

Combining Family Systems Approaches to Address BIPOC Families' Racial Trauma Amidst the Global Pandemic

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Abstract

The ACE study (Felitti et al., 1998) led to the recognition of the prevalence and impact of trauma. However, since the ACE study sample was mostly white and middle class, the Philadelphia task force implemented their own study to account for trauma of a more diverse sample. A result of the study was a list of evidence-based treatments to be utilized with BIPOC populations. Of the evidence-based treatments was, ecosystemic structural family therapy (ESFT). A similar effective approach is the family resilience framework. When combined, the approaches can be effective with BIPOC families during the global pandemic and racial trauma, something not typically at the forefront of family counseling goals. In this article, I explain the four steps family counselors should follow when combining the approaches to better approach and treat racial trauma while also partaking in effective advocacy to enhance family resilience of BIPOC families. A case study is provided for family counselors to understand how to effectively utilize this combined approach.

Keywords

family counseling, racial trauma, global pandemic, family resilience, ecosystemic structural family therapy

Racial trauma is a prevalent, tumultuous, emotionally taxing experience faced by Black, Indigenous, and other People of Color (BIPOC) on a daily basis. More specifically, racial trauma is, “emotional, psychological, or physical pain as a result of racism” (Daniels, 2020, p. 2). Considering racial trauma is a personal attack on one’s racial identity, individuals may experience symptoms in alignment with post-traumatic stress disorder such as ruminating thoughts about previous racial attacks or previous physical or emotional responses to racial attacks (Mosley et al., 2020). Black children and adolescents experience racial trauma at a chronic level, where it can occur in the classroom, in the community, on social media, in the news, and elsewhere. Unfortunately, these chronic experiences are correlated to high blood pressure, weight gain or obesity, and higher levels of stress hormones in comparison to non-Black youth (Brody et al., 2014).

The Problem: Global Pandemic and Racial Trauma

When the COVID-19 pandemic became insurmountable in the United States, there was an initial collective trauma response of frustration, shock, and fear. As time continued, many families experienced financial losses, job loss, which led to food insecurity, grief, loss, and heightened stress levels. BIPOC were also more likely to die from COVID-19 due to not having insurance coverage, and not receiving proper medical treatment for underlying

chronic conditions as a result of being uninsured (Artiga et al., 2020; SAMHSA, 2020). Family systems were greatly impacted by the pandemic as they were to stay inside and stay socially distanced from those outside of their households. Consequently, this led to more time with family members who lived together, however, families living in separate households had long periods of time apart which we do not yet know how this has impacted children and adolescents. Furthermore, more time indoors, led to higher rates of child abuse and neglect (Gayatri & Irawaty, 2021). Parent(s) and caregiver(s) were also experiencing immense stress due to the social isolation, potential job losses, stress associated with working during a global pandemic, and figuring out child care for their children who were learning virtually or on a modified schedule (Gayatri & Irawaty, 2021). Amidst these social disparities and a ‘new normal’, the murders of George Floyd, Breonna Taylor, and Ahmaud Arbery were amplified. Many BIPOC, especially Black individuals, were recounting previous racial trauma and

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the exhaustion of being a Black person in the United States alongside being one of the most impacted communities during the pandemic. When BIPOC individuals experience oppression amidst a global pandemic, they are typically affected by the impact of the global pandemic at a higher rate than non-marginalized populations, considering they are experiencing hardship and trauma on various levels while non-marginalized groups are not (Jashinsky et al., 2021). Presently in 2022, these stressors are still occurring with new variants of COVID-19 leading to peaks in positive cases. The unexpected surges in positive COVID cases which lead to school closures, half days, and virtual learning, can trigger trauma responses similar to those experienced at the first height of the pandemic in March 2020. Despite the negative results of the pandemic, the family system has been positively impacted as well. In some families, the extended quality time has helped families to become stronger (Gayatri & Irawaty, 2021). Furthermore, when the family is able to come together through the pandemic, they can enhance their individual and family resilience (Gayatri & Irawaty, 2021). Family resilience is when the family system is able to persevere through an adverse experience (Walsh, 2016a). Furthermore, during the pandemic, family resilience is seen as they are able to obtain the resources needed to survive and thrive as a family unit. Examples of resources are, meals, school accommodations, social functions, counseling services, church community, and technology access for school and work. The family resilience approach can assist counselors in better counseling and advocating for clients during unstable pandemic times.

