, the pre-service teachers were required to view, comment, and pose questions on their peers' discussion board posts. Moreover, they were asked to visualize themselves as being a part of the community and to conceptualize their role as prioritizing rights and safety for the adopted children.

The pre-service teachers were encouraged to describe how the children's interactions in the community impacted their lived experiences and development on the microsystem, exosystem, and mesosystem levels of Bronfenbrenner's bioecological framework. Students primarily expressed disbelief at the location and proximity of sites (i.e., the school, police precinct, and residential community district) where the abuse occurred. In particular, a few pre-service teachers initially acknowledged their familiarity with the neighborhood where the abuse occurred and observed that criminal activity there is minimal compared to other neighborhoods in the District of Columbia metropolitan area. It is important to note that the location where the abuse occurred was a predominantly white and affluent neighborhood. Research has found that the composition of a neighborhood influences people's perceptions of safety and violence, as well as their views on wealth and poverty within different communities (Merritt, 2020; Nadan et al., 2015; Roberts, 2022). In the book *Torn Apart*, Roberts (2022) pointed out that Black families living in segregated, low-income communities are subjected to hyper-surveillance of their parenting practices and face disproportionately high rates of reports of child maltreatment and involvement with child welfare services. This assertion illustrates that mandated reporters and CPS representatives may hold biases based on a family's race, ethnic, and socioeconomic background. These biases can influence mandated reporters' and CPS representatives' judgments about what constitutes appropriate or harmful parenting (Merritt, 2020; Roberts, 2022).

This activity generated a variety of responses from the pre-service teachers. A few pre-service teachers questioned why the foster mom chose to adopt the children. Several pre-service teachers also expressed disbelief and disappointment in the neighbor's and police officers' responses to the children who conveyed their experiences of abuse. As there were so many abuse incidents, the pre-service teachers concluded that evidence of maltreatment warranted a response from the teachers. One pre-service teacher particularly connected the case to the assigned reading of the Maryland Child Protection Act and raised questions about the legal consequences for teachers, police officers, first responders, and social workers. This assignment also provoked a few pre-service teachers to discuss their personal experiences of child abuse or reporting a child abuse case when it occurred at a school. Several pre-service teachers pointed out the multiple traumatic experiences the adopted children faced from being separated from their biological families, abused by an adopted mother, or ignored by the community. The pre-service teachers directly made connections to the bell hooks readings and to the video and pointed out how race, gender, class, and nationality allowed the children of color to be abused by an affluent white woman and ignored for years.

As a course instructor, I believe the course materials were important to shed light on the gaps in research and practice opportunities for advocates to respond to and challenge violence against children, especially when the abusers are mothers, grandmothers, aunts, or guardians. Challenging male domination toward women and children has been normalized in society to counter sexism, misogyny, and patriarchy. However, gender assumptions about mothers being more equipped for childrearing and caregiving are rarely questioned or critically examined, which reinforces sexism and domination in parenting roles (hooks, 2001; Hooper & Muzeta, 2025). Furthermore, the role, responsibilities, and societal meaning of the term "adult," particularly in relation to caregiving, family members, and the authority held over children, reinforce systems of subjugation, sexism, and patriarchy by positioning children and adolescents as powerless beings who must only be controlled by adults (hooks, 2001; Perez et al., 2016).

Knowledge About Children's Rights in Teacher Education and P-12 Education

Children's rights are recognized as human rights (Correia et al., 2019; De Graeve, 2015; Faiz & Kamer, 2017; hooks, 2000b, 2001; Perez et al., 2016). Exercising children's rights acknowledges their autonomy and sufficiency to participate and make decisions in society. In teacher education, hyper-surveillance of children and youth under the guise of classroom management or protection in and beyond school settings impacts children's youth and autonomy. Correia et al. (2019) contributed to this notion by arguing about how the quality of education and care must examine traditional gender roles and the adult–child power dynamics that exist in P-12 schools and how they impact children's and adolescents' voices, participation, conceptions of their protection, and perspectives on how to contribute to society. However, P-12 schools do not explicitly teach children about their rights in society. Perez et al. (2016) noted how ideologies and practices embedded in both the hidden and explicit curriculum contribute to the subjugation and normalization of hegemony in early childhood learning environments. Young children's bodies are continuously regulated and controlled through restrictions in classroom spaces, scripted curricula, structured routines, and authoritarian teaching styles. In addition, Patton (2017) sheds light on how physical and verbal harm directed to children reinforce systems of dominance rooted in age, class, race, and gender, which silence and oppress children and youth. She asserted that "humiliating or inflicting pain onto your child's body is a social experience that reinforces society's oppressive power structures" (Patton, 2017, p. 15). Supporting this perspective, Perez et al. (2016) highlighted how children remain consistently vulnerable within the legal system, facing significant barriers to justice

and protection due to the lack of accessible, explicit information about their rights and the absence of community-based resources that prioritize children's needs.

