



## Teaching Risking Connection with an Anti-Racist Lens: A Supplement to the Teaching Manual for RC

The information included in this Supplement is meant to provide you with options for integrating anti-racism into your teaching of the Risking Connection training. The Supplement is NOT meant to replace the training as described in the Teaching Manual. It is important that you are faithful to the basic structure of the RC Basic training, and at the same time, we encourage you to explore ways to integrate the ideas discussed below. You can also use this material in RC refresher or booster sessions where you have more flexibility to teach RC concepts as you wish.

The Supplement is not meant to be exhaustive. We offer a few ideas for many, but not all, of the sections in RC.

Racism is a highly charged topic in US society. We acknowledge that RC Trainers and Champions will have different levels of comfort weaving anti-racist content into their teaching. Some of the ideas below may take you out of your comfort zone. We suggest that you start by weaving in the ideas that you are most comfortable with and then consider pushing yourself to address issues that are less comfortable. Please prepare in advance about how you would like to integrate these ideas and speak from the heart.

It can be helpful to be transparent with your audience about being new to teaching Risking Connection with an anti-racist lens and be open to feedback from your audience about how it is going. It takes courage to directly address issues of race, so be kind to yourself as you do. Thank you for taking the risk.

Please consider including the below ideas as they pertain to each section.

### Day One

#### Introductions (Slide 1)

1. As the Trainer, consider Identifying your own race or ethnicity in your introduction. Here is an example.

My name is Matt and I am one of the Risking Connection Trainers at our agency. I am a social worker and I work in the Outpatient program. I have been a Risking Connection trainer for 2 years. I am of mixed-race background. My mother is White and my father is Black. I mention this because, while this is not an anti-racism training, we cannot separate trauma from racism.



As much as possible, we want people to bring their whole selves to the training and that might include their experiences of racism and an awareness of bias, both of which may impact our relationships with clients or other staff.

2. Trainers may also want to include information about their preferred pronouns and acknowledgement about the native land on which the training is being held. <https://native-land.ca/>)

### Frame of Training

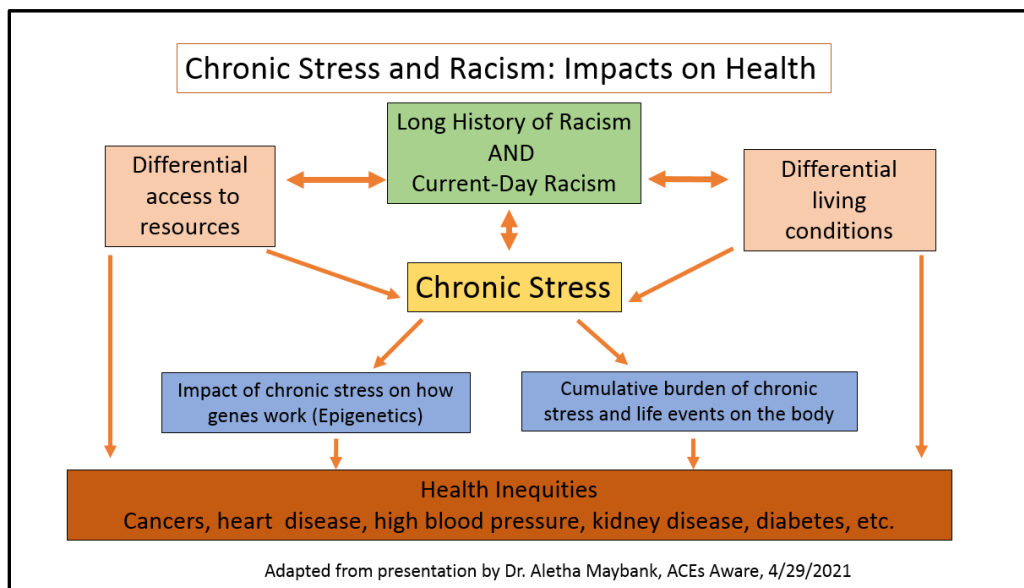
#### 1. Group Agreements (Slide 7)

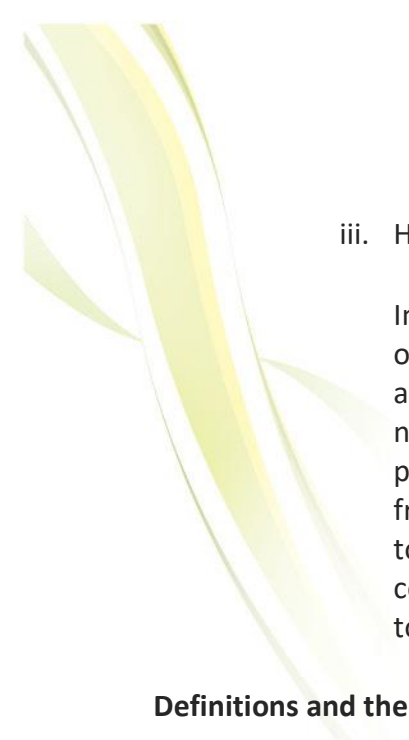
- a. Add that the training will address issues about racism and trauma which can be uncomfortable to talk about. We hope we can create a group climate that allows people to speak from the heart, bring their authentic self, and have it be okay to make mistakes.