A way for Family Counselors to Respond

The family resilience approach is appropriate for present day counseling as counselors view families via a strengths-based lens, doing their best despite the circumstances they experience (Walsh, 2016a). Furthermore, the family system is viewed as a highly operating system which perseveres through adverse experiences, and departs such experiences stronger than they were prior to the adversity. The family resilience approach also has an ecosystemic view, aware of the family, individual, community, and society and how they impact the individual and family clients (Walsh, 2016a). Considering the ecosystemic component of family resilience, I discuss the combination of the family resilience approach and the ecosystemic structural family therapy (ESFT) approach when counseling families amidst racial trauma and the ongoing global pandemic. The present article is in place for family counselors to better understand how to treat the trauma from the pandemic while also accounting for racial trauma.

Ecosystemic Structural Family Therapy

Approaches such as ESFT were cultivated as a response for family counselors to provide more multiculturally competent treatment to BIPOC families experiencing trauma. Prior to

coming to these conclusions, the recognition of the prominence of trauma as well as the physical and emotional harm trauma can cause was recognized via the hallmark ACE study in 1998 (Felitti et al., 1998). However, the population was not able to be generalizable to BIPOC populations, therefore the Philadelphia ACE study was designed to expand the understanding of complex trauma with more diverse populations in an urban setting (Lieberman et al., 2017). After data collection, a task force utilized the results of the study to better understand which approaches are most suitable to treat trauma while also catering to BIPOC families. One of the evidence-based approaches the Philadelphia task force recommended was ESFT, a modern approach stemming from structural family therapy and attachment theory. ESFT is a holistic approach in which family counselors acknowledge the biological impact complex trauma can have on the autonomic nervous system which can lead to various behavioral symptoms such as difficulty regulating emotions well as physical health symptoms such as heart or liver disease (Felitti et al., 1998; Lindblad-Goldberg & Northey, 2013). Therefore, utilizing ESFT with BIPOC families who continuously experience racial trauma and are at risk to experience other chronic traumas, the use of ESFT is a safe, culturally aware approach to utilize with children adolescents and families. Family counselors must be prepared to discuss racism in schools, communities, or in the country and how it is impacting the mental health of the family system. Considering children and adolescents respond to trauma via behavior, counselors utilizing ESFT should view the behaviors such as throwing chairs as a sign the child or adolescent is hurting and biologically responding to trauma, rather than labeling them as 'manipulative' or 'bad'. By educating families on such responses to racial trauma, the family unit can come together stronger and support each other as a way to enhance the resilience of those in the family who are impacted by racial trauma. A main goal of ESFT is to boost client resilience by assisting families in learning coping skills, feelings vocabulary, communication skills, and a deeper understanding of the trauma and how it leads to behavioral symptoms. Other main components of ESFT is for family counselors to better understand the family system, enhance the parent(s)/caregiver(s) self-esteem, and empower parents/caregivers to take the main leadership role of their family despite the ongoing trauma experienced. Family counselors utilizing ESFT help families transfer skills and lessons from the counseling room to their own homes, schools, and community environments (Lindblad-Goldberg & Northey, 2013). When conceptualizing cases and treatment planning, counselors should model it around the four pillars of ESFT; (1) Co-caregiver alliance; (2) attachment; (3) executive functioning; and (4) emotion regulation (Lindblad-Goldberg & Northey, 2013). Counselors should also use these pillars to understand what the core negative interactional patterns are in the families they work alongside.

The pillar, co-caregiver alliance is important for family counselors to not make assumptions made regarding who is considered family. Family counselors should ask open ended

questions to families such as, ‘who do you consider family?’ Conversations stemming from this question can lead to stronger rapport building and gaining a better understanding of family dynamics. Once it is apparent who the caregiver is and if there are multiple, the counselor should assess how the caregivers work as a team or individually, which assists in deciding which interventions can build the alliance. If there is a single parent, the family counselor should empower them and boost their confidence as the leader of their family system. The next pillar, attachment, is in place for family counselors to consider trauma can impact attachment (Lindblad-Goldberg & Northey, 2013), counselors must assess each family members’ attachment style and how those styles can impact the family system. Upon figuring out the attachment styles in the family, counselors can plan to facilitate attachment building activities such as games which promote teamwork in session and reading books focused on feelings vocabulary and communication. The pillar, executive functioning is in place as counselors should assess families’ timeliness to sessions, ability to partake in team work, and ask the family if there are any difficulties getting ready to leave the house each day. The final pillar of emotion regulation is in place for family counselors to assess emotion regulation. When conceptualizing cases, family counselors should be able to answer the questions; (1) how do family members respond to a changing environment? (2) When playing games in session, do verbal arguments arise easily?; (3) Are any family members crying uncontrollably or some other behavioral response if things do not go their way? As the family counselor answers these conceptualization questions, they will be able to select the proper interventions. Furthermore, the ways in which ESFT and the family resilience approach can be combined to efficiently provide counseling services to BIPOC families experiencing racial trauma and the global pandemic.