The topic of children's rights is grounded in works from a collection of theories—post-structuralism, feminism, and decolonization. These theories point out the legitimate ways children and youth are equipped to be active agents in contributing to and transforming society (De Graeve, 2015; Dekel et al., 2019; hooks, 2001, 2004). The bodies of these theories acknowledge that patriarchy and sexism can co-exist in child-rearing practices for dual and single-parent households, which leads to children perpetuating gender binary behaviors (hooks, 2000a, 2000b, 2001, 2004). In particular, post-structural feminist scholars have traditionally utilized their epistemologies, methodologies, and pedagogies of love and care in their work to point out and reject the domination, objectification, commodification, and exploitation that dehumanizes women, men, and children (Collins, 2022; hooks, 2000a, 2000b).

Research and policy reports on children's rights have been explored in multiple disciplines, specifically focusing on early childhood and international education (Correia et al., 2019; Faiz & Kamer, 2017). In 1989, the United Nations Convention on Rights for Children provided a comprehensive legal document spelling out children's rights in society (Correia et al., 2019). This document has been critiqued because of the lack of research and policies on children's rights that consider how the experiences and interactions shaped by children's social identities can influence their human development (De Graeve, 2015). When children experience discrimination based on their social identities they experience trauma and stress, which negatively impacts their physical and mental health (Hillard et al., 2021).

Policies embedded in the Family Education Rights and Privacy Act, the Individual with Disabilities Act, Title I, and inclusion education are frequently discussed in teacher education courses to address the right of children to receive free and good quality education. However, teachings of children's rights to safety, protection, and autonomy remain scarce in the teacher education and P-12 education discourse (Faiz & Kamer, 2017). To communicate the priority of children's safety, protection, well-being, needs, and interests in society, Boutte and Bryan's work (2021) referred to a traditional greeting practiced by the Masai tribe—*Kasserian Ingera*, which means "And how are the children?" (p. 233). In their work, they asked what would happen if federal and state government officials began their public appearances by asking and seeking answers from the public to the question, "How are the children?" Boutte and Bryan (2021) suggested that adopting this type of practice in the United States would raise consciousness of the treatment of certain demographic categories of children and promote recognition of the longstanding institutional and systemic disparities placed upon marginalized communities that impact their well-being. Faiz and Kamer (2017) further argued that it is moral and ethical for children and youth to be informed about their rights on legal and medical documents that impact their well-being.

Recommendations and Conclusion

Because teacher education programs prepare future teachers to be mandated reporters and supporters, it is imperative that teacher education programs center the teaching of children's rights from a historical and contemporary global and feminist standpoint on human rights and social justice, communicate the idea of social and moral responsibility in advocating for children, and provide knowledge about legal regulations for children's safety and rights beyond the education context (Faiz, 2017). Although it is important for teacher education program faculty to inform pre-service teachers on how to access state and federal legislation for mandated reporting, it is equally important for them to inform pre-service teachers about disproportionate mandated reporting based on race and class communities and how that has traditionally impacted Black families (Major, 2018; Roberts, 2023). Pre-service teachers need to be given the opportunity to learn about ways of working with community organizations to provide

resources to students and families to prevent child abuse and neglect. Preventing violence and abuse against children warrants a commitment from adults to be informed about healthy and effective caregiving practices, relevant and meaningful parenting resources, and the importance of respecting children's rights. This type of work strengthens the interactions and relationships between children and adults. It also involves adults acknowledging the inherent power imbalances and dynamics of domination that often exist in adult–child relationships. Schools can serve as a resource for preventing child abuse by collaborating with local community organizations to offer workshops, classes, and programs that educate caregivers and parents. These initiatives should focus on the various ways that physical and verbal punishment can harm a child's emotional, psychological, and cognitive development (Patton, 2017). Patton (2017) described the work of a Wisconsin district attorney in 2014, who partnered with leaders from local organizations to provide a program that educated parents on alternative discipline practices that do not involve violence. This program decreased the number of CPS investigations for parents of color. The model for this program actively dismantles CPS practices that resemble criminalization, including the policing, surveillance, and separation of families.

Schools and local community-based programs should work together to provide workshops or coaching sessions for parents, adult family members, and children to engage in restorative practice dialogues. These workshops should initially ask parents to respond to the following questions:

- What type of parent do I want to be for my child? Why?
- What child-rearing practices do I notice that make my child feel safe, loved, sad, or angry?
- What external factors negatively impact my parenting? When and how often?

These questions help parents recognize their behavior patterns and acknowledge stressors and how they impact their interactions with children and family members. A restorative practice dialogue, particularly between the parent(s) and child, calls for the parent to adopt a post-structural feminist lens, practice empathy, and value their child's perspective. The parent must focus their attention on the child, actively listen without interruption or blame, and recognize the child's strengths. Questions and phrases that can be posed to generate a dialogue include:

- What happened?
- I feel…when you do…; and
- How did the (specific action) make you feel?

Restorative dialogues through a post-structural feminism framework allow the child to ask their parent(s) questions and express their feelings verbally or through writing or drawings.