### Lifelong Impact of Adversity and Trauma: ACE Study

#### 1. Social Inequities and Adversity/Trauma (Slide 26)

- a. The original ACE study included white, middle class, college educated people with health insurance. When thinking about the population you work with, how might racism impact their lifelong health outcomes?
- b. Add the below infographic to your Day 1 slide deck.
  - i. Explain by saying that many factors going back 400 years to the beginning of slavery contribute in a cumulative way to the health inequities experienced by African-Americans specifically.
  - ii. This infographic shows the way that trauma and suffering can be transmitted from generation to generation such that it still greatly impacts people in the present.



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- iii. Here is one of many examples you could give to explain this slide.

Immediately after slavery, there were massive barriers to African Americans owning property. This reality persisted throughout US history in many ways, such as discriminatory laws that prevented Black people from moving into certain neighborhoods and discriminatory banks that refused to loan them money to purchase homes. While Whites accumulated wealth by passing down property from generation to generation, African Americans did not. This limited their access to resources and forced them into poor living conditions. Unrelenting poverty is certainly a chronic stressor that still disproportionately affects African Americans today. Chronic stress then impacts the body, resulting in higher rates of disease.

### **Definitions and the RC Trauma Framework**

- 1. As noted in the ACE study section, you can mention that racism is often experienced as traumatic.

### **Trauma Framework -- Terrance, Tina, and Tim**

- 1. Point out that overlaid on any individual experience is the reality of intergenerational trauma and systemic racism. Examples include:
  - a. Discriminatory sentencing in juvenile court
  - b. “Adultification of Black girls” where Black girls, compared to their White age-mates, are perceived as being older than they are and therefore treated more harshly.
  - c. School suspensions at higher rates than White peers.
  - d. Societal messages about Black worthiness from such things as poor conditions of neighborhoods and schools, lack of accessibility to grocery stores with healthy food, and negative media portrayals.
  - e. How do you think racism, systemic racism may have impacted Terrance, Tina, or Tim’s experience of trauma? (Select the questions based on the scenario you are using)
    - i. If Terrance’s father was violent and spent time in jail, how might that have impacted Terrance’s sense of trust, or his feelings about the reliability on adults or the fairness of systems?
    - ii. What messages may Terrance have gotten about men in his life? (i.e., that he is no good, violent, will inevitably be taken away from his family if he makes a mistake).
    - iii. If Tina has been told since she was a child that the system is rigged against Black people, how might that impact the present situation?
    - iv. What difference might it make if Tina was able to learn “family life” from foster parents that shared her culture?
    - v. How might Tim’s experience of the immigration system impact his trust of people in authority or those who represent “the system?”

### **Trauma Framework: Attachment**

1. Black parents often need to firmly teach their children not to question authority in White-dominated situations in order to keep them safe. Yet, they do not want to parent in an overly authoritarian way. Finding that balance is difficult and stressful.
2. For First Nation people, multiple generations of children were ripped away from their families and culture and placed in residential schools intended to “civilize them.” This resulted in relationship templates characterized by distrust, betrayal, isolation, and hopelessness. There was secrecy and silence around attachment because people were told their children ran away and instead, they were dead.

### **Trauma Framework: Biology**

1. Review the impact of multigenerational trauma on epigenetics. Epigenetics describes how trauma can leave a chemical marker on a person's genes which then is passed down to subsequent generations. This inherited genetic marker can put someone at risk for trauma or impact mental and physical health, even if the person in the next generation did not experience trauma in their own life.
2. Point out the reality of everyday dangers for people of color and how that can lead to a malfunctioning threat response. What have our clients and staff of color learned about danger within society? What happens when there are limited places that they truly feel safe?
3. How is the window tolerance affected by racism? Experiences of racism can make the window narrower. The person is already on high alert, so triggers can easily push them beyond what they can tolerate.