Family Resilience Approach

The family resilience framework is a strengths-based, systems approach to counseling and resilience building (Walsh, 2016a). It is appropriate for a diverse caseload as the approach is rooted in flexibility in understanding what constitutes family and cultural norms for the clients a family counselor is seeing (McDonald, 2012), similar to ESFT. The approach is also suitable for a diverse caseload as there is recognition of sociocultural, multigenerational, developmental, and the belief systems which impact or shape the values, emotional responses, and attitudes that may shape the way families respond to their environment and make decisions. The goal of the approach is for the family system to be able to thrive and adapt as various challenges and traumas are experienced (Walsh, 2016a). Furthermore, family counselors who incorporate the family resilience framework aim to help families emerge from trauma experiences stronger than they were prior to the trauma. There is research supporting that families can be more cohesive, vulnerable, and loving after navigating trauma

experiences (Daniels & Bryan, 2021), as the family is able to be a nurturing force either naturally as they work together to accumulate resources and strength to survive a stressful event or taught through counseling as the family counselor assists with sharing resources, coping skills, communication skills, and feelings identification. In order to bolster family resilience, a family counselor must be able to highlight family strengths despite the chaos and stress the family shares in sessions. The family counselor should also be open to a variety of family dynamics, thought processes and cultures. A family counselor using the family resilience framework must be open to these with a non-judgmental approach as there is no ‘one size fits all’ way for a family to thrive amidst stress and trauma. Lastly, family counselors utilizing the family resilience framework must be open to various possibilities such as time in which families are able to achieve goals in counseling to understand family roles may even change over time, therefore they must be open to shifting their approach as the roles change (Walsh, 2016b). For example, one family member may be considered the sole financial provider in the beginning stages of counseling, and then the financial responsibilities may shift to two family members, which may also impact the power dynamic in a family, which the family counselor must be willing to work with and process through with the family.

Combining the Approaches: ESFT and Family Resilience

Due to the various similarities between ESFT and the Family Resilience approach as well as the gaps they fill for each other, I will combine both approaches as a means for family counselors to more efficiently address and treat racial trauma amidst the global pandemic. Both are systems approaches, yet, ESFT is focused on the biological, psychological, and social symptoms and responses families have to trauma experiences. Meanwhile, the family resilience approach is focused on the ways in which systems attribute to client resilience. When the approaches are combined, family counselors are more able to advocate and provide strong counseling services to families. Both approaches are more strengths-focused, yet, the family resilience approach is wholly focused on how to build the family resilience and narrow down areas where counselors can advocate for and with clients. Furthermore, the family resilience approach has a main goal for clients to emerge from trauma experiences stronger than they were prior to the trauma. However, the ESFT approach is highly systems focused, which leads family counselors to understand racial trauma is something typically experienced from a young age to present day. Therefore, a goal for family counselors combining approaches is to assist families in emerging from counseling sessions stronger since they addressed racial trauma and other traumas in session followed by a plan to act as a family together to support each other.

For family counselors to more easily combine the approaches, I list four steps counselors can take to best address the diverse

needs of families amidst the ongoing global pandemic and racial trauma. Steps consist of; (1) Building rapport with the family and Biopsychosocial intake; (2) Understanding family dynamics and interactions; (3) Understanding the family responses to trauma; (4) Advocacy and resources.