It is worth recognizing that the cultural traditions, remedies, and child-rearing practices of certain demographic communities can significantly influence how education personnel perceive abuse. For example, immigrant families who recently relocated to the United States are subjected to judgment by educators and school personnel if they do not adopt the child-rearing practices that reflect white middle-class Americans. While this topic can be controversial, especially when intersecting with traditional gender roles or culturally specific practices such as arranged marriages between an adolescent and an adult, it is essential for educators and school personnel to be informed about the cultural contexts and remedies practiced by the students and families they serve. Cultural remedies such as cupping, which leaves marks on the skin, are commonly practiced in Asia, Eastern Europe, and Mexico to increase blood circulation. To sustain trust and have empathy and understanding, educators and school personnel must learn how cultural remedy practices preserve the child's safety and cultural identity rather than instill harm (Chen, 2019). Classroom and school spaces must be supportive environments that are free from judgment and stigma for children who are victims to disclose any symptoms of harm they perceive or experience. At

the beginning of the academic year, schools should invite professionals who are traditional healers, herbalists, or acupuncturists as guest speakers to inform educators and administrators about the history of cultural remedy practices for specific diverse communities, the purpose of various cultural remedies, and how they affect children's bodies. Being informed about these cultural remedy practices can help teachers gain cultural awareness.

Pre-service and in-service teachers can use children's books as a vehicle to teach children about the rights to be informed about consent, be cared for by caregivers, parents, or adults, and be safe, happy, and healthy in any environment. Books about consent, such as *Where Hands Go?: An Introduction to Safe and Unsafe Touch* (Diggs, 2021)*, The ABC's of Consent* (Diggs, 2022), *Want a Hug: Consent and Boundaries for Children* (Babinec & Mineker, 2022*)*, and *Body Boundaries Make Me Stronger* (Cole, 2022), can help validate children's feelings and voices on uncomfortable experiences with children and adults. Allowing children to engage in meaningful discussions and activities related to social and emotional learning deepens their understanding of themselves and promotes informed and confident decision-making. It also empowers them with a sense of agency. These experiences encourage children to apply what they have learned within the school environment and in their everyday lives. Teaching children about their rights strengthens cognitive, social, and emotional development, as well as accessibility to imagination and exploration and awareness of different cultural backgrounds.

This article highlights the importance of pre-service teachers being prepared to recognize and advocate for children when they experience abuse and neglect. Deliveli's (2023) research shows that teacher candidates were able to define child abuse and be empathetic to children who experienced abuse. However, Deliveli's (2023) research warrants critique, as the topics of race, gender, and class of the children were absent. This underscores the importance of examining differences in teacher candidates' levels of empathy for children of color and white children who are victims of child abuse. Research has consistently shown how systemic racism shapes an individual's belief, which leads to stereotypes and biases that, for example, perceive Black children and children of color as adults and less vulnerable compared to their white counterparts (Boutte & Bryan, 2021). It would be interesting to examine whether pre-service teachers' empathy is greater if they share the same race and gender identity as the abuser and children/youth. Teacher education programs should delve into the meaning of trauma in depth and integrate teachings on trauma-informed interventions into their coursework (Rahimi et al., 2021). Scholars found that teachers lacked knowledge about the various causes and indicators of trauma their students experienced (Major, 2018; Rahimi et al., 2021).

Major (2018) stated that the meaning of trauma in teacher education discourse is typically driven through the lens of child protection and welfare framework. Major (2018) particularly pointed out that "educational definitions of trauma are produced through whiteness to ignore the historical and collective harm that disproportionately harms particular groups, recognizing trauma only when it has been monitored as occurring in the home" (p. 203). This perspective leads future teachers to monitor and report signs of child maltreatment that directly come from the home setting (p. 203). In response to this perspective, teacher educators can create a multi-layered assignment that involves pre-service teachers in constructing their meaning of trauma, healing, and safe environments. Following this assignment, pre-service teachers should be encouraged to complete an implicit association test survey to determine and discuss any biases they hold and how that can influence decision-making as it pertains to parenting and mandated reporting. Teacher educators should pose the following questions to pre-service teachers to encourage them to engage in self-reflection:

(a) In what ways do my assumptions about race, class, and gender reinforce isolation and disparities

as it pertains to my interactions with families and students?

(b) How do I communicate to my colleagues about students and their families whose racial, socioeconomic, gender, language, religion, or nationality differs from mine?

Discussing topics of race, racism, and other forms of oppression often leads students displaying resistance and emotions that signal discomfort (Ladson-Billings, 1996; Matias, 2014; Matias et al., 2016). Prominent anti-racist scholars acknowledge that there are multiple pedagogical practices and resources that can be used to teach and engage college students in critical praxis, productive conversations about race, racism, and other forms of oppression, and action to change inequity (Madkins & Nazar, 2022; Major, 2018; Matias & Boucher, 2023). Maximizing students' engagement in social justice topics involves the teacher educator co-planning with students to establish an agreement on ways to communicate with each other. Before engaging in these topics, it is also important that there is a universal understanding of terms or phrases such as racial and multicultural literacy, antidiscrimination, and human rights for all. Understanding these terms can reinforce the purpose and goal of the conversation as it pertains to advocacy and education (Madkins & Nazar, 2022).

