

From Lived Experience to Leadership: Building Inclusive Workplaces in Behavioral Health



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Session Goals

By the end of this training, you'll be able to:

- Define **lived expertise as a form of leadership**
- Explain how to **integrate lived expertise** into organizational structures and why (beyond tokenism)
- Recognize the **limitations of traditional trauma-informed care**
- Identify elements of **white supremacy culture in organizational settings**
- Apply a lived-experience accountability model
- Commit to at least one concrete action

Grounding Agreements

Let's agree on a few things:

- **Discomfort** is part of **growth**
- We welcome **imperfection** and **self-reflection**
- We are here to **challenge systems**, not individuals
- Lived experience is **expertise**



Ice Breaker Activity (2 minutes)

IDENTIFYING WHITE SUPREMACY CULTURE

ICE BREAKER

An organization's culture is developed by individual perspectives and influenced by persons in positions of power (formal or informal). Individuals may unintentionally support oppressive and retraumatizing norms and standards if they are unaware of the characteristics of their organizational culture that promote white supremacy thinking.

We hope that this activity provides information and insight, without evoking shame.

Instructions

- 1 Read the list below and reflect on your own organization's norms and standards
- 2 Introduce yourself and provide one example that you have observed or experienced
- 3 Discuss the traumatizing impact that white supremacy culture has on individuals, organizations, and persons of color

CHARACTERISTICS OF WHITE SUPREMACY CULTURE

perfectionism

- Tendency to identify what's wrong, little ability to identify, name, and appreciate what's right
- Mistakes are seen as personal and reflect badly on the person making them

remedies: develop a culture of appreciation, where the organization takes time to make sure that people's work and efforts are appreciated; develop a learning organization, where it is expected that everyone will make mistakes and those mistakes offer opportunities for learning

right to comfort

- The belief that those with power are the only ones with a right to emotional and psychological comfort (another aspect of valuing 'logic' over emotion)
- Scapegoating those who cause discomfort

remedies: understand that discomfort is at the root of all growth and learning, welcome it as much as you can; deepen your political analysis of racism and oppression so you have a strong understanding of how your personal experience and feelings fit into a larger picture

sense of urgency

- Sacrificing potential allies for quick or highly visible results (i.e. sacrificing interests of communities of color to win victories for the dominant community)
- Reinforced by funding proposals which promise too much work for too little money

remedies: realistic workplans, leadership which understands that things take longer than anyone expects; learn from past experience how long things take; be clear about how you will make good decisions in an atmosphere of urgency

individualism

- People in organization believe they are responsible for solving problems alone
- The belief that if something is going to get done right, "I" have to do it

remedies: value people based on their ability to work as part of a team to accomplish shared goals; make sure the organization is working towards shared goals and people understand how working together will improve performance; evaluate people's ability to work in a team as well as their ability to get the job done; use staff meetings as a place to solve problems, not just report

Reflect on your org's culture:

- **Read** the list of White Supremacy Cultural traits
- **Think** of one you've seen or experienced at work
- **Share:** How did that show up? What was the impact?

What is White Supremacy Culture?

“White supremacy culture is not about the Klan. It’s about perfectionism, control, urgency, objectivity—values that pretend to be neutral, but actually serve dominance.” — Tema Okun

- White supremacy culture is the **invisible norm** in most organizations
- Masquerades as “professionalism”
- Centers whiteness as “default” thinking or status quo
- Ostracizes people of marginalized populations, upholding and maintaining people in positions of power

White Supremacy as Violence



“Upholding and maintaining people in positions of power”

- Actions meant for the purpose of maintaining **power or control**

Race-Based Traumatic Stress (RBTS)

Definition

- A distinct form of psychological and emotional distress experienced by BIPOC individuals
- It is based in the experience of racism and discrimination
- Can Lead to physiological deterioration (i.e. **weathering**)
- Can threaten well-being for those affected
- Not included in current models of trauma care

How RBTS Shows Up in Our Work

- Client/staff complaints/concerns dismissed as “angry”, “emotional”, or “too sensitive”
- Compassion fatigue misidentified as laziness or incompetence
- Policies that center white-defined “resilience” and ignore harm and healing from racial violence
- Increased stress from microaggressions/insults that lead to people taking lots of mental health/sick days
- “Imposter syndrome”



Why Trauma-Informed Care Falls Short

- **Ignores Racial Trauma**
- Centers Culture, Not Power: Focus on cultural competence **avoids confronting structural oppression** and maintains the status quo.
- Built on White Norms: Foundational trauma research reflects **white, middle-class experiences** and excludes BIPOC realities.
- Pathologizes Individuals: Emphasizes personal adversity over systemic causes, **reinforcing harmful narratives** about BIPOC communities.



