



THE WITNESS TO WITNESS PROGRAM (W2W): USING HANDOUTS AND BLOGS TO EXEMPLIFY SOCIAL JUSTICE PRINCIPLES

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Abstract:

The Witness to Witness Program (W2W), based on Weingarten's witnessing model (2000, 2003, 2004), began in July 2018 and originally was established to support health care workers and attorneys (our partners) who were experiencing empathic distress working with people involved in various stages of the detention process. The W2W program evolved to offer four primary components: clinician listening sessions geared to deep understanding of the person's story of their work and its challenges; an inventory of the person's current internal and external resources both in the present and the past; help with removal of barriers to those resources; and development of a personal toolkit to handle stress. Additional services available to partners and their organizations included psycho-educational webinars, facilitated peer support groups, and organizational consultations to foster trauma-sensitive and resilience-hardy work environments. In March, after lockdowns due to the coronavirus pandemic, W2W pivoted to focus on webinars, handouts, peer support groups, and blogs addressing salient issues arising during the SARS-COV2 pandemic. Disaster sparked collaboration and innovation. All W2W work, including the written work, exemplifies a set of social justice principles that strengthen health justice and equity. Much of the W2W work is translated into Spanish so we are able to reach healthcare workers who primarily work with disenfranchised and historically marginalized communities.

Little did Weingarten think when she raised her hand at a Sunday workshop in 2018 at a meeting of the American Family Therapy Academy (AFTA) that four years later, her question of curiosity would have launched a program, the Witness to Witness (W2W) program, that has now served thousands of health care workers who care for the most vulnerable among us (Weingarten, Galván-Durán, D'Urso, S., & Garcia, 2020). The people these clinicians serve are made vulnerable by specific policies that target them; they are not inherently vulnerable. In fact, at W2W, we believe that we see incredible determination, fortitude, and resilience to survive and even flourish under hugely challenging circumstances, amplified in the last few years by holdover policies under the former administration and exacerbated by the Covid pandemic.

The question Weingarten posed at the workshop was whether clinicians and attorneys at the US Southern border had support available to them, given how discouraged, demoralized, and often overwhelmed they were by the sheer number—not to mention the content—of horrific stories they heard, some of which related to governmental policies. She learned that there were no readily available services. “Meet me at the back of the room at the coffee break,” she blithely offered Ms. Deliana Garcia, Director of International Projects and Emerging Issues at Migrant Clinicians Network. Within a month, the Witness to Witness Program was created with seven AFTA volunteers and her.

W2W was able to get off the ground within a month in part because it is based on a model of witnessing (Weingarten, 2000, 2003, 2004) and has elements in common with The Witnessing Project, which Weingarten ran from 1999-2017. The Witnessing Project worked with individuals, families, and communities to transform the passive witnessing of violence and violation to effective action in various contexts—from medical illness to post-war societies to violence in the home. One component offered was one-to-one virtual support for health care and community workers in different parts of the world, such as Kosovo and South Africa. Hearing the speakers’ stories at the AFTA workshop, Weingarten thought the witnessing model would apply: the helpers needed help. Health care workers, community advocates, and attorneys were experiencing distress hearing the stories of hardship and trauma of their clients, patients, and community members. In addition, they were distressed by new policy regulations that had significant adverse effects on the work they had been doing. They were demoralized and angry about these changes. Later, W2W added journalists to its roster of occupational groups served. W2W “partners” were primarily from these occupational groups.

From July 2018 to June 2019, the W2W program grew from a pilot project of the American Family Therapy Academy (AFTA) to a full-fledged program supported by AFTA with 38 volunteers, six of whom were bilingual. Celia Falicov, PhD, joined W2W as a volunteer in 2019 and became the Coordinator of Spanish Language Programming in 2020 (Falicov, 2014). Initially, all W2W volunteers, now called associates, were Members of the American Family therapy Academy (AFTA) and were trained systemic therapists experienced doing clinical work with clients

with histories of trauma. Although there is a clear onboarding structure with shared training materials, we recognize that each person will apply the concepts of the W2W program in their way. We call this a “uniquely applied standardized approach.” W2W associates send a note about each conversation with their partners. Weingarten reviews and de-identifies each note, and then they are independently rated by an outside rater. The average rating on a 1-5 Likert point scale of helpfulness to the partner on the hundreds of notes W2W has received is 4.8.

Over time, and into early 2020, but before the SARS-COV2 pandemic began in earnest in the United States, in response to different kinds of service requests, W2W evolved to offer four components (see Figure 1). We continued the one-to-one conversational partnerships between trained trauma-informed clinicians and healthcare workers, attorneys, and journalists. The W2W associates offer deep listening to the partner’s story of their work and its challenges; take an inventory of the person’s current internal and external resources both in the present and the past; help with the removal of barriers to those resources, and develop a personal toolkit to handle stress. While the conversations may be therapeutic, the W2W associates do not offer therapy.

