

## **Building Resilience: Addressing Trauma in Black Clinicians with Dr. Moe**

### **HANDOUT**

**MoeMents, PLLC**

#### **Secondary Traumatic Stress Scale (Bride et al., 2004)**

*The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past seven (7) days by circling the corresponding number next to the statement.*

**(1-Never, 2-Rarely, 3-Occasionally, 4-Often, 5-Very Often)**

I felt emotionally numb

My heart started pounding when I thought about my work with clients

It seemed as if I was reliving the trauma(s) experienced by my client(s)

I had trouble sleeping

I felt discouraged about the future

Reminders of my work with clients upset me

I had little interest in being around others

I felt jumpy

I was less active than usual

I thought about my work with clients when I didn't intend to

I had trouble concentrating

I avoided people, places, or things that reminded me of my work with clients

I had disturbing dreams about my work with clients

I wanted to avoid working with some clients

I was easily annoyed

I expected something bad to happen

I noticed gaps in my memory about client sessions

*Scored by adding all items.*

The scores interpretation: 27 or less is little to no STS, 28-37 mild STS, 38-43 moderate STS, 44-48 high STS, and 49+ severe STS (Bride et al., 2004)

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#### **Vicarious Trauma Scale (Vrklevski & Franklin, 2008)**

*Please read the following statements and indicate on a scale of 1 (strongly disagree) to 7 (strongly agree) how much you agree with them.*

**(1-Strongly Disagree, 2-Disagree, 3-Slightly disagree, 4-Neither Agree nor Disagree, 5-Slightly Agree, 6-Agree, 7-Strongly Agree)**

My job involves exposure to distressing material and experiences.

My job involves exposure to traumatized or distressed clients.

I find myself distressed by listening to my clients' stories and situations.

I find it difficult to deal with the content of my work.

I find myself thinking about distressing material at home.

Sometimes I feel helpless to assist my clients in the way I would like.

Sometimes I feel overwhelmed by the workload involved in my job.

It is hard to stay positive and optimistic given some of the things I encounter in my work

*Scored by taking the mean of all items*

Scores in the range of 8-28 indicates low VT, a range of 29 to 42 indicates moderate VT, and a range of 43-56 indicated high VT.

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### **My Personal Trauma Exposure Plan**

Boundaries I need to strengthen:

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Early interventions that help me reset:

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My safe supports (people/communities):

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### **Commitment to Self**

One action I commit to taking this week to protect my wellness:

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### **Organization Toolkit**

#### **1. Build Culturally Affirming Supervision into Policy (Not Personality)**

**What this looks like organizationally:**

- Require supervisors to integrate cultural humility, racial stress, and identity-based trauma into supervision agendas.

- Normalize conversations about racialized secondary trauma and cultural labor as part of clinical risk assessment.
- Include questions such as:
  - *“How is your identity showing up in your work right now?”*
  - *“What parts of this work feel heavier because of shared lived experience?”*

**Action Step:**

Update supervision policies and templates to include prompts addressing culture, identity, and power dynamics—making affirmation an expectation, not an optional skill.

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## **2. Train Supervisors in Racially Responsive Supervision**

**Key competencies to develop:**

- Recognizing racial trauma symptoms vs. “performance issues”
- Understanding code-switching fatigue and representation burden
- Responding to clinician distress without minimizing or pathologizing it

**Action Step:**

Provide mandatory training on culturally responsive supervision and secondary traumatic stress among clinicians of color, with ongoing coaching—not one-time DEI workshops.

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## **3. Create Protected, Structured Peer Support Spaces**

**Effective peer support is:**

- Scheduled and protected (not optional or after-hours)
- Facilitated or lightly structured to prevent emotional dumping
- Identity-affirming, allowing affinity-based groups when appropriate

**Examples:**

- Monthly peer consultation groups for Black clinicians
- Cross-role peer circles (clinicians, supervisors, leaders)
- Rotating facilitators trained in trauma-informed group support

**Action Step:**

Build peer support time into workloads and productivity expectations so participation does not require personal sacrifice.

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#### **4. Validate Cultural Labor and Emotional Load**

##### **Culturally responsive organizations:**

- Acknowledge the added emotional labor of supporting clients with shared racial trauma
- Avoid relying on Black clinicians to educate staff or represent “the community” without compensation
- Factor cultural labor into workload distribution

##### **Action Step:**

Revise role expectations and performance metrics to explicitly recognize mentoring, community trust-building, and cultural advocacy as legitimate labor.

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#### **5. Respond to Distress with Support, Not Surveillance**

##### **Common harm:**

Clinicians of color experiencing STS are often met with corrective feedback rather than care.

##### **Affirming responses include:**

- Adjusting caseloads temporarily
- Increasing supervision frequency
- Offering trauma-informed leave or flexibility

##### **Action Step:**

Develop a non-punitive response protocol for clinician distress that prioritizes wellness, safety, and retention.

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#### **6. Signal Safety from Leadership**

##### **Leadership sets the tone by:**

- Naming racial stress and trauma openly
- Sharing commitment to clinician well-being beyond productivity
- Modeling vulnerability and accountability

##### **Action Step:**

Include clinician wellness and equity goals in leadership evaluations and strategic planning.

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#### **7. Evaluate and Sustain**

## Measure what matters:

- Retention rates of Black clinicians
- Supervisor competency growth
- Psychological safety and belonging (via anonymous surveys)

## Action Step:

Use data to refine supports and demonstrate that culturally responsive strategies are essential to ethical, effective care.

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## Culturally Responsive Supervisor Checklist

1. Psychological & Cultural Safety
  - Name supervision as a space for clinical, emotional, and identity-related concerns
  - Acknowledge racial, cultural, and power dynamics in clinical work
  - Normalize vulnerability and help-seeking
  - Avoid minimizing or strength-framing distress
2. Screen for Secondary Traumatic Stress
  - Assess for intrusion, avoidance, numbing, and hypervigilance
  - Ask about sleep, mood, concentration, and sense of safety
  - Explore impact of trauma work inside and outside the workplace
  - Differentiate burnout, STS, and vicarious trauma
3. Integrate Identity into Reflection
  - Explore shared racial identity and representation burden
  - Validate racialized stress without pathologizing
  - Avoid placing racial education responsibility on the clinician
4. Respond With Supportive Action
  - Adjust caseloads or acuity when needed
  - Increase supervision during high-impact periods
  - Develop short-term, collaborative support plans
  - Avoid punitive or performance-based responses
5. Promote Peer & Organizational Support
  - Encourage protected peer or affinity-based consultation
  - Ensure peer support is workload-supported
  - Advocate for systemic changes when patterns emerge
6. Ethical Documentation & Leadership
  - Document supervision using supportive, non-pathologizing language
  - Separate wellness documentation from discipline
  - Model boundaries, reflection, and cultural humility