Birth Equity

IN FAMILY THERAPY

By Debbie Manigat, LMFT, AAMFT MFP Doctoral Fellow

This toolkit is an introductory guide to maternal and infant mental health (IMH) care in support of a whole life view. It begins with a review on core concepts in IMH such as intergenerational trauma, social and emotional wellness, early intervention and prevention. Next, the toolkit spotlights professionals in academia and community leaders to learn from and connect with for training, curriculum development, or consultation. Lastly, it includes a curated booklist on culturally attuned clinical care and a special section celebrating trailblazers in the field who are paving the way for birth equity in America.

Get the Facts: Save Lives

Nearly 700 women die in the U.S. each year as a result of pregnancy or its complications (Petersen, et al., 2019). Pregnancy-related deaths are deaths that occur within one year of pregnancy. According to Peterson (2019), approximately one third occur during pregnancy, over 56% occur during labor or within the first week postpartum, and another 13% occur between six weeks and one year, highlighting the importance of quality and accessible integrated, IMH-informed health care beyond the period of pregnancy. Moreover, racially equitable and culturally responsive care needs to be addressed as Black women have disproportionately high rates of maternal mortality and morbidity.

- Black, American Indian, and Alaska Native (AI/AN) women are two to three times more likely to die from pregnancy-related causes than white women – and this disparity increases with age, researchers from the Centers for Disease Control and Prevention (CDC) report today in the Morbidity and Mortality Weekly Report (MMWR).
- Bowers et al. (2018) found several studies that show 20% of women reported discrimination in receiving prenatal care or labor and delivery.
- Clients and their families who are dealing with sorrow from loss prenatally or postnatal- need holistic and systemic grief care.

Learn more: View Charles Johnson shares the tragic story of his wife Kira's death hours after giving birth. – YouTube

Video: https://fb.watch/7C96Coz2Rj/

Infant Mortality

Infant mortality is a benchmark of the health of communities (Knight et al., 2020, p 117).

According to the organization March of Dimes, prolonged exposure to high levels of stress can cause health problems, such as high blood pressure or heart disease, and may increase the chances of having a premature baby (Lamothe, 2016). However, in many cases, the stigma associated with maternal mental health keeps pregnant women from seeking therapy, because there is added shame in thinking that this is supposed to be the happiest time in their life (Lamothe, 2016).

Nationally, African Americans have 2.3 times the infant mortality rate as non-Hispanic whites and African American infants are 3.8 times as likely to die from complications related to low birthweight as compared to non-Hispanic white infants (U.S. Department of Health and Human Services Office of Minority Health, n.d.). African Americans had over twice the sudden infant death syndrome mortality rate as non-Hispanic whites, in 2017 (U.S. Department of Health and Human Services Office of Minority Health, n.d.). In 2017, African American mothers were 2.3 times more likely than non-Hispanic white mothers to receive late or no prenatal care.

Terms To Know

- **Miscarriage** is an event that results in the loss of a fetus before 8-12 weeks and up to 20 weeks of pregnancy (Zeanah, 2019). It typically happens during the first trimester, or first three months, of the pregnancy and most miscarriages occur as a result of chromosomal anomalies, although age, history or prior miscarriage, medical illness in the mother or fetus, drug and alcohol abuse, smoking, and obesity also put pregnancies at risk (Zeanah, Ed., 2019, p. 30).
- I**nfant mortality** is the death of an infant before his or her first birthday and the infant mortality rate is the number of infant deaths for every 1,000 live births. Over 21,000 infants died in the United States in 2018 (CDC, n.d.).
- **Perinatal mortality or neonatal mortality** is stillbirth or death within the first 7 days of life (CDC, n.d.).

Per the Center for Disease Control (n.d.), the five leading causes of infant death in 2018 were:

- Birth defects
- Preterm birth and low birth weight.
- Maternal pregnancy complications.
- Sudden infant death syndrome.
- Injuries (e.g., suffocation).

In 2018, infant mortality rates by race and ethnicity were as follows:

- Non-Hispanic Black: 10.8
- Native Hawaiian or other Pacific Islander: 9.4
- American Indian/Alaska Native: 8.2
- Hispanic: 4.9
- Non-Hispanic white: 4.6
- Asian: 3.6

Family therapists are needed in this space to work collaboratively with OBGYNs, pediatricians, and others in birth care to help reduce disparities. While birthing medical professionals play a critical role assessing the physical needs, family therapy is a process for understanding what is going on in the family system (Satir, 1991)- intergenerationally, in community, and personal inner work. Recognizing the varying levels of the social determinants of health, family therapists provide vital relational and systemic mental health care and support.