Reflection Break

Quick Pause: Reflect & Share

- What has been your emotional reaction to the slides so far?
- What validated your experience?
- Did you ever feel surprised?
- Raise your hand if you want to share your experience, we would love it hear what you have to say



Lived Experience *Is* Leadership

- Not just a story
- Life experiences can't compromise your professionalism (de-stigmatization of LE)
- Inclusion without power isn't equity
- Navigating systems of oppression builds knowledge that can't be taught and demonstrates hope that can't be explained
- Leadership means co-creating solutions, not just advising on problems



What It Looks Like in Our Practice

Creating Anti-Oppressive Workplaces: A Case Example

- Extended collaborative training & onboarding period
- Staff determine their own caseload ramp-up pace
- Mutual accountability culture: all participants take responsibility
- Acknowledging and respecting neurodivergent needs (not just accommodating them) and their individual unique nature
 - Bottom up communication - having time and space for people to share the context



2. Our Approach

A. CULTURALLY RELEVANT CARE

Our People

Black, Indigenous, Person of Color (BIPoC), Two-spirited, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and other similar identities (2SLGBTQIA+), Neurodivergent (an inclusive terms that describes people whose brain differences affect how their brain works, i.e. ADHD, ASD, OCD, Bipolar, Sensory processing disorder, Epilepsy, Schizophrenia, etc.)

Why are these our people?

Systems in the United States designed for the public often exclude these identities and are rarely built to support the intersections among them. Our founding members have survived immense adversity in nearly every aspect of life to achieve success. They are committed to ending this aspect of intergenerational trauma for future generations.

Shared Accountability Model

Imagine you go to a lake and you find one fish belly-up dead.
What is your analysis of the situation?



“The Groundwater” Approach

Imagine you go to another lake and you find ten fish belly-up dead. Then another lake with 80% of the fish dead.

How do we fix our dead-fish problem?



Shared Accountability

Shared Accountability: A Case Example

- Staff member with severe untreated ADHD
 - Discussed the performance issues together
 - Staff identified non-ADHD friendly system flaws
 - Supervisor provided a “bottom-up” explanation of the current system, including parts of the system that could not be changed (I can’t pay payroll without billings)
 - Reviewed with staff the documentation systems and processes that caused barriers
 - Brainstormed solutions and adjustments to the systems
 - Completed a trial period of the solutions to identify which were effective
 - Sup encouraged getting an ADA letter to outline clinical recommendations for accommodations
- Result was a vastly improved documentation system and more confident staff



My Community My Problem

Multidimensional, multimodal, personal, relational, respectful approach to self sustaining communities

- Dimensions:
 - **Personal = Self-awareness and responsibility.**
 - How each person reflects on and owns their actions, needs, and growth edges.
 - *Example: De-escalating myself before I speak to staff and clients or change perspective to stop seeing co-workers as competition (which is rejecting individualism)*
 - **Relational = How we show up with others.**
 - Communication, repair, boundary-setting, empathy, and how accountability is co-created in interaction.
 - *Example: Ensuring that I speak to my staff using communication methods that they can understand (i.e. respectful of bottom up processing etc.) and that I'm a safe person to give feedback to when my approach isn't working*
 - **Systemic = The structures, policies, and culture that shape behavior.**
 - Who holds power, what norms are reinforced, and how systems support (or sabotage) accountability.
 - *Example: Policies that encourage collaborative care responses from team members (i.e. we support each other when our team needs support)*



Socially Engineered Trauma

- Traumatic events rooted in social forces of oppression and inequality
- Three primary systemic engines of traumatic outcomes at the individual level
 - White supremacist racism
 - Neoliberal economic policies
 - Cisgender-heteropatriarchy
- SHARP framework, developed by Shia et. al. 2019, uses justice as guiding principles
 - Constructivist, participatory approach in social work aimed at exploring historical and systemic causes of social injustice and reclaiming social power
 - We are is responsible for understanding the history of the communities we serve, and the ways that history has shaped the region into its current form.

SHARP Model in Action

Using SHARP to Support Staff & Clients

- **Structural Oppression:** How are multiple overlapping structural issues contributing to the person's experience? How has the person internalized the oppression they have experienced?
- **Historical Context:** What are the historical issues impacting a person's environment/community that might be relevant to the issues they experience now?
- **Analysis of Role:** How do you use your position to impact a structural racial arrangement that is deeper than any system? **Are you a maintainer or disrupter of the status quo?** What personal work has been done to address biases?
- **Reciprocity and Mutuality:** How does the organization remain cognizant of opportunities for the staff and clients to give to others as part of the journey toward self-determination?
- **Power:** What can the person do alone or with others be active in creating change for the future? Are you able to co-create organizational cultures with staff and leadership? What can you do to change the impact of historical and structural oppression?