Step one: Building Rapport with the Family and Biopsychosocial Intake

The combination of family resilience and ESFT leads counselors to better understand the family's trauma experiences more fully. Furthermore, family counselors will spend the beginning of the counseling relationship investigating more pandemic based barriers such as the systems that prevent families from receiving proper healthcare or workplaces that enhance the likelihood of contracting COVID-19. The family counselor will also begin to recognize what the family dynamics, family coping skills, and core conflicts are during step one. Therefore, it is imperative for family counselors to build rapport to create a safe space for clients to share their lived experiences openly. Specifically, with BIPOC clients whom many healthcare systems have failed, as seen during the global pandemic (Artiga et al., 2020) it is important for counselors to build rapport which leads to trust in the counselor-client relationship. Furthermore, family counselors should take their time to build rapport as a means to prevent pathologizing BIPOC clients (Mizock & Harkins, 2011). Additionally, shame and secrecy held by families due to enmeshed boundaries (Walsh, 2016b) may prolong the family's ability to experience the family counseling sessions and achieve their goals as a family system. Therefore, the time taken to build rapport will assist the counseling process in moving along once trust is built. One way family counselors may begin to build rapport is through strengths-based language and affirmations. For example, a family may seem stressed or anxious in the beginning of a session. Counselors may state, "Despite all you experienced today, you still were able to gather the family together and arrive today! That is such a sign of strength". A key component of building family resilience and assisting the family with healing through active trauma is actively looking for family strengths and using the strengths-focused language as a means of modeling for the family so they also begin to utilize more resilient-building language when discussing family matters or others in the family system. For example, many caregivers may label their children as 'bad'. Family counselors should use this moment to reframe the word 'bad' to 'frustrated' or another more fitting word. Other ways family counselors may build rapport is via therapeutic games, reading books, and ice-breakers in the session. Similar to the first step of ESFT, family counselors combining the ESFT and family resilience approaches should partake in a biopsychosocial assessment to understand the various domains that can impact the family as individuals and as a unit, which are; development, community, psychological, social, and biological (Lindblad-Goldberg & Northey, 2013). This comprehensive assessment will assist family counselors to understand how the client's physical and mental health is impacted as it

pertains to trauma experienced (Daniels, In Press). Overall, family counselors must take their time with this process as an accurate biopsychosocial assessment and strong rapport with the family will lead to greater results during the following steps.

Step two: Understanding Family Dynamics and Interactions

Understanding family dynamics and interactions is highly important for family counselors as this step guides the goals and the treatment plan for the remainder of the counseling relationship. Family counselors should assess the strengths and needs of the family, the identified client. While assessing strengths and needs, the family counselor should delve into the family system as a whole and each members' experiences with; (1) racism; (2) the global pandemic; (3) spirituality and/or religion; and (4) cultural norms. As per the family resilience approach, many of these topics can lead to the strengths found within the family system, however, they may also expose areas of conflict (Walsh, 2016b). For example, a family's culture may follow the belief that 'children are to be seen not heard', therefore, if a main source of trauma in the family is sexual abuse of a child, there may be lingering shame and denial regarding that particular traumatic experience. However, the family counselor must enter such conversations open to learning about each member's perspective. Additionally, the understanding of the family system's interactions with the school system, the community, and their own family system will also guide family counselors to better understand what the strengths and needs of the family are.

As these strengths and needs are uncovered through discussion and creative counseling techniques, the family counselor may find a trend regarding which systems or specific traumas lead to a negative family interaction. In order to fully understand these negative interactions, family counselors should meet individually with family members to gather each family member's authentic recollection of the family interactions. This is important considering family norms and the impact of culture on the family may impact the way in which they share or withhold information. As highlighted in Walsh's (2016b) family resilience framework, family counselors should be aware of the norms of denial, secrecy, relational cutoff, and distortion which all may lead to a lack of information sharing. Considering family counselors built rapport and trust during step one, during step two, the family counselor must have more blatant conversations about the ways in which culture may prevent members from sharing. A way family counselors could become more aware of the cultural dynamics is by asking; (1) who is considered family? (2) who lives together? (3) do you all set boundaries?

Step Three: Understanding Family Responses to Trauma

During step two, it is likely that the various trauma experiences will begin to be uncovered. Therefore, step three is in place for family counselors to take the time to understand how clients are