Call to Action

During the journey of pregnancy, for women who manifest significant depression, anxiety, or symptoms of PTSD, their prenatal care providers may refer them to mental health professionals for additional resources and support. Yet, many mental health professionals do not have special training in the social and emotional experiences of the prenatal and postnatal period (Zeanah, Ed., 2019).

Additionally, being aware of cultural bias, implicit bias, and/or microagressions is an essential part of this life cycle period, especially how this can affect the fetus growth stage, provider-client relationship, and the family system overall. Significant scientific research reveals that the wear and tear of racism affects adults and the baby in the womb (Zeanah, Ed., 2019).

Nevertheless, even with the above as well as the large number of women affected by perinatal mood and anxiety disorders (PMADs), psychosis, infertility, miscarriage, and parenting stress, most graduate programs do not explore these topics in depth or at all (Macmillian, 2018).

Through this toolkit, we begin together.

Being the Change

The practice of family therapy needs to be included in hospital maternity care units, pediatrician offices, OBGYN practices, early childhood centers, and other spaces intersecting with maternal and infant mental health. Family therapists play a key role in helping families achieve their health goals. Family therapists can provide strategies in grief care to navigate spaces to process sorrow from infertility, miscarriage, infant mortality, or maternal mortality.

To refine clinical skills in service of families, training and continued education should be rooted in early childhood experiences to focus on a whole life view of the family life cycle. This includes cultivating awareness on implicit bias, inequities, disparities, and patterns that take into consideration adverse childhood experiences (including racism), intergenerational trauma, protective factors, and resiliency.

Finding solutions to health disparities such as Black/ African American infant mortality is fundamental. Building capacity to serve substance/ opioid misuse in pregnancy and disaggregating data in birth equity are essential. Family Therapists can lead in this space with systemic thinking, licensed level clinical treatment, reflective and relational practices.

Summary | Family therapists support families and systems in a strength-based way to find solutions during the prenatal and postnatal journey.

Birth Equity begins with Infant Mental Health

Infant mental health (IMH) is the developing capacity of the child from birth through age five to experience, regulate and express emotions, form close relationships, explore the environment and learn- all in the context of family, community and cultural expectations for young children. Moreover, the IMH lens can also provide a scaffold for adults to better understand, explore, and heal their childhood through the confidential process of therapy. Most notably, the IMH basic beliefs mirror core aspects from the foundation of family therapy such as reflective supervision, recognizing the parent-child relationship, and awareness of the impact of intergenerational trauma.

IMH perspectives are rooted in anticipatory guidance and relationship-based care for infant, toddlers, and families where medical and mental health care professionals are intertwined throughout. IMH is a multidisciplinary concept where the voices of marriage and family therapy, medicine, social work, psychology, and early childhood education come together.

Adverse Childhood Experiences (ACEs)

Early experiences are built into our brains and bodies, and the experiences that are most important in driving positive development are the care and protection provided by parents and other primary caregivers (Shonkoff, 2019). Stable and responsive relationships promote healthy brain architecture, establish well-functioning immune, cardiovascular, and metabolic systems, and strengthen the building blocks of resilience (Shonkoff, 2019).

Adverse childhood experiences or ACEs are traumatic events that occur during childhood such as violence/abuse, neglect, divorce, or substance misuse- issues that family therapists hear about quite often in sessions. The toxic stress from ACEs can change brain development and affect how the body responds to stress.

Dr. Nadine Burke Harris (2015) states that, “early childhood experiences gets under our skin, changing people in ways that can endure in their bodies for decades. It can alter the way DNA is read and how cells replicate, and it can dramatically increase the risk for heart disease, stroke, cancer, diabetes—even Alzheimer’s”. Her work as a pediatrician is critical to the IMH field as she further investigated the importance of recognizing toxic stress in early childhood and its impact on mental health and biological health of children as well as parents unresolved trauma. In her book The Deepest Well, she notes that for many families she observed toxic stress was more consistently transmitted from parent to child than any genetic disease.