### **Trauma Framework: Self-Capacities**

1. Inner Connection
  - a. The trauma of racism impacts the community and interrupts interpersonal connections. Examples include:
    - i. Community violence, police brutality.
    - ii. Involvement with the child welfare system, foster care, incarceration, boarding schools, welfare policies.
    - iii. Survival parenting where the focus is on getting by and functioning rather than nurturance.
  - b. How might the historical separation of Black families play a role in their sense of inner connection? What about for Indigenous families when children were forced into residential schools? How could coping strategies across generations in dealing with separation and abuse continue to create more problems in the present generation?
2. Worthy of Life
  - a. Hundreds of years of dehumanization as well as current day experiences of explicit racism and microaggressions reinforce the message that BIPOC people are inferior. This has served as the justification for everything from black-only facilities, lynching, and housing discrimination to

modern day police brutality and voter suppression. The lack of media images and negative and stereotypical portrayals of BIPOC people also affect people's feelings of worthiness.

### 3. Feelings Management

- a. We all receive family and societal messages about feelings management—what being “in control” or “out of control” looks like. Might we respond differently when a Black person has an emotional outburst versus a White person?
- b. The opportunity of BIPOC clients to use their voice and develop their own voice may be missing. What have our clients been taught about expressing their opinions?
- c. Many communities of color indirectly teach survival techniques that condition children to suppress or hide their feelings which can lead to explosive behavior.

### **Trauma Framework: Symptoms as Adaptations**

1. Point out that there are certain behaviors for people of color were adaptive and helped them survive. Examples:
  - a. Are there ways anger is expressed differently by BIPOC people compared to the dominant culture? How is that culturally learned and passed on from generation to generation? What function does it serve? (outlet for rage from being devalued and dehumanized; setting a firm boundary to keep self and family safe; needed for self-defense). When does this behavior that helped with survival become a detriment?
  - b. How does it make sense that a staff of color may not show up for work as their full self? (because if they didn't conform to White cultural norms at work, they were judged as unprofessional or less good at their jobs)
2. It may be harder for us to see behavior by BIPOC clients, especially aggressive behavior, as adaptive because we associate that behavior with violence and fear.

### **Introduction to Vicarious Trauma (VT)**

1. BIPOC staff may have a different perspective on VT and be reluctant to discuss VT at work.
  - a. They may feel that they must show up at work as strong, ultra-competent, and have no weaknesses. Many have been given the message they must be “strong” and carry the burden of family, community, and work without complaining, as well as the message that they must be perfect in order to keep their jobs and/or progress forward in their careers.
  - b. They have been told they need to work harder than everyone else to succeed.
  - c. Self-care is a luxury requiring access to resources. Not all people have the means to join gyms and spas. Food deserts exist, preventing access to nutritious foods. BIPOC people may have unique ways of nourishing themselves and each other.
  - d. BIPOC staff may be living in a community with high rates of violence and crime.
2. Add a directive to the Silent Witness exercise. Say, “Please feel free to include the effect of racism on how you experience work.”

# Day Two

## Strengthening the Domains of the Trauma Framework – Strengthening Attachment

1. Discuss the role of race in complicating relationships.
  - a. Racial bias may interfere with treaters' relationships with clients. It can lead to treaters overestimating the danger presented by clients of color and thus overreacting. If not addressed, cultural difference can form barriers to relationships.
  - b. Racial bias experienced by clients have led them to distrust White people in authority.
2. Frame and Boundaries
  - a. BIPOC staff often play dual roles as agency staff and as leaders responding to challenges in their community. Therefore, they get no rest from helping others with painful problems.
  - b. Boundaries may not be simple in small or close communities. Treaters may have multiple relationships with clients at work and in the community.

## Strengthening the Domains of the Trauma Framework – Strengthening the Body and Brain

1. What are our definitions and expectations of safety? What has been our, and our clients' experience of what is safe and what is not? There may be differences. Each person's experience should be validated.

## Strengthening the Domains of the Trauma Framework – Strengthening Self Capacities

1. Inner Connection
  - a. What have BIPOC communities done to cope in healthy ways with the historical reality of family separation? (extended families raising children; building close knit communities; teaching youth about cultural heritage; community healing rituals; adult mentoring; teaching native languages to youth).
2. Worthy of Life
  - a. What can we do to help the development of a positive racial identity? (foster a sense of belonging, knowing where you came from, and a connection to culture).
  - b. Create family and community rituals to enhance self-worth.
3. Feeling Management
  - a. Consider how different cultures describe or model feelings management. Consider how our own cultural learning affects our reaction to others.