responding to the trauma and what they feel they need from their family. Each family member will interpret and respond to trauma experiences differently, therefore, family counselors must be open to various family perspectives (Walsh, 2016b). Rather than making assumptions or placing expectations on clients, family counselors must ask questions such as; (1) What stood out for you as most challenging in your experience?; (2) What was most upsetting when you experienced this adversity?; (3) What impact did this have on the family? Additionally, by utilizing a here-and-now approach, family counselors will be more able to understand the ways in which clients respond to the active trauma experiences and triggers that may occur in the counseling session. Asking questions such as; (1) tell me more about this fear?; and (2) what is it like right now, in the moment to hear your brother's story? Will allow family counselors to locate where clients feel trauma physically as well as their emotional responses. Family counselors should empower the family by allowing them to share if they feel they were able to fully share their trauma experiences and perspectives. If the answer is no, more family processing time should be in place. Once the family does feel they had enough time in the counseling sessions to share their experiences, the family counselor should build family resilience by having each family member share the ways in which they would like to be supported by each other. Family counselors can choose to do this anonymously, creatively, or through a verbal conversation as they see fit for the family. Once each member of the family is given the opportunity to share how they would like to be supported, the family counselor should facilitate the creation of a physical list of ways the family can try supporting each other until they meet for their next family counseling session. The process of editing the list and trying new methods of support can continue until the family feels they are happy with the list. Once again, family counselors should be flexible with the process (Walsh, 2016b).

Step Four: Advocacy and Resources

By step four, family counselors should have assessed the various systems in which the families are impacted or in need of more resources. However, previous steps were focused on processing trauma, understanding the trauma response, and assisting the family in supporting each other. Therefore, step four is in place for family counselors to actively advocate for and with families while continuing the counseling process. Family counselors should view advocacy as navigating the ways in which BIPOC families can have more equitable and socially just lived experiences in the various systems they inhabit (Storlie et al., 2022). Hence, family counselors must be alert to the ways in which various systems block their clients from receiving the proper resources they deserve. For example, a child in the family system may struggle in school due to what seems to be an undiagnosed learning disability. Therefore, the family counselor should inform the parent or caregiver that they have the right for the child to be tested for

accommodations and an Individualized Educational Plan (IEP) in their school. This can be followed by the family counselor collaborating with the parent or caregiver on writing the note to the school requesting their child is tested. Another example of advocacy is when a family counselor working with Black families recognizes the way in which families and individuals within the family system are responding to the continual murders of Black individuals in the media, which can prompt the family counselor to create a group or community session for families to process the murders. Another example of advocacy during the global pandemic is when family counselors have noticed the BIPOC dominant communities they work in have COVID-19 vaccinations sites that are crowded and disorganized, prompting many clients to wait for longer periods of time to become fully vaccinated (Berenbrok et al., 2021). The family counselor may respond to this by creating a petition and letter to the state government regarding the inappropriate conditions their clients' must face in order to obtain their vaccination.

Overall, when partaking in advocacy efforts, the family counselor should continually empower the family (Walsh, 2016b) by advocating with the family as much as possible, and when advocating for the family, they should keep the family abreast so the family is aware of the advocacy the counselor is partaking in.

Case Study

The child who is the identified client of the family sessions is an 8-year-old Black female who has experienced racial trauma at school continuously as the white students tell the child their 'hair is not pretty like theirs'. This is a direct attack on the child's beauty as it pertains to Eurocentric beauty standards. Furthermore, the family reported feeling 'shaken up' and 'frustrated' as they continuously see Black men, women, and children murdered by police due to their race. The family counselor was able to gather this information as she was building rapport by playing "feelings Jenga" with the family. Furthermore, during her biopsychosocial assessment of the family, the family counselor could sense the entire family was psychologically impacted by the bullying the child was experiencing, and the same psychological pain was coming to the surface as the police brutality continued to be present on social media and the news, a social issue. The family counselor was aware that the child's autonomic nervous system was being impacted, which initiated the behavior response of not speaking for the entirety of the school day, which frustrated her teacher. As a result of the frustration of the teacher in the school system, when the child arrived home, she stomped her feet around the house, hit her younger siblings for speaking too loudly, and she was unable to complete her homework. This led to her mother becoming frustrated and yelling at the child. The counselor recognized the racial trauma led to a behavioral response in the child, which then led to a flustered parent, which escalated and prolonged the trauma response. The family counselor

took time to ask each family member how they were individually responding to the racial tension in the United States as well as the bullying of their daughter/sister. The family counselor then asked each member about the tension in the household when the identified client would come home upset. Next, the family counselor led an activity in which she asked the identified client what would help her to feel supported most. The child responded, 'hugs when I come home from school' and 'for the teacher to understand me'. The family counselor then facilitated a discussion in which the family could generally share what makes them feel supported as well, and they were able to come to agreements about what they would do when they all came home from school to show each other, and the identified client support. Next, the family counselor partook in advocacy by holding a Zoom call with the teacher to discuss the bullying the identified client was experiencing. The teacher was unaware of this, and collaborated with the counselor to figure out ways to address racial trauma in the classroom and stop the trauma from reoccurring. The family counselor also shared ways in which the teacher could better support the identified client who is one of the only Black students in her class. The teacher was grateful for her interaction with the counselor, and was able to get the school to incite the family counselor for the school's winter professional development day to discuss racial trauma and how it may manifest in children and families in the school system.