Basic Treatment Modalities

SHARP

Wendy E. Shaia, David O. Avruch, Katherine Green & Geneen M. Godsey (2019): *Socially-Engineered Trauma and a New Social Work Pedagogy: Socioeducation as a Critical Foundation of Social Work Practice*, *Smith College Studies in Social Work*, DOI: 10.1080/00377317.2019.1704146

Burstow, B. (2003). *Toward a radical understanding of trauma and trauma work*. *Violence against Women*, 9(12), 1293–1317. doi:10.1177/1077801203255555

Martín-Baró, I., Aron, A., & Corne, S. (1994). *Writings for a liberation psychology*. Cambridge, Mass: Harvard University Press.

Differences from “Traditional” Psychotherapy

- Addresses Socially-Engineered Trauma: traumatic events rooted in social forces of oppression and inequality.
 - Addresses “context blindness” that trauma-informed care perpetuates
 - The purpose of SHARP is to enable clients and practitioners to use socioeducation to co-explore the historical and systemic causes of social injustice as well as approaches to reclaiming social power.
-

Why do we need SHARP

- PTSD often individualizes social problems and pathologizes traumatized people.
 - “specific traumatic events happen to specific people in specific locations and within specific contexts, and inevitably involve other human beings. As such trauma is inherently political.”
 - “psychologizing has served, directly or indirectly, to strengthen the oppressive structures, by drawing attention away from them and toward individual and subjective factors.”
-

Why Representation Matters

Client-Provider Racial Concordance Improves Outcomes

- Providers from similar racial/ethnic backgrounds improve trust, retention, and engagement (Cooper et al., 2003)
- Culturally-centered care reduces misdiagnoses and improves outcomes (Holden et al., 2014)
- Organizational diversity lowers turnover and increases performance (Betancourt, 2006)
- But: Relationship quality and cultural humility may matter more than race match alone (Shen et al., 2018)

2. Our Approach

A. CULTURALLY RELEVANT CARE

Trauma and Culture

- Trauma survivors from collectivist cultures may prioritize the group's well-being over individual needs
 - Their focus may be on family responses to the trauma, rather than personal experiences.
 - This collective focus can contrast with the individualistic approach of many behavioral health services.
 - Providers lacking similar cultural experiences or awareness of them may misinterpret these values as resistance or avoidance due to “illness centered” or “medical model” education and training
 - Culturally respectful care is crucial for addressing trauma within a collective context.
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Unlearning Privilege Traps

What Gets in the Way of Anti-Oppression?

- **Ignoring Past Injury** – Avoidance from unresolved personal racial trauma
- **Dismissing Present Injury** – Intentional or unintentional microaggressions that communicate hostile, derogatory, or negative prejudicial slights and insults experienced as belittling, disrespectful, and devaluing.
- **Narrative Possession** – Assuming we can speak for others
- **White Fragility** – Discomfort weaponized to stop dialogue
- **Confirmation Bias** – Seeking data that supports innocent preconceptions, beliefs, or hypotheses

Real Talk for Supervisors

- Anti-oppression culture starts with **financially budgeting** for trauma-informed practices
- Organizational culture is never black-and-white/all or nothing
- When you've provided support and clarity and addressed barriers to staff meeting their own professional goals:
 - It's okay to have a personal emotional internal reaction
 - It's okay to allow people to experience consequences
 - It's okay to name misalignment of values and mission
 - It's okay to use a Performance Improvement Plan to provide structure and accountability
- Check assumptions for what “incompatibility” means



Real Talk for Staff

How Do I Know If This Is the Right Workplace for Me?

- Every job has personalities, but oppression feels like control, silencing, or fear
- **Red** flags:
 - Growth is punished instead of supported
 - Feedback is one-directional and lacks cultural nuance
 - You're constantly self-editing just to get through the day (racially innocuous behavior and the need for liberatory workplace conditions)
- **Green** flags:
 - You feel challenged but not shamed
 - The organization practice what they preach about accountability
 - You're invited to shape—not survive—the culture
- You feel like you can show up fully (masking is not rewarded)





Discussion + Q&A

What's stirring for you?

- What's one practice you want to rethink?
- Where do you feel resistance?
- Where do you feel relief?

What Will You Take With You?