- b. Help clients find their voice. For example, encourage them to tell a White person what hurt them (if it is safe).
- c. Use a phrase like: “Help me understand why you are upset.” Or “What would be most helpful to you?”
- d. We often teach clients to “use their words, not actions.” Our clients may have experienced that words cannot be trusted. We can also teach clients to start with safe actions, not just words –perhaps by using movement, art, dancing, or drumming.

### **Collaborative Crisis Management**

#### **1. Overview and Before the Crisis**

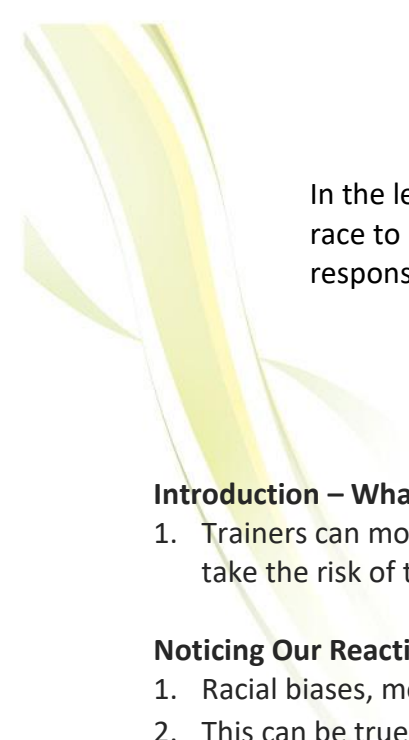
- a. BIPOC clients’ problem behavior is shaped not only by their personal history, but also by their awareness and experience of how the system has been rigged against them for generations – “the pain didn’t start here.” The reality of structural racism and historical trauma impacts behavior in the present. Understanding this builds empathy and counters the common reaction by White people – “Does everything always have to be about race?”
- b. It is important for staff to develop greater self-awareness about what makes them feel safe and unsafe, what is truly a crisis and what is not.
- c. Crisis prevention plans can also include questions such as: How does the client react to authority figures of a different race? What does escalation look like for that client? (i.e., yelling may mean venting of frustration and not aggression).
- d. Don’t assume clients will feel safe with someone just because they are of the same race.

#### **2. During the Crisis**

- a. Raise awareness of race influencing both staff and client expectations of crisis. What might staff be thinking before or as they show up for a crisis? What do we as staff hear and not hear? Whose side do we take when we first arrive? Might we see BIPOC clients that are loud as more likely to be aggressive, evoking fear in us?
- b. BIPOC clients may come in with distrust, fear, or anger at White people that gets transferred to White staff. How can staff awareness of this help in de-escalating a crisis?
- c. Be aware that behavior may be seen as more intentional, fixed, or deliberate in BIPOC clients, rather than adaptive or as the client doing the best they can. We may forget symptoms are adaptations for behavior by BIPOC clients, especially aggressive behavior.
- d. Consider adding a racial element to the Trainer role play in this section. Again, only add this if you are comfortable doing so.

#### Example:

The Trainer playing the client can say, “I’m not talking to you, you’re White (or use another racial or ethnic group), you have no idea what I’m feeling or going through,” or “Why do all the clients that look like you get to have extra snacks? I don’t ever get an extra snack!”



In the less-than-ideal role player, the treater can say something like: “You always bring up race to blame someone else for your behavior. When are you going to learn to take some responsibility?”

## Day Three

### Introduction – What Makes Us Who We Are?

1. Trainers can model talking about their own racial identity which will encourage participants to take the risk of talking about race when they speak.

### Noticing Our Reactions

1. Racial biases, mostly out of our awareness, can influence how we react to clients and peers.
2. This can be true for us no matter what our race or ethnicity. It can be true whether the other is the same or different race from us. For example, a White staff may not set firm limits with an African American client because she thinks Blacks are always treated so harshly. Or, a BIPOC staff may downplay problems of White clients because they have all the advantages in society.
3. It can impact such things as: who we are afraid of and consider dangerous; our tone when we talk to different clients; which clients we decide to keep in programs and who we discharge; who we decide to call the police on; who we do extra for.
4. The good news is that we can learn to become more aware of our biases and notice how we react to various groups. If we understand that we all have biases based on how we were socialized in our own racial or ethnic group and by society as a whole, we can examine them and better discern when and how they impact our reactions.
5. Agency culture can also impact how staff react differently to people of different races. An agency that has explicitly worked to be anti-racist is more likely to have staff that notice biases in their reactions to clients.
6. Below are alternative scenarios for the **Worksheet: Noticing Our Reactions to Traumatized Youth** (p. 295) that bring in racial and ethnic elements. If you work with adults, feel free to write parallel scenarios for the **Worksheet: Noticing Our Reactions to Traumatized Adults** (p. 296).