Summary of Steps Combining ESFT and Family Resilience

By actively understanding racial trauma experiences and how they impact the family system, family counselors can provide safer counseling spaces and promote client resiliency while also educating caregivers, school personnel, and the community. In the present case study, the family counselor took the necessary steps to both process trauma and strengthen family resilience while also advocating on behalf of the family as it pertains to the school system. Step one, building rapport with the family and biopsychosocial Intake; was apparent as the family counselor built rapport through the 'feelings Jenga' game while also partaking in the biopsychosocial assessment. The family counselor was also able to gather more information about the various traumas experienced by the family since trust was exceptionally built in this stage. It is also important to notice, the family counselor is aware of the Eurocentric beauty standards and how they may impact BIPOC children biologically, psychologically, and socially. Step two understanding family dynamics and interactions; was apparent as the family counselor began to recognize how the school setting led to conflict in the household. Once the family counselor was able to recognize the negative cycle that led to the conflict in the home, which was racial trauma experienced in the school, teacher becoming upset, to tension in the household amidst racial tension in the United States and the global pandemic, the family counselor moved into step

three, understanding family responses to trauma; by asking each family member their personal reactions to the racial trauma their daughter or sister experiences in school as well as their own reactions to the racial trauma present in the greater society. Once trauma responses were unpacked in sessions, the family counselor worked to bolster family resilience through the facilitation of the discussion surrounding how the family members can support each other when they all come home from school. While the family practiced these newfound ways to support each other, she moved into step four to advocate on behalf of the family by having an in-depth conversation with the teacher about the racial bullying that is occurring to the identified client. The advocacy transitioned from client focused to community focused as the family counselor was then invited to lead a professional development training on racial trauma in the schools for school teachers and other school personnel. Overall, the case study portrays the ways in which the steps flow seamlessly. However, it is acceptable for family counselors to skip steps as needed or go back to previous steps as more trauma is uncovered.

Future Research and Implications for Family Counseling

In order to propel family counseling forward, future research should focus on the effectiveness of ESFT and the Family Resilience approach as it pertains to racial trauma and the global pandemic. A qualitative study in which clients are able to share their reactions, likes, and dislikes of the approaches will provide family counselors with a better sense of how to address and process racial trauma in the counseling room. Other research should focus on family counselors' experiences with advocacy as it pertains to racism in today's society. Furthermore, research focused on family counselor comfortability, understanding, and effectiveness with racially focused advocacy will lead to more multiculturally competent family counselors. Overall, family counselors should be active in their approach to address racial trauma with BIPOC families as it can help create a more authentic space for healing. If family counselors ignore issues of race and racial trauma, they are perpetuating the same pain BIPOC families experience in their everyday lives, which can lead to re-traumatization in counseling sessions.

Conclusion


It is essential that family counselors are able to explicitly focus on racial trauma and the biological, social, psychological, and systemic effects it has on BIPOC families. By ignoring this lived experience of BIPOC families, it will be difficult for family counselors to build rapport and trust, which may lead to families dropping out of counseling prior to setting treatment goals, or only sharing filtered information, leaving the family counselor with little to work with, and an inauthentic space for treating trauma. Family counselors will also miss the mark on advocacy if they are unable to address racial trauma in

sessions with BIPOC families. Furthermore, Black children and adolescents are most likely to experience trauma (Authors, 2022; Henderson, 2019), and BIPOC families have experienced a plethora of injustice during the pandemic such as a lack of vaccination sites and poor quality for sites that do exist in highly BIPOC populated communities, lack of proper health-care, and high stigma towards the medical system due to previous injustices (Artiga et al., 2020; Berenbrok et al., 2021; SAMHSA, 2020). As of 2020, there have been various calls to action for professional counselors to be more advocacy, social justice, and anti-racist focused in the counseling room. Therefore, I answer this call specifically for family counselors in a way in which approaches family counselors are already using can be combined and expanded upon to create more space for family counselors to creatively and effectively address racial and other traumas within the family system.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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