

ONE-ON-ONE

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TELL US ABOUT YOURSELF.

I am a professor and the associate chair of the California State University at Northridge's Master of Social Work (MSW) program. I received my doctorate in clinical psychology (Psy.D.) from Ryokan College and my Master of Social Work from the University of Southern California. I have been a Licensed Clinical Social Worker since 1998 and have more than 25 years of clinical practice experience. I maintain Eye Movement Desensitization and Reprocessing (EMDR) certifications from the EMDR International Association (EMDRIA) and in diversity and inclusion practices from Cornell University's School of Industrial and Labor Relations.

I have written multiple publications; spoken at conferences nationwide and internationally; maintained a trauma-informed, anti-oppressive private practice, and provided antiracist training and consultation for numerous organizations. I specialize in deconstructing intersectional oppression, privilege, and racialized trauma to promote healing. My pedagogical acumen centers on conducting and facilitating antiracist, culturally relevant research and practice with marginalized individuals and communities.

I am a Black woman with biracial heritage, a mother, a wife, an educator, a clinician, a researcher, a training facilitator, and a scholar. I enjoy movies, Netflix series, delicious food, and

opportunities for hearty laughter. I like to read, travel, and listen to 90's music.

WHAT IS THE INSPIRATION BEHIND YOUR PRESENTATION THIS YEAR?

My scholarship emphasizes the promotion of justice, equity, diversity, and inclusion in clinical practice, education, and organizational culture. I am passionate about social justice advocacy and infuse an intersectionality lens in my teaching, practice, training, and research. I am inspired by the willingness and enthusiasm of the EMDR community to embrace and integrate these concepts into their practices. I am also inspired by my children; the dual pandemic has demonstrated the significant vulnerability of Black youth. I hope to contribute to a world—or at least a profession—that espouses justice, equity, diversity, and inclusion as core values to initiate and sustain healing, recovery, and wellness.

WHAT IS IMPORTANT TO YOU AS WE LISTEN TO YOUR PRESENTATION? WHAT ARE THE KEY TAKEAWAYS ABOUT THE IMPACT OF DIVERSITY, EQUITY, AND INCLUSION?

Diversity, equity, and inclusion are concepts that consist of content, contexts, processes, and dynamics that profoundly impact treatment.



EMDR practitioners who are a) aware of and can acknowledge their social location; b) able to engage in dialogue and exploration regarding intersectional identities courageously; and c) willing to unpack trauma memories and identify racialized trauma experiences position themselves to provide inclusive, antiracist services. Shifting to an antiracist position in clinical practice necessitates embracing self-awareness, action-oriented strategies, and accountability. Internalizing these values and implementing them into every part of an EMDR practice will transform relationships with clients and increase treatment efficacy. I will provide recommendations on feasible, attainable strategies that EMDR practitioners can integrate to make these changes sustainable.

WHAT READINGS DO YOU RECOMMEND ON YOUR SUBJECT?

- *Between the World and Me*, Ta-Nehisi Coates
- *Heavy*, Kiese Laymon

- *Hood Feminism*, Mikki Kendall
- *How to be an Antiracist*, Dr. Ibram X Kendi
- *Institutional Racism: A Primer on Theory and Strategies for Social Change*, Dr. Shirley Better
- *My Grandmother's Hands*, Resmaa Menakem
- *Redefining Realness: My Path to Womanhood, Identity, Love & So Much More*, Janet Mock
- *White Fragility*, Robin DiAngelo

WHAT IS THE SPARK FOR YOUR WORK WITH EMDR?

The spark for my EMDR work began while I attended EMDR training. I was mesmerized by the material, but the limited references to diversity and intersectionality in training were perplexing. I was unsure how to align my lived experiences and antiracist practice skills with EMDR protocol. My EMDR supervisor (Susan Brown, LCSW) was remarkable at clarifying methods of integrating anti-oppressive approaches into my EMDR practice. Still, my consistent challenges in engaging Black and Indigenous People of Color (BIPOC) with EMDR made me wonder why adaptations to the model were not developed for BIPOC clients. Many of my clients of color are fearful and distrusting of EMDR, verbalizing concerns that EMDR is some religious indoctrination. I began to wonder how historical trauma, acute and chronic traumas, and ongoing microaggressions and experiences of marginalization contribute to a nuanced trauma history. That spark got me started reading, researching, and writing about the implementation of an intersectional approach to EMDR treatment.

WE ALL LIKE EMDR STORIES OF HEALING AND CHANGE. TELL US ABOUT YOUR MOST CHALLENGING CLIENT AND HOW YOU HELPED. OR CONVERSELY, TELL US ABOUT YOUR BEST SUCCESS STORY.

One of my favorite success stories was with a 19-year-old, biracial, Black identified female client referred by a colleague. The colleague was hoping for a few EMDR sessions to help the client relieve psychological stress from traumas she experienced as a child in foster care but was unsuccessful in addressing in talk therapy as an adult.

The client's target memory was the day she went into foster care (age 8). She distinctly remembered begging her mother not to drive that morning, knowing that she had used substances. The client described multiple car accidents and erratic behavior exhibited by her mother as she drove the client and her siblings around. Her negative cognitions reflected beliefs about her responsibility for the subsequent child welfare detention. Validity of cognition (VOC) score was low and subjective units of distress (SUDS) score was high. I was within my first six months as an EMDR practitioner, and at most, hoped to provide the client with a little relief from the memories. Since the client was apprehensive about being vulnerable with a new person, we met with my colleague (the referring therapist).

The outcome was nothing short of miraculous. Within one session, the client acknowledged that her mother's decisions and behavior were not her fault. She enthusiastically announced that at age eight she was too young to be responsible for her family. The client tearfully disclosed that she had

never talked about her experiences with race while in the foster care system. During this session, she was able to examine the racial dynamics between herself (biracial, but brown bodied), her mother (white), her siblings (biracial, but lighter and white bodied), the child welfare worker (white) who detained them, and her foster care placements (white). With some creative cognitive interweaves, the client explored the relationship between her negative cognitions of responsibility and age, race, and colorism dynamics.

WHY IS THIS WORK IMPORTANT?

This work has always been important. But in 2021, this work is more than necessary. As we transition from lived experiences of a dual viral and racial pandemic, we must transform and adapt the clinical practice to acknowledge and courageously navigate marginalization, oppression, power, and privilege in treatment spaces. We need to be prepared to deconstruct trauma(s) while making space to identify and address racialized experiences—psychotherapeutic approaches without considering the impact of racial trauma risk silencing, invalidating, and retraumatizing clients.

WHAT ARE YOU MOST EXCITED ABOUT?

It is truly an honor to share my research and scholarship with the EMDR community. I am so excited to have the opportunity to support essential adaptations to EMDR protocol to promote diversity, equity, inclusion, and social justice and increase treatment efficacy with marginalized client populations.