Next, teacher educators should encourage pre-service teachers to watch television series such as *Them* (Waithe & Marvin, 2021*)* or the documentary *Never Give Up: A Complex Trauma Film by Youth for Youth* (Spinazolla et al., 2017) to learn about the children's and adolescents' experiences of trauma, their behaviors in responding to traumatic experiences in various spaces, their coping practices, and their perspectives of safe environments. The pre-service teachers can compare their initial understandings to their notes from watching either film to identify any gaps in various cultures' experiences and their perception of the meaning of trauma. They can gain awareness of how communities of color have negative experiences with public service assistance systems such as the police, health care providers, and school systems (Boutte & Bryan, 2021; Major, 2018) and how various communities have developed coping practices and safe environments. It is important that teacher education courses equip pre-service teachers with knowledge about various local resources that are available to families. There needs to be an increase in community schooling and wraparound services to ensure that children's physical, emotional, social, and educational needs are addressed and to reduce burnout among teachers due to handling children's trauma cases.

Humanizing the healing process is essential and challenges the perception of strength that is rooted in whiteness and patriarchy. Placing the responsibility on the individual to recover or develop resilience within a specific timeframe following traumatic events discounts the complexities of trauma recovery (Major, 2018). Therefore, teacher education and P-12 schools should also consistently provide cultural affinity support groups (e.g., Parents of Color) throughout the academic year for parents, families, educators, children, and youth. Because pre-service teachers and in-service teachers are typically the primary professionals to learn about their students' traumatic experiences, it is important that teacher educators inform them that they may experience secondary traumatic symptoms such as avoidance or isolation, anxiety, intrusive thoughts, despair, or frequent mood changes (Davis et al., 2022). Thus, it is crucial that faculty and administrators in teacher education programs and P-12 school administrators provide information to access internal or external support systems that are culturally competent and responsive in providing mental and emotional support based on the educators' social identities (Davis et al., 2022). This perspective is particularly important for Black pre-service and in-service teachers, as racism in society has utilized tropes to permit social service systems to disregard their voices and experiences of pain, grief, and trauma.

This article highlighted the importance of integrating post-structural feminist theory into teacher education courses and emphasized the need to

inspire future educators to critically reflect on how their actions can contribute to cultivating a moral, anti-bias, and socially just society. The analysis using Bronfenbrenner's bioecological theory and post-structural feminism brings relevancy to the practicality of examining human development for children and adolescents. Bronfenbrenner's bioecological theory examines how contexts and interactions shape experiences and development, while post-structural feminism acknowledges how power, oppression, and privilege shape people's experiences. Post-structural feminism is a self-reflective approach for pre-service teachers. This theoretical paradigm enables pre-service teachers to advocate for children who experience maltreatment and recognize how the positioning of their social identities in society can either perpetuate or challenge harm against marginalized and vulnerable communities. ■

Author Bio

***Dr. Leta Hooper** is an assistant professor and coordinator of the Early Childhood Special Education Program at Bowie State University. Her research interests focus on examining how institution's policies, practices, and curriculum impact Black pre-service, novice, and experienced educators' personal and professional identities, feminism, and critical pedagogy in teacher education.*

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Exploring the Energy Model of Cumulative Grief

Masica Jordan Alston[1]; Angela S. Henderson[2]; Stephanie Strianse[3]; Angela Bullock; Joseph Hackett[4]; Alaysia Black Hackett[5]

[1]Dr. Masica Jordan LLC and Bowie State University, [2]University of the District of Columbia, [3]Dr. Masica Jordan LLC and Peerfinity LLC, [4]Jordan Peer Recovery, Inc, [5]ABH Solutions, LLC

Abstract

Grief and loss are common experiences that can bring about numerous complexities. Grief is experienced through a set of common experiences. The following article contributes to the knowledge base by delving deeper into the exploration of the interconnections between grief and loss and the child welfare system. The article discusses the impact of grief and loss on Black families in relation to child removal and loss of custody and substance use and job loss. The article highlights the need for the child welfare system to utilize The Energy Model of Cumulative Grief to improve the mental health of Black parents and children and increase equitable outcomes for Black families.

Keywords: *child welfare system, grief, loss, child custody, child removal, substance use, job loss*

Researchers have documented the extensive impact of the child welfare system on Black children and families (Annie E. Casey Foundation, 2024; Children's Bureau, 2024). An estimated 407,493 children were placed in foster care in 2020 (Children's Bureau, 2024). Black children represent 14% of the United States population but comprise 20% of children placed in foster care (Annie E. Casey Foundation, 2024). According to (Kim et al., 2017), more than 50% of Black children will experience some form of child welfare investigation before reaching adulthood (White & Persson, 2022). Black families continuously face higher rates of investigation by child protective services (CPS) than White families (Child Welfare Information Gateway, 2021). In addition, Black families encounter more punitive regulations across the different stages of CPS involvement (Thomas et al., 2022).