In family therapy, ACEs are representative of intergenerational trauma, learned systemic styles of coping, and/or family behavior patterns. This may be discovered together with the client through the family therapy tool of a genogram, therapeutic conversation, clinical assessment, and/or observations of communication patterns or survival stances (Satir, 1991). As therapists, we learn together with the family on how specific behaviors affect themselves or others and support the family in determining new ways of being with each other or personally healing from a concern. An IMH lens requires that providers use cultural humility, listen to the family, assess, identify, and share in the process of health treatment while not labeling the child or family. The sociocultural context, risk and protective factors, effects of early violence and trauma, as well as the neurobiology of fetal and infant development are key areas where racial equity, diversity, and culture need to be included in our clinical work.

Competencies of an IMH provider in direct service need to focus:

· Building a relationship
· Understanding the system needs
· Scaffolding through supportive counseling and developmental guidance
· Helping the family in determining social support and developing coping skills (Weatherston & Tableman, 2002).

Racial Trauma & Disparities: The Role of the Family Therapist

"Smile, your epigenetics is showing!" Epigenetics is the molecular processes that lead to changes in gene expression, but are not the result of alterations in the DNA sequence and is viewed as the direct interaction between development, genes, and the environment (Zeanah, Ed., 2019). When communities and people face- racism, hatred, poverty, segregation, housing disparities, adverse childhood experiences, sexual assault, environmental trauma, child abuse, and government-sanctioned violence, it demonstrates part of the lost stories and lives due to racial trauma in America. It links part of the epigenetic code in descendants of all people for family therapists to be aware of, intentionally strive to better understand and collaborate in service to protect the sacredness in the care of human pain, mental health, soul care and the healing of their bodies. By tracing trauma through epigenetics-intergenerational trauma, recognizing the pain and patterns, family therapists can serve as a scaffold in part of the healing process.

Diversity Frameworks

The prenatal period offers the maternal and child health care professionals an opportunity to learn from women about their personal experiences of racism across the life course and better understand its role in maternal and neonatal outcomes (Bower et al. 2018, p. 6). Culturally responsive frameworks to consider in this work include:

- Socioculturally Attuned Family Therapy (ANVIET Framework)
- IMH Diversity-Informed Tenets

Reflection Questions

- Recognizing systemic injustices in birth and mental health care, where can the role of a family therapist best intervene?

- What action can family therapists take to gain professional development in prenatal and postnatal care of Black families to contribute to the reduction of disparities and negative outcomes?

- Lifting the voice of reproductive justice in IMH, what does it mean as a family therapist to serve families recognizing racial bias, being mindful of judgement, and submitting to grace and genuine dignity?

Forward with Family Therapy in Birth Equity

Family therapists help families in crisis and through every day change. For each stage of the family life cycle, therapists have the opportunity to build specific skills and learn clinical best practice in service of diverse families. The grounding of this knowledge and care begins with birth equity.

Family Therapy in Perinatal Care Professional Development Guide

· Endorsement® system by the Alliance for the Advancement of Infant Mental Health (nd) is the first and most comprehensive efforts, nationally and internationally, to identify best practice competencies across disciplines and practice settings, offering multiple career pathways for professional development in the infant, early childhood, and family field. Each IMH Endorsement® category has specific work, education, in-service training and reflective supervision/consultation requirements, specific to pregnant women, young children, aged 0-36 months, and their families. It does not replace licensure or certification; it serves as evidence of a specialization in this field.

· Postpartum Support International (nd) provides a certificate course for Perinatal Mood and Anxiety Disorders and an online webinar training for individuals and hospitals in collaboration with the 2020 Mom Project.

· The Postpartum Stress Center holds a 10-hour postpartum depression training at its headquarters in Rosemont, Pennsylvania and offers additional training resources on its website (Macmillian, 2018).

· Dr. Aurélie Athan, cofounder the, "Sexuality, Women, and Gender Project" at Teachers College Columbia University, created a Reproductive and Maternal Well-Being curriculum within the clinical psychology department (Macmillian, 2018).

· Rosita Cortizo created The Calming Womb Family Therapy Model (CWFTM). CWFTM is a multidisciplinary, integrative, early intervention approach. Its foundations originate from Murray Bowen's family model of understanding the individual in the context of their families as emotional interactive systems; Selma Fraiberg's psychodynamic work and psychoeducational interventions with mothers and infants to resolve maternal trauma and transference reactions to their babies followed by educational guidance in infant development through the first year of their lives; and EMDR therapy.

· University of North Carolina at Chapel Hill provides, "The Satir Model: Enhancing Individual, Couple, Family and Organizational Health". This 1.5 credit hour course aims to help students facilitate the healthy functioning of individuals, couples, families, and organizations.