**Mara** is one of the most difficult clients in your program. You are called to the education building one day to find Mara escalated with two school staff trying to help her calm down. When Mara who is African American sees you, she gets even more upset and starts yelling, “What are you gonna do?” while using profanity and racial slurs. Mara is always bringing up the “race card” about White staff to shift blame from herself.

**Ryan** and you share a similar ethnic background. He is 16 but acts more like he is 11. You notice that many of the staff give Ryan more chances than other clients. You are concerned that Ryan will not learn to follow rules, leaving him unprepared for the real world. You find yourself having regular talks with Ryan about the hardships of being a member of the BIPOC community and strongly encourage him to try harder.

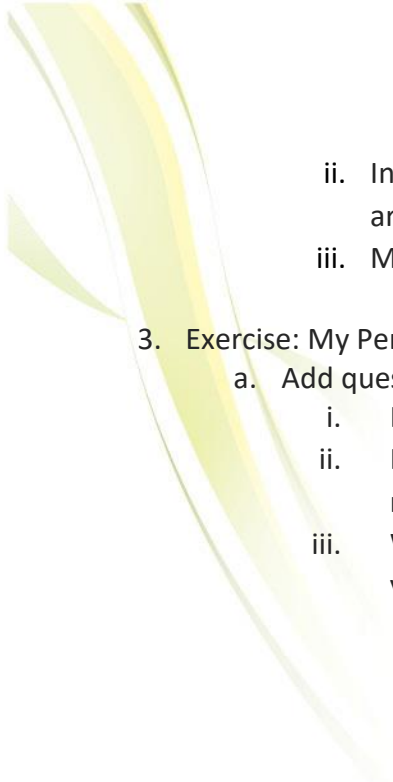


## **Addressing and Transforming Vicarious Traumatization**

1. Contributing Factors to VT (Slide 228)
  - a. Under contributing factors in the environment, acknowledge that for BIPOC staff, racism is 24/7– not something they can escape. It can also be draining for White allies to observe and advocate for fairness 24/7.
  - b. At work, if a BIPOC staff is put in a position of always having to represent or speak on behalf of their entire race, it is exhausting.
  - c. Acknowledge that it can be difficult for BIPOC staff to be vulnerable at work because they have often been told they need to be “strong” or outwork others in order to succeed.
  - d. Acknowledge the need for consistent supervision and mentoring
2. What to Do About VT (Slides 230-234)
  - a. Suggest alternative ways for BIPOC staff to get support for VT that don’t necessarily expect them to be personally vulnerable at work. The could include: using the Employee Assistance Program (EAP), getting support from faith-based leaders, using community networks like barber shops or salons, drumming circles, or recreation centers. Community activities are more viable options for BIPOC staff who come from more collectivist cultures.
  - b. Point out the importance of consistent supervision and mentoring of BIPOC staff.
  - c. BIPOC staff have almost certainly endured racial bias in previous employment settings. It will take time to trust that this environment may be different.
  - d. Acknowledge that not all people have the same luxury of certain forms of self-care.
3. Building Resilience Against VT (Slide 238)
  - a. Ask how experiencing racism might impact resilience in negative and positive ways.
4. What to do about VT – Portraits of Professional Caregivers Video (Slide 240)
  - a. Stop the video at 46:05 as the female police officer is laughing before the hot tub example. The hot tub example assumes privilege that many staff, perhaps especially BIPOC staff, do not have.

## **Putting It All Together**

1. Exercise: Indicators of an RC Approach in Programs (Slide 242)
  - a. During your instructions, ask participants to write in one more item to be rated. “Staff feel comfortable discussing issues of race and racism with peers and clients.”
2. Exercise: Implementing RC as an Organization (Slide 244)
  - a. In the directions, ask participants to include things that would help your organization address the intersection of trauma and racism. This could include things like:
    - i. Strategies to encourage conversation about racism at the organization.

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- ii. Instituting recruitment and hiring practices so that staff and the board of directors are more representative of the population served.
  - iii. Making programs culturally match the needs of BIPOC clients and communities.

3. Exercise: My Personal Contribution to a Trauma-Informed Work Environment (Slide 245)

- a. Add questions to the **Worksheet** for participants to reflect on such as:
  - i. In what ways can I as an individual promote our movement toward anti-racism?
  - ii. How might you approach conflict differently with a person who is of a different race than you?
  - iii. What can you do to stay aware of advantages you may have at work as a result of your race?