Black children are more likely to experience negative outcomes as a result of being placed in the child welfare system that include mental health conditions, placement in the juvenile justice system, lower academic achievement, and pathologizing and labeling (, Harris & Carpenter, 2024; Roberts, 2012; Stewart, 2022). The separation of children and families is an extraordinarily traumatic event that has a long-term impact on the emotional and psychological well-being of Black families (Stewart, 2022). Trauma is an emotional response to a serious event (American Psychological Association, n.d.-b). Children separated from families experience mental health outcomes including attention deficit-hyperactive disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder, anxiety, posttraumatic stress disorder (PTSD) and depression (Engler et al., 2022; Kraft, 2018; Pecora et al., 2009; Stewart, 2022).

Ongoing separation of children and families or termination of parental rights induces toxic stress,grief, and loss (Stewart, 2022). Loss is the real or perceived removal of something or someone considered to be important (Smith & Delgado, 2020). Grief is an expression of loss (Mental Health America, n.d.). Grief is sorrow experienced after loss (Weir, 2018). As a result of the grief and loss caused by separating children from their families, child welfare professionals should examine and evaluate each family case carefully to consider the short-term and long-term effects of the removal process (Church, 2019). In order to fully address the disproportionality and disparities within the child welfare system, it is necessary to explore how grief

and loss impacts Black families. This study highlights the need to explore how grief and loss in relation to substance use and job loss affects the contact Black families have with the child welfare system.

Child Removal through the Child Welfare System and Substance Use

Researchers have extensively documented the punitive criminalization of Black mothers with substance use conditions which has resulted in investigations or losing custody of a child to CPS (Roberts 2012; Smith & Roane, 2023). According to Smith and Roane (2023) Black women are ten times more likely than White women to be reported to CPS for substance use. However, the connection between Black mothers and the use of substances as a result of child welfare removal or custody loss is an area of research in need of deeper exploration. Feelings of shame, stigma, devaluation of a mother's identity, and rage can contribute to harmful coping methods like substance use (Harp & Oser, 2018).

According to Keyes et al. (2014), grief and loss put adults at risk of developing substance use disorders (SUDs). The psychological trauma endured as a result of losing custody of one's child has been found to increase substance use in Black mothers (El-Bassel et al., 1996; Harp & Oser, 2018). According to Wall-Wieler et al. (2017) grief and loss are attributes that contribute to the manifestation of mental health conditions in mothers (as cited in Kenny, 2018). Researchers like Wall-Wieler et al. (2017) found that mothers (N = 3,182) who lost custody of their children to foster care had higher rates of substance use compared to mothers who lost a child due to death (as cited in Kenny, 2018).

Harp and Oser (2018) examined the impact of child custody loss on drug use and crime in 339 African American mothers through the Black Women Study of Epidemics Project (B-WISE). Results from the research study showed that African American mothers who lost custody of their children reported an increase in drug use. In addition, Jones et al. (2023) utilized the Black Women Study of Epidemics Project (B-Wise) data and discovered associations between 443 African American mothers and intergenerational substance use, continual substance use, and current involvement with CPS. Children removed from their home by the child welfare system as a result of substance use by a parent encounter negative outcomes like parental incarceration and longer stays in out of home care (Brewsaugh et al., 2023).

It is important for behavioral health practitioners to be mindful that substance use disorder (SUD) is the most common condition connected to grief and loss (Szuhany et al., 2021). It should be noted that adults with SUDs regularly report personal loss and complications with grief and bereavement such as prolonged/complicated grief (Caparrós & Masferrer, 2021). Prolonged grief disorder is comorbid with SUDs (Reiter et al., 2024; Szuhany et al., 2021; Weir, 2018). In addition, prolonged grief disorder manifests differently based on cultural factors (Reiter et al., 2024). It is vital for practitioners to provide culturally compatible resources to Black families to address grief and loss and reduce removal or child custody loss connected to the child welfare system. In addition to substance use, it is important to explore how the dynamics of job loss and grief are connected to Black children and families' encounters with the child welfare system.

Job Loss and the Child Welfare System

According to researchers like Lanier et al. (2014) and Thomas et al. (2022), it is feasible for racism to create economic deprivation for Black families and result in contact with the child welfare system. Conrad-Hiebner and Byram's (2018) systematic review of longitudinal studies found parental job loss to be a primary factor related to future maltreatment and physical abuse in children (Lawson et al., 2020). The grief of losing a job is a significant life stressor that greatly impacts the mental health of individuals (Infurna & Luthar, 2017; Lawson et al., 2020). Judd et al. (2023) conducted a systematic review and meta-analysis to assess the associations between parental employment and adverse childhood experiences

(ACEs). Judd et al. (2023) found that parental unemployment was associated with an increase in parental mental health conditions.