More on related IMH learning opportunities, research, organizations, and birth equity initiatives are listed below.

Organizations to Explore

Government Leadership

- Substance Abuse Mental Health Services Administration www.samhsa.org
- U.S. the Maternal and Child Health Bureau www.mchb.hrsa.gov
- Association of Maternal & Child Health http://www.amchp.org/
- National Center on Substance Abuse and Child Welfare https://ncsacw.samhsa.gov/topics/pregnant-postpartum-women.aspx

Research

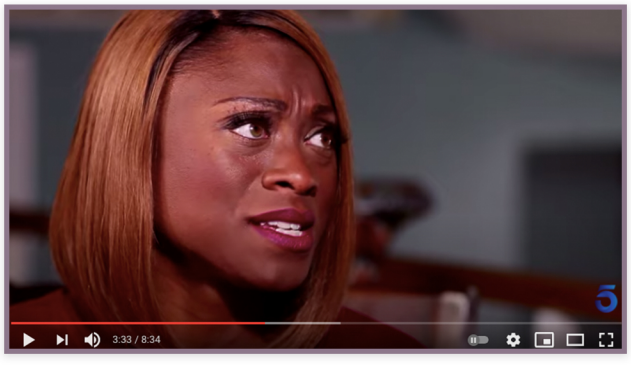
- National Birth Equity Collaborative https://birthequity.org/
- March of Dimes https://www.marchofdimes.org/
- Start Early https://www.startearly.org/
- The Alliance for Innovation on Maternal Health (AIM) https://safehealthcareforeverywoman.org/aim/
- Center on the Developing Child https://developingchild.harvard.edu
- Center for Early Childhood Mental Health Consultation https://www.ecmhc.org/

Professional Membership

- American Association of Marriage and Family Therapy www.aamft.org
- Zero to Three https://www.zerotothree.org/resources/110-infant-early-childhood-mental-health
- Perinatal Mental Health Alliance for People of Color https://pmhapoc.org/
- Association for Prenatal and Perinatal Psychology and Health https://birthpsychology.com/
- National Perinatal Association http://www.nationalperinatal.org/
- National Association of Perinatal Social Workers https://www.napsw.org
- Society for Reproductive Endocrinology and Fertility https://www.socrei.org/home?ssopc=1

Video Break: View Postpartum Advocate Spotlight

A comedian's battle with postpartum depression turned laughs into legislation - YouTube



Training & Professional Development

- Postpartum Support International https://www.postpartum.net/resources/
- Diversity Informed Tenets https://diversityinformedtenets.org/
- Brazelton Touchpoints www.brazeltontouchpoints.org
- Eikenberg Academy for Social Justice https://eikenbergacademyforsocialjustice.com/
- Alliance for the Advancement of Infant Mental Health https://www.allianceaimh.org
- World Association for Infant Mental Health www.waimh.org
- Maternal Health Learning and Innovation Center (MHLIC) www.maternalhealthlearning.org
- Center of Excellence for Infant & Early Childhood Mental Health Consultation https://www.iecmhc.org/
- Center for Prevention & Early Intervention Policy https://cpeip.fsu.edu/imh/index.cfm
- Head Start Professional Development https://eclkc.ohs.acf.hhs.gov/professional-development

Reproductive Justice

- Black Women's Health Imperative (BWHI) https://bwhi.org
- Black Women for Wellness (BWW) https://www.bwwla.org/
- New Voices https://newvoicesrj.org/about-us/
- National Black Child Development Institute https://www.nbcdi.org/
- Tewa Women United https://tewawomenunited.org
- Forward Together: Asian Communities for Reproductive Justice https://forwardtogether.org/
- Native American Community Board http://nativeshop.org/programs/reproductive-justice.html
- Latina Institute https://www.latinainstitute.org/en/what-we-do

Theory of Change & Models

- Vital Village https://www.vitalvillage.org/
- National Healthy Start Association AIM – Community Care Initiative (AIM CCI) www.nationalhealthystart.org
- Society for Maternal Fetal Medicine https://www.smfm.org/
- National Healthy Start Institute http://www.nationalhealthystart.org/
- Maternal Mental Health Alliance https://maternalmentalhealthalliance.org/
- Maternal Mental Health Leadership Alliance https://www.mmhla.org/
- National Institute for Children's Health Quality https://www.nichq.org/insight/efforts-reduce-infant-mortality-focus-under served-populations