Choose one (or create one) commitment you'd feel proud to follow through on:

- Create or support systems that center healing and resist oppression.
- Resist oppression through joy, peace, and relaxation
- Set boundaries for your work self - “act your wage”
- Reassess if your workplace aligns with your values of inclusion and care
- Add to your inner dialogue the values you don't share (i.e. urgency...)
- Connect with your community and attend an abolitionist community event (in the next slide)
- Go see an anti-oppression therapist!
- Make a contribution to the collective (goal/change etc.) so that everyone wins



LOS ANGELES SOMATICS PRACTICE GROUP

Facilitated by
Saima, Jenny, and
Mahfam
(Generative
Somatics Trained
Practitioners)

Politicized Somatics Practice
for Organizers, Cultural and
Care Workers

April 23rd, May 14th, June 18th

6:30 - 8pm
Mercado La Paloma Community Room
3655 S. Grand Ave.
LA 90007
In Person (with masks)
Open to all levels of Somatics Experience
RSVP and questions to:
jennygarciacu@gmail.com



Free of charge
donations
accepted for space rental

OAXACALI RUN CLUB

Mission Statement

OaxaCali Run Club aims to create an inclusive and empowering community for runners and walkers of all abilities, celebrating the Oaxacan/Indigenous community and its allies. We strive to provide a space where individuals can come together to build strength, health, and unity through exercise. Our mission is to promote wellness, mutual support, and community.

WALKING CLUB

 SATURDAY
 3/29/25 @9AM
 Meet up at 2458 E 114TH ST
 LOS ANGELES 90059

WEAR COMFORTABLE
 CLOTHES & SHOES,
 AND AN OPEN HEART

Preguntas? llama
 424-261-0763

LET'S CONNECT AND
 GET TO KNOW OUR NEIGHBORS

CLUB DE CAMINATA

 Sabado 3/29/2025
 a las 9am
 Encuentra en 2458 E 114TH ST
 LOS ANGELES 90059

Use ropa y
 zapatos cómodos y
 un corazón abierto.

Preguntas, llama
 424-261-0763

Conéctate y conoce
 a tus vecinos

HEAL TOGETHER'S ANTI CARCERAL CARE COLLECTIVE

FOR ANYONE WHO IS GRIEVING & NEEDS RESPITE
 FOR ANYONE WHO LIVES WITH OR LOST SOMEONE BY SUICIDE OR
 OTHER TENTACLES OF STATE VIOLENCE

PULPA SANCTUARIES

WHERE WE MEET TO
 WRAP OURSELVES IN
 COLLECTIVE DIGNIFIED
 CARE WHEN IT FEELS
 HARD TO STAY ALIVE

MONTHLY VIRTUAL SPACE FOR DIGNIFIED SOOICIDALITY & GRIEF CARE
 EVERY 1ST FRIDAY @7:30PM (PST)

EMAIL HEALTOGETHERWELLNESS@GMAIL.COM TO RECEIVE LINK

THIS IS A DONATION BASED SPACE (ZELLE, VENMO OR CASH APP)

ALL OF US OR NONE!

MEMBERSHIP MEETINGS

All of Us or None is a grassroots movement fighting for the rights of currently and formerly incarcerated people.

We work to amplify the voices of those most affected by mass incarceration and fight against discrimination.

Join us on Tuesday, May 14th for Join us at the All of Us Or None (AOUON) meeting as we follow up on our Quest for Democracy event and commit to ongoing collective unity through community organizing and legislative action.



2ND TUESDAY
 EACH MONTH
 5:30 - 7 PM PST
 CHILDREN'S INSTITUTE
 10200 S. SUCCESS
 AVENUE
 LOS ANGELES, CA 90002

CONTACT: AOOUN@ANEWWAYOFLIFE.ORG



For more resources visit us at: www.chirpla.org | info@chirpla.org | [i](#) | [t](#) | [y](#) | [p](#)

TENDING TOGETHER GARDEN CLUB

All ages welcome. Come and connect with dirt, art and life.

Every other Wednesday 2pm - 5pm.

Starting June 12, 2024 at

West Athens Victory Garden
 (10500 South Normandie Avenue,
 Los Angeles, CA 90044)

For the children and your inner child.

If you have any questions please contact
healtogetherwellness@gmail.com



A COLLABORATION BETWEEN HEAL TOGETHER'S ANTI CARCERAL CARE COLLECTIVE, CAT 914, AND FAMILY



Thank You! Let's Stay Connected!



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About Nuna Behavioral Healthcare:

We are a BIPOC, Queer, and neurodivergent led psychotherapy private practice that believes in the importance and power of lived experience. We accept most insurances (Commercial, Medi-Cal FFS, Medicare) and are always welcoming new clients.

Learn more about us at www.nunabehavioralhealthcare.com





Resources & Citations

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