Black families are regularly impacted by structural barriers like unemployment (Billingsley, 1994). Research has shown that parental job loss increased the risk of neglect among Black children (University of Oxford, 2017). Sedlak et al.'s (2010) National Incidence Study of Child Abuse and Neglect (NIS-4) involving 10,791 sentinel professionals and 1,094 sentinel agencies found that children with unemployed or laid off parents were 2 to 3 times more likely to be neglected Schneider et al. (2024) conducted a longitudinal birth cohort study based on the Future of Families and Child Wellbeing Study (N = 2, 553) to examine complex and nonlinear relationships between maternal employment, employment patterns, and child maltreatment. Schneider et al. (2024) results showed that for Black, White, and Hispanic mothers, not enough paid employment was associated with an increased risk of neglect. Harp and Oser (2016) conducted a research study with the Black Women Study of Epidemics (B-WISE) data to examine factors associated with official and informal child custody loss among 643 African American mothers. Harp and Oser (2016) showed that the highest levels of employment were reported among 643 African American women in their official custody loss group. Child welfare practitioners will need to screen and assess how prolonged grief and job loss affect removal and reunification plans connected to African American families. It will be imperative for child welfare practitioners to have resources to navigate the interconnections between grief and loss in relation to substance use and job loss when working with families. One innovative treatment found to be helpful to address grief and loss is The Energy Model of Cumulative Grief. The Energy Model of Cumulative Grief can be utilized to address the needs of Black families affected by the child welfare system.

Using The Energy Model of Cumulative Grief to Increase Equitable Outcomes

It is vitally important to provide innovative interventions to assist in addressing how grief and loss can affect the mental health of Black parents and lead to Black children involvement with the child welfare system. The Energy Model of Cumulative Grief is one intervention that is an effective resource in addressing grief and loss for African Americans. Conceptualized in 2018 by licensed clinical professional counselor Dr. Masica Jordan, and further developed by thought leaders, Dr. Joseph Hackett, Dr. Alaysia Black Hackett, Stephanie Strianse and Jamelia Hampton-Dugger, The Energy Model of Cumulative Grief builds on historical models of grief stage-based theories such as the Kubler-Ross model, Bowlby's Attachment Theory, Lindermanns' grief work, Rando's six "R" model, the Multidimensional Model and Strobe's Dual Process Model. These models view grief as a linear process, whereas the Energy Model of Cumulative Grief views grief as a set of common experiences. The model is oriented in cultural responsiveness, with an understanding that the complexities of culture and individual worldview are unique to each person. This model posits that grief is a form of energy and that the body produces energy that needs to be redirected. When one experiences grief and loss, energy is produced.

This energy cannot be destroyed but instead must be redirected to ensure that one does not experience physical and mental stress. This restructuring of energy (taking the energy that cannot be destroyed and teaching one to redirect that energy) is an effective approach to help one get to a place of discovery, which transcends recovery and healing. One can then repurpose their pain of grief and produce a new purpose from that place of discovery. The Energy Model of Cumulative Grief contends that time does not "heal all wounds" and if grief

is left untreated, one who is experiencing grief will likely endure circular issues. Consequently, a circular approach to addressing grief and loss is necessary. Not only should one's emotions be assessed and responded to when experiencing grief, but the energy that is flowing through the (1) mind, (2) spirit, (3) emotions, (4) physical self and (5) environment should also be assessed and responded to. This circular approach affirms that not one point of this process is more important than the other and that all five areas must be addressed.

The five energies are important due to their unique holistic nature to address grief and loss. The five energies function together based on a circular approach to provide tangible action plans of hope during the treatment process for clients. Treatment plans containing the Energy Model of Cumulative Grief work to tap into undiscovered strengths and needs of clients. For Black families in contact with the child welfare system, the model with the five energies can be utilized to assist in reunification and provide hope to buffer the effects of substance use and unemployment.

Organizations like the National Grief and Loss Center of America (NGLCA) have found the Energy Model of Cumulative Grief to be helpful in addressing grief and loss in African Americans (Jordan Alston et al., 2022). NGLCA created a web-based platform with over 100 hours of content grounded in the Energy Model of Cumulative Grief (Jordan Alston et al., 2022). The platform is evidence-based, culturally responsive, and trauma-responsive. NGLCA conducted a cross-sectional research study to examine the effect of the Energy Model of Cumulative Grief platform on professional practitioners and/or individuals experiencing grief and loss. Recruitment for two Grief and Loss Centers of America webinars occurred by utilizing advertising sponsors. A convenience sample of 140 people participated in the webinars in March of 2022. An estimated 57.7% of the webinar participants identified as Black (Jordan Alston et al., 2022). The webinars offered participants resources to support them as they addressed grief and loss on a personal basis and/or the needs of clients. A total of 26 participants completed one of three surveys pertaining to grief and loss and knowledge gained as a result of attending the Grief and Loss Centers of America webinar based on their identification as a professional, individual that experienced loss, or both. The survey for professionals contained a total of 15-items. Individuals that experienced loss also completed a 15-item survey. Participants who identified as both completed a 30-item survey.