Advocacy

- National Partnership for Women & Families https://www.nationalpartnership.org/
- Every Mother Counts https://everymothercounts.org/
- Think Babies Advocacy Tools https://www.thinkbabies.org/policy-priorities-infant-and-early-childhood-mental-health/
- Save Babies Through Screening Foundation http://www.savebabies.org/resources.html

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Trailblazers: Healing Trauma & Empowering Generations

Dr. Nadine Burke Harris is an award-winning physician, researcher and advocate dedicated to changing the way our society responds to one of the most serious, expensive and widespread public health crises of our time: childhood trauma. She was appointed as California's first-ever Surgeon General by Governor Gavin Newsom in January 2019.

Dr. Burke Harris' career has been dedicated to serving vulnerable communities and combating the root causes of health disparities. After completing her residency at Stanford, she founded a clinic in one of San Francisco's most underserved communities, Bayview Hunters Point. It was there that Burke Harris observed that, despite the implementation of national best-practices for immunizations, asthma, obesity treatment and other preventive health measures, her patients still faced outsized risks for poor health, development and behavioral outcomes.

Drawing in research from the CDC and Kaiser Permanente, Dr. Burke Harris identified Adverse Childhood Experiences as a major risk factor affecting the health of her patients. In 2011, she founded the Center for Youth Wellness and subsequently grew the organization to be a national leader in the effort to advance pediatric medicine, raise public awareness, and transform the way society responds to children exposed to Adverse Childhood Experiences (ACEs) and toxic stress. She also founded and led the Bay Area Research Consortium on Toxic Stress and Health, to advance scientific screening and treatment of toxic stress. She currently serves as a government liaison for the American Academy of Pediatrics' National Advisory Board for Screening and sat on the board of the Committee on Applying Neurobiological and Socio-behavioral Sciences From Prenatal Through Early Childhood Development: A Health Equity Approach for the National Academy of Medicine.

Her work has been profiled in best-selling books including "How Children Succeed" by Paul Tough and "Hillbilly Elegy" by J.D. Vance as well as in Jamie Redford's feature film, "Resilience". It has also been featured on NPR, CNN and Fox News as well as in USA Today and the New York Times. Dr. Burke Harris' TED Talk, "How Childhood Trauma Affects Health Across the Lifetime" has been viewed more than 7.5 million times. Her book "The Deepest Well: Healing the Long-Term Effects of Childhood Adversity" was called "indispensable" by The New York Times. Dr. Burke Harris is the recipient of the Arnold P. Gold Foundation Humanism in Medicine Award presented by the American Academy of Pediatrics and the Heinz Award for the Human Condition.

Loretta Ross is a Professor at Smith College in Northampton, MA in the Program for the Study of Women and Gender. She teaches courses on white supremacy, human rights, and calling in the calling out culture. She has taught at Hampshire College and Arizona State University. She is a graduate of Agnes Scott College and holds an honorary Doctorate of Civil Law degree awarded in 2003 from Arcadia University and a second honorary doctorate degree awarded from Smith College in 2013.

Loretta's activism began when she was tear-gassed at a demonstration as a first-year student at Howard University in 1970. As a teenager, she was involved in anti-apartheid and anti-gentrification activism in Washington, DC as a founding member of the DC Study Group. As part of a 50-year history in social justice activism until her retirement from community organizing in 2012, she was the National Coordinator of the SisterSong Women of Color Reproductive Justice Collective from 2005-2012 and co-created the theory of Reproductive Justice in 1994.

Loretta was National Co-Director of April 25, 2004, March for Women's Lives in Washington D.C., the largest protest march in U.S. history at that time with 1.15 million participants. She founded the National Center for Human Rights Education (NCHRE) in Atlanta, Georgia from 1996-2004. She launched the Women of Color Program for the National Organization for Women (NOW) in the 1980s and was the national program director of the National Black Women's Health Project. Loretta was one of the first African American women to direct a rape crisis center in the 1970s, launching her career by pioneering work on violence against women.

Loretta has co-written three books on reproductive justice: Undivided Rights: Women of Color Organize for Reproductive Justice in 2004; Reproductive Justice: An Introduction in March 2017; and Radical Reproductive Justice: Foundations, Theory, Practice, Critique in October 2017. Her newest book, Calling In the Calling Out Culture is forthcoming later in 2021.

Renée Boynton-Jarrett is a practicing primary care pediatrician at Boston Medical Center, a social epidemiologist and the founding director of the Vital Village Community Engagement Network. Through the Vital Village Network, she is supporting the development of community-based strategies to promote child well-being in three Boston neighborhoods. She joined the faculty at Boston University School of Medicine in 2007 and is currently an Associate Professor of Pediatrics. She received her AB from Princeton University, her MD from Yale School of Medicine, ScD in Social Epidemiology from Harvard School of Public Health, and completed residency in Pediatrics at Johns Hopkins Hospital. Her work focuses on the role of early-life adversities as life course social determinants of health. She has a specific interest in the intersection of community violence, intimate partner violence, and child abuse and neglect and neighborhood characteristics that influence these patterns.

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Thought Leaders in Birth Equity & Early Childhood Intervention

Dr. Crear-Perry is a physician, policy expert, thought leader and advocate for transformational justice. As the founder and president of the National Birth Equity Collaborative (NBEC), she identifies and challenges racism as a root cause of health inequities. She is a highly sought-after trainer and speaker who has been featured in national and international publications including Essence and Ms. Magazine. In 2020, Dr. Crear-Perry was honored by USA Today in its "Women of the Century" series and featured on ABC Nightline's Hear Her Voice. Dr. Crear-Perry has twice addressed the United Nations Office of the High Commissioner for Human Rights to elevate the cause of gender diversity and urge a human rights framework toward addressing maternal mortality. Previously, she served as the Executive Director of the Birthing Project, Director of Women's and Children's Services at Jefferson Community Healthcare Center and as the Director of Clinical Services for the City of New Orleans Health Department. Dr. Crear-Perry currently serves as a Principal at Health Equity Cypher and on the Board of Trustees for Black Mamas Matter Alliance, Community Catalyst, National Clinical Training Center for Family Planning and the UCSF PTBi. She is an Adjunct Professor at Tulane School of Public Health. After completing undergraduate studies at Princeton University and Xavier University, Dr. Crear-Perry received her M.D. from Louisiana State University and completed her residency in Obstetrics and Gynecology at Tulane University's School of Medicine. She is married to Dr. Andre Perry and has three children: Jade, Carlos, and Robeson. Her love is her family; health equity is her passion; maternal and child health are her callings. Learn more about the National Birth Equity Collaborative here: https://birthequity.org/

As the Director of Equity & Outreach, Lisa Wilson oversees the development and implementation of equitable practices within the National Center on Early Childhood Development, Teaching and Learning (NC ECDTL). Working closely with the Center Director and Consortium Leadership Team, she ensures DTL implements a lens of equitable practices within all aspects of its work, coordinates regularly with the Office of Head Start (OHS), and operationalizes center-wide equity, CLRP, and co-creation efforts, including consortium partners' work, to efficiently manage the annual work plan. Lisa is Co-Founder of C.A.R.E., a coalition of dynamic activists and change agents who develop curriculum and professional learning offerings that empower professionals to fight and advocate for social justice and human rights towards an equitable and inclusive world for all people. As previous Professional Development Coordinator for Race to the Top Early Learning Challenge pilot in Los Angeles County, Lisa expanded her passion for quality programs for all children to close the opportunity gap. She is previous chair and co-chair for Child Care & Early Education Task Force, as well as a member of Community Voices and has worked in the field of early childhood education for over 20 years. Lisa is adjunct faculty member of the Early Childhood Education Department at Pacific Oaks University and previous adjunct at College of the Canyons and Santa Monica City College. Lisa has a Master's in Education with an emphasis in Multicultural Curriculum and Instruction. She is currently completing her dissertation for a Doctor of Education (EdD) in Curriculum and Instruction.

Eurnestine Brown, Ph.D. brings a wealth of experience to her role as the first Director of Relational Equity and Belonging at the Brazelton Touchpoints Center/Division of Developmental Medicine Director of Diversity, Equity, Inclusion and Belonging. She is a former Senior TTA Specialist and Resource Development Project Manager II at the National Center on Parent, Family, and Community Engagement. She has served as a former University Assistant Professor and Child Development Program Director in Early Head Start (EHS) and Head Start (HS): home-based, center-based, family care, and local program options. As a Consultant and EHS Start-Up Planner she provided overall program supports and guidance to local and national EHS programs.