Approximately 62.96% of participants attended the webinar as both a professional in the field serving clients and an individual that experienced loss. The majority (80.0%) of participants reported experiencing loss during the time frame of 1–6 months ago or 1 year or more. The vast majority of respondents (82.35%) reported that the Grief and Loss Centers of America's Energy Model of Cumulative Grief culturally responsive resources provided them with support during their time of loss. The majority of participants additionally reported the webinars were extremely useful or useful when it came to addressing their own personal experiences with grief and loss.

In addition, 94.12% of respondents' levels of hope were extremely high or high in relation to their grief and loss journey after watching the webinar (Jordan Alston et al., 2022). Most of the respondents (88.46%) working in a professional practice with clients experiencing grief and loss found the webinar to be extremely useful or useful. Seventy-two percent of professional respondents believed the Grief and Loss Centers of America's webinar equipped them to work with their clients who experienced loss. In addition, 70.59% of respondents believed the Energy Model of Cumulative Grief was effective in their professional practice. Lastly, results from a Spearman's rank correlation coefficient found a statistically large correlation between feeling equipped to work with clients experiencing grief and loss and how useful the webinars were for professional practice when working with clients experiencing grief and loss ($r_s = .61$, $p < .001$).

The Energy Model of Cumulative Grief can provide both practitioners and clients with hope. The webinar

results show that through the deployment of the model hope is not just a concept. Hope is a tangible gateway that can be deployed during times of grief and loss. The model can assist Black families with discovering newfound strengths, strategies, and plans to reduce interactions with the child welfare system in relation to substance use and job loss.

Conclusion

It is imperative for the child welfare system and court systems to assess the impact of substance use and job loss in relation to grief and loss and child removal. Doing so can improve reunification goals and outcomes for Black families. Once Black children enter into the child welfare system, parents may suffer from grief and loss, lose hope, and believe the obstacles to reunification with their loved ones are insurmountable. It is critically important for child welfare workers to additionally account for racism, biases, historical trauma and Adverse Childhood Experiences (ACES) that may intertwine with grief and loss and influence reunification milestones and plans. Although the research on the Energy Model of Cumulative Grief is preliminary, the research conducted by Jordan Alston et al. (2022) shows that the content developed by the Grief and Loss Centers of America has an ability to greatly impact Black families and children who are experiencing grief and loss. ■

Author Bios

Masica D. Jordan Alston *is the founder of Jordan Peer Recovery and a tenured professor at Bowie State University. Dr. Masica Jordan Alston is the CEO of Peerfinity, LLC, a leader in delivering personalized, culturally responsive, tech-enabled peer support to individuals diagnosed and treated for addiction and mental health conditions.*

Angela S. Henderson *is an Assistant Professor of Social Work at the University of the District of Columbia. She has dedicated her life to advocating for social, economic, and environmental justice, and protecting the human rights of individuals, children, and families. Dr. Henderson is the CEO of Asher Services, Incorporated.*

The late ***Dr. Angela Bullock*** *was a highly respected scholar, educator, and counselor whose life's work profoundly shaped the field of counselor education and the broader UDC community. As a dedicated faculty member at the University of the District of Columbia (UDC), Dr. Bullock was known for her exceptional leadership, deep compassion, and unwavering commitment to preparing culturally responsive counselors who could serve diverse and underserved communities.*

Dr. Bullock earned her doctoral degree in counseling and spent her career advancing equity, access, and excellence in mental health education. At UDC, she played pivotal roles in curriculum development, accreditation processes, and the mentorship of countless graduate students who credit her with inspiring their professional paths. Her teaching blended academic rigor with heartfelt authenticity, allowing students to feel both challenged and cared for.

A champion for community mental health, Dr. Bullock brought a unique blend of scholarship and service to her work. She was deeply respected for her ability to translate theory into meaningful practice and for her commitment to increasing representation within the counseling profession—particularly among Black, Hispanic, and justice-impacted populations.

Dr. Bullock's passing represents a tremendous loss to the UDC family and the counseling field at large. Her legacy lives on in the students she empowered, the colleagues she inspired, and the lasting contributions she made to culturally responsive counselor education. Her impact continues to guide the next generation of practitioners and educators who follow in her footsteps.