Dr. Brown's specialty areas include adolescent pregnancy and prenatal development, children/families in poverty, racial and gender inequities, parental socialization practices and early childhood social development, Early Head Start/Head Start, and resiliency. Dr. Brown recently became a Doula and hopes to expand her work with pregnant and expectant families and the Doula community to address racial and health inequities in families of color.

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Leaders to Learn from in the Field

Dr. Brown-Graham is a Board-Certified Obstetrician Gynecologist practicing in the Wellington Florida area for the past 25 years. Dr. Brown-Graham got her undergraduate degree from Duke University. She attended Medical School at the University of Miami School of Medicine and received her Master's in Public Health with a concentration in Maternal Child Health from Harvard University. She is a board member of the Boys and Girls Club in West Palm Beach, The Palm Beach County Medical Society and the T Leroy Jefferson Medical Society. Dr. Brown-Graham works to promote the health of all patients that she sees further she is very committed to the promise that all women have equitable medical care in the United States.

Dr. Harleen Hutchinson, IMH-E® is a child psychologist and social worker, an endorsed Infant Mental Health Clinical Mentor, and Executive Director of the Journey institute, Inc. Her life's work is centered on ensuring young children have access to high quality early pediatric behavioral health programs and services that are developmentally and culturally appropriate. She is currently an Adjunct Professor in the School of Social Work at Barry University. She was the 2020 recipient of the FAIMH “Answering the Call” award. In her role as Vice President of the Florida Association of Infant Mental Health (FAIMH), she works collaboratively with organizations in enhancing the workforce development of professionals to ensure a statewide culture change. She is a FAIMH Training Academy Expert Trainer and Reflective Supervisor statewide, and nationally. Dr. Hutchinson works collaboratively with the Broward County Early Childhood Court and the RISE Court, conducting culturally appropriate assessment and treatment of the parent-child relationship. She is a member of the National Alliance of Infant Mental Health Leadership Team, where she examines issues relating to equity, diversity and inclusion in early childhood systems of care to promote culturally responsive practices. Dr. Hutchinson is also actively engaged in the March of Dimes, Racism & Unequal Treatment Policy Work group to address systematic inequities and equal treatment in maternal health. She provides early childhood equity trainings, reflective supervision, lectures on issues relating to diversity and inclusion, trauma, maternal mental health, attachment, and pediatric bereavement.

Mx. Donato is a Latinx cis-gendered woman who is currently splitting her time between south Florida and Raleigh, NC. She is a licensed clinical social worker and an addictions specialist who is currently licensed in Florida, North Carolina, Colorado and New Jersey. She holds a Masters degree in clinical social work from Florida State University and a Bachelor’s degree in psychology from The University of Florida. Mx. Donato has worked with infants, children, adolescents, young adults, and marginalized families for over 25 years. She has completed over 250 hrs. post-graduate specialized training in infant mental health through, The Center for Prevention and Early Intervention Policy, Harris Institute at Florida State University in 2002. Mx. Donato has extensive training and holds certifications in the field of infant mental health, addictions, EMDR, CISM, clinical hypnosis, conflict resolution, and trauma. She is also a certified family mediator and court-appointed parenting coordinator in the state of Florida. Mx. Donato is proficient in both English and Spanish and is currently in private practice.

Tyona Ezeilo is a mindfulness and Ayurveda practitioner, book lover, and certified Christian life coach. She has a Bachelor and Master degrees in Social Work from Florida Atlantic University. In 2012, Tyona completed level 3.0 Infant Mental Health (IMH) training for practitioners and therapists with Florida State University’s (FSU) Harris Institute for IMH training. In 2013, she received accreditation in Level 4 Triple P Positive Parenting Program for ages 0-12 and joined the national Triple P Provider Network. In addition to providing psychotherapeutic services for individuals, couples, and families, she has facilitated play therapy groups with preschoolers in Head Start programs, social skill-building groups with children in elementary schools and peer support groups with adolescents and adults.

Tyona is also a certified Group Peer Support (GPS) facilitator trainer joining the GPS Black Leaders group and volunteering as a GPS Solidarity Group facilitator for Professor Loretta Ross’ online community courses “White Supremacy in the Age of Trump” and “Calling in the Call Out Culture”. She formally joined the national training team at GPS in January 2021. She is currently focused on offering Mindfulness Based Stress Reduction (MBSR) to BIPOC communities as a MBSR Teacher Training participant with the University of California San Diego Center for Mindfulness.