Stephanie Strianse *is a psychology professional with over a decade of experience in the field. Her focus areas include individuals and families with mental health conditions and substance use disorders. Stephanie Strianse is the co-owner and Chief Operating Officer of Peerfinity LLC, and Director of Operations at Jordan Peer Recovery.*

Alaysia Black Hackett *has 20 years of executive-level leadership as a diversity, equity and inclusion expert. She was appointed by President Biden and currently serves as the Chief Diversity Officer for the United States Department of Labor. Dr. Lacy is a Life Coach providing support and mentorship across the world.*

Joseph T. Hackett *is a dynamic leader, social scientist, and entrepreneur with over 20 years of experience in nonprofit and for-profit sectors, building bridges across cultures in community and economic development. His life experiences involving recovery and re-entry have afforded him roles as a TEDx Host and speaker for South-by-Southwest.*

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

Darla Scott[1]; Sadé M. Dunn[1]; Shemiyah Holland[2]; Adrienne E. Bills[3]

[1]Department of Counseling and Psychological Studies, Bowie State University
[2]Department of Counseling, Clinical, School Psychology, University of California, Santa Barbara
[3]Division of Philanthropic Engagement, Bowie State University

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,

Nzima Model of Human Development

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.

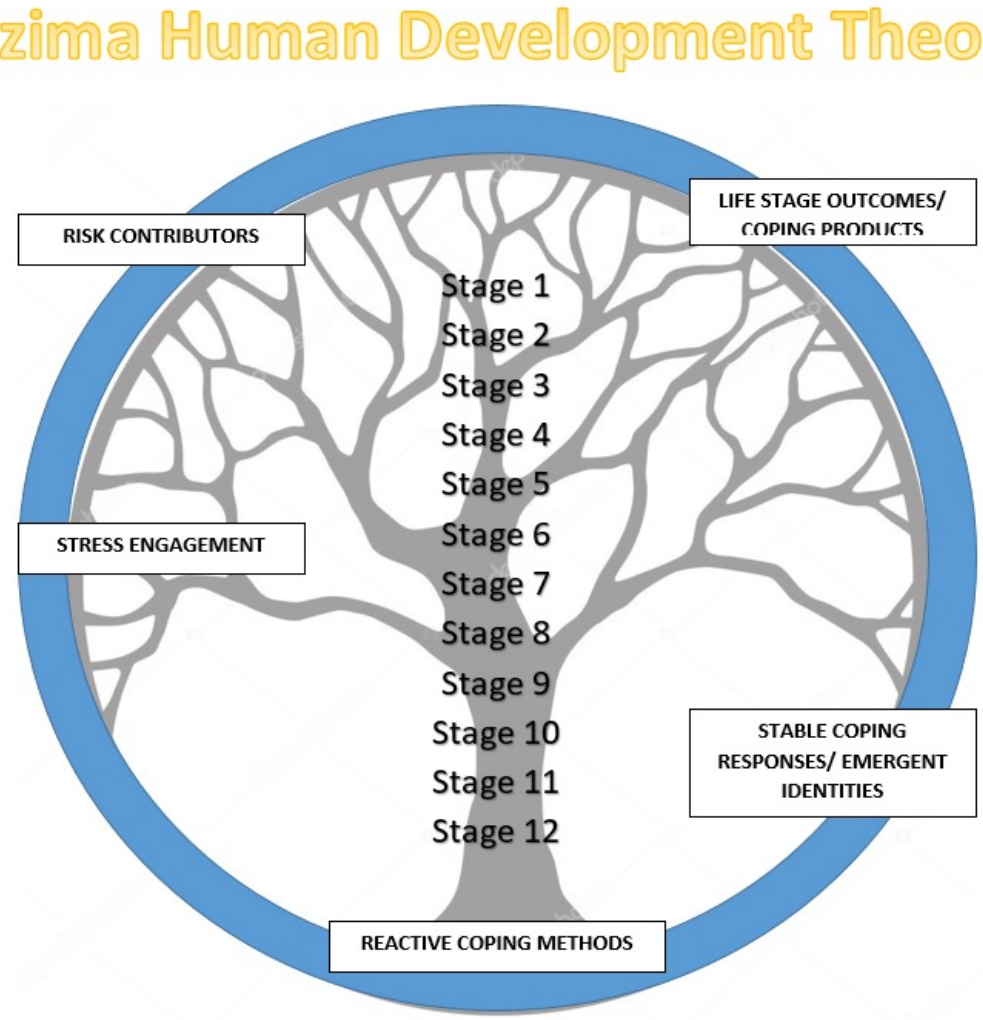
The Nzima Model of Human Development blends elements of psychodynamic and ecological theories. The core of the Nzima model is adapted from Erikson's stage theory, energized by shifts in relationships (Nzima) rather than a focus on crises (Erikson) as a key theoretical mechanism. The rationale for this 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.

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.

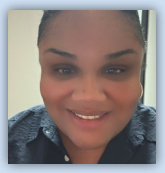
With ample psychoeducational training for parents and community stakeholders on issues such as postpartum depression, work-related strain, role exhaustion, and family conflict, the Nzima framework can serve as a catalyst to advocate for balance and wholeness within the family, and crucially, among BIPOC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

Author Bios

***Dr. Darla Scott** is a cultural scientist who currently serves as an Associate Professor in the school psychology program at Bowie State University. Dr. Scott spent decades designing and implementing multi-year programs within BIPOC communities. As a developmental psychologist, she brings a wealth of knowledge about the developmental processes of socialization and peer relationships within culturally diverse communities.*

***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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