Dr. LaTrice L. Dowtin, Ph.D., LCPC, NCSP, RPT is a Black cisgender woman and native of the DC/Maryland area who believes in the ongoing pursuit of cultural humility and social justice. She is a licensed clinical professional counselor who specializes in perinatal & postpartum, trauma, and infant mental health for culturally, racially, and linguistically marginalized families. Dr. Dowtin is proficient in both English and American Sign Language and is currently an adjunct assistant professor at Gallaudet University in the Infants, Toddlers, and Families graduate program. She completed a Postdoctoral Fellowship at Stanford University in the Neonatal Intensive Care Unit (NICU). Given her own background, Dr. Dowtin is passionate about serving historically marginalized populations, disrupting the generational transmission of trauma, and facilitating healthy social-emotional development from conception through adulthood. Dr. Dowtin is the CEO and director of PlayfulLeigh Psyched, which focuses on mental healthcare from a social justice and trauma-based framework.

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Birth Equity Bookshelf:

Build your Clinical Tools, Explore, & Reflect

In the parallel process, it is imperative for clinicians to also recognize their cultural background or biases, be cognizant of ghosts in the nursey for the parent, ghosts in the society for the family such as historical discrimination or racism, and equally- angels in the nursey or ancestral angels that teach the moral tenants of love, repair, and resiliency.

About Debbie Manigat, LMFT, AAMFT MFP Doctoral Fellow 2019-2021

Debbie embodies innovative leadership and systemic thinking as a change agent in the field of Family Therapy. She is a proud graduate of Howard University (Bachelor of Arts) where she majored in Communications and minored in African American Studies. For her Master of Science degree in Counselor Education, she attended Palm Beach Atlantic University and completed dual tracks in Mental Health and Marriage & Family Therapy with an emphasis on soul care. For her Doctor of Marriage & Family Therapy, Debbie attended Nova Southeastern University where her research is on integrating reproductive care, Narrative Therapy, Existential and Satir Transformational Systemic Therapy. Her clinical and leadership practice focuses on an infant mental health lens, cultural humility, and holistic wellness. She is passionate about researching, writing, and presenting on healing intergenerational trauma, epigenetics, suicide prevention, positive/ adverse childhood experiences, and birth equity. Debbie is a certified Brazelton Touchpoints Site Network Coordinator, Lean Six Sigma Yellow Belt, and Lean SIX SIGMA DMAIC at a local Children's Services Council. Additionally, she is trained in Infant Mental Health Level 1 & 2, Reflective Practice & Supervision, Family Play Therapy, Art Therapy Techniques, Gottman Therapy, Trauma-Focused CBT, Mindfulness-Based Stress Reduction, EMDR and Suicide Prevention. She is also a PREPARE-ENRICH Facilitator (Lic#1264928), Incredible Years Parent Program (Baby, Toddler, Preschool) Group Leader, and certified Group Peer Support (GPS) Facilitator. Recently, she had the honor to lead a GPS Solidarity Group for Smith College incoming class of 2021 under the leadership of Loretta Ross.

As an avid mental health advocate and community leader, Debbie volunteers with the T. Leroy Jefferson Medical Society, NAMI (PBC chapter), RISE, and New Song Church Mental Health Ministry. She serves as mentor and alumni fellow for the New Leaders Council (Palm Beach) as well as a mentor for the Women of Tomorrow. Professionally, she is a member of Zero to Three, AAMFT, DKO International Marriage & Family Therapy Honor Society, Florida Association of Infant Mental Health (FAIMH), and Alpha Kappa Alpha Sorority Incorporated. She also serves as an Advisory Board Member for the Florida Family Therapy Alliance and active member of FAIMH's Diversity, Equity, Inclusion & Belonging Workgroup. In 2020, she was awarded a mini grant from Healthier Neighbors, which she used to create the national New Song "Mental Health & Church Conference " on World Mental Health Day and organized free therapy to underserved communities for healing spaces of racial trauma. Nationally, she was selected as part of the inaugural Zero to Three "Moving Forward with Mindfulness" Community of Practice and a 2021 Distinguished 400 Award Winner from the 400 Commission. Above it all, Debbie's most priceless accomplishment is being a mother to two prodigies.

***This toolkit was created with partial content from Debbie Manigat's Applied Clinical Project "Reproductive Renaissance in Family Therapy: Integrating Infant Mental Health Training & Professional Development". To view the complete project and reference list, visit ProQuest. To connect with Debbie on IMH and Birth Equity initiatives, email dm2467@mynsu.nova.edu**

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