By October 2019, we had added three other components. The second component was psychoeducational and consisted of webinars and written materials. There are now over 15 webinar topics, each given with multiple variations depending on the audience. The very first webinar provided information meant to frame the helpers’ situation as one in which an aware but under-resourced witness suffers from empathic distress, a term that covers burnout, secondary and vicarious traumatization. We prefer the term empathic distress for it situates the distress people feel in the realm of the everyday. Weingarten’s work for decades has been to do just that. The point is made at length in [Common Shock: Witnessing Violence Every Day; How we are harmed, how we can heal.](#)

The third component W2W offered was facilitated peer support groups for attorneys. These groups began in October 2019 and seemed the most effective means to counter isolation and sustain social support. The groups were offered through various networks and drew attorneys from all over the US working in all facets of immigration law with children, adults, and families. All the attorneys spoke about their dedication to their work and the often unbearable conditions they faced under the Trump Administration. One attorney described how her office colleagues had coined a term for their Monday morning distress when they received notice of new policies. They called it “Monday morning in-box trauma,” vividly capturing the experience of so much of the work they had been doing becoming null and void as new policies replaced the ones under which they had previously worked.

The fourth component was trauma-informed consultation to the organizations that employ the attorneys and health care workers we serve. We know from the volunteers’ conversation notes that staff-level workers feel inhibited from exposing their distress to their co-workers and that their supervisors feel ill-equipped to handle the distress of their staff. Weingarten developed a workplace

environment survey that was distributed to multiple organizations. The analysis of the responses provided a clear focus for our systemic effort to support attorneys and health care workers. From the survey and qualitative interviews, we learned that managers were the most in need of support, for they were caught in an organizational sandwich, as it were, needing to satisfy the productivity demands of upper management while also supporting overly taxed staff who often found the directives from upper management inimical to delivering the kind of care they preferred to offer.

By the fall of 2019, Weingarten was aware that the administrative tasks associated with implementing W2W exceeded her capacity. Working 60 hours a week, she was becoming a candidate for her own program and hardly a model of how to do social justice work in alignment with self-care. W2W had done several webinars for Migrant Clinicians Network (MCN's), and Deliana Garcia was still a source of referrals to the program. It was a happy day when MCN's CEO, Karen Mountain, called Weingarten in December 2019 to ask whether she would like to move W2W into MCN so that they could offer trauma-informed services to their constituents, primarily health care workers in Federally Qualified Health Care Centers, serving migrants, immigrants, rural and populations with multiple vulnerabilities.

W2W joined MCN in February 2020, and that relationship, which exists to this day, has been entirely felicitous. MCN has a majority of Latinx staff, and collaborating with MCN colleagues has allowed W2W to conduct its work in a culturally respectful and linguistically appropriate way. Within the first month, it became clear that all our efforts needed to pivot to include the impact of the pandemic on health care workers, their families, their patients, and their institutions. We did this by continuous iteration, utilizing feedback from every encounter—whether a one-to-one conversation, a set of responses on a webinar Chat, or a peer support group conversation—to craft responsive content. In the case of a webinar, feedback from discussions one week might change the emphasis of a webinar given the following week. We were able to stay nimble due to the support of so many staff at MCN who worked with W2W. By July 2021, W2W had two full-time staff in addition to me: Jessica Calderon-Gomez, BS, who came on board full-time in June 2020, and Pamela Secada, MPH, who joined full-time in July 2021.

While the four primary components of W2W have stayed the same, we want to focus on the handouts and blogs, for these provide good examples of time sensitivity, the clinical perspective we favor at W2W, our commitment to cultural and linguistic appropriateness, and our belief that all our work—word by word—must support social justice. The first handout is aptly titled, “How to Help Yourself Now in This Time of Crisis.” It was written in the era when many health care workers (HCWs) lacked adequate personal protective equipment, and what was known about how the SARS-COV2 virus spread was still hazy. First, all of the suggestions are based on research; Weingarten reads hours each day on various topics related to our work to ensure the information we provide stands up to scrutiny. Second, the writing is colloquial and accessible. Weingarten writes in English, and then bi-lingual MCN staff translate the W2W work into Spanish. At MCN, we have four Spanish language cohorts, speakers from South America, Central America, Mexico,

and Puerto Rico. All translations are reviewed by staff who hail from each region so that the translations are appropriate to the majority of our Spanish-language constituents. Third, the content must be easily actionable. Fourth, suggestions build in a relational perspective where possible.

A handout on “Coping with Moral Injury” is a good example of making suggestions informed by a systemic, not an individual perspective (Ford, 2019). While “burnout” is often how health care workers describe their experience, in webinars and peer support groups, when we ask, “What difference does it make if you say, ‘I’m burnt out’ versus ‘The conditions of my workplace are burning me out?’” We get near-unanimous consent that the latter feels different and preferable.

Thus, our handout that names workplace conditions as producing moral injury makes perfect sense to health care workers (National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being, 2019). In this handout, we state that circumstances are producing harm, not the health care worker. We also affirm the importance of a buddy system and, if possible, taking a brief period at the end of a shift to “offer a brief appreciation to those who have served. Preferably the acknowledgment and appreciation can be observed by at least one other person.”

As the holidays approached, we created a handout to cope with both the feeling and the logistics of getting together with family and friends during the pandemic, a time when people were still uncertain about how to keep each other safe: “How To Have A Restorative Holiday.” In a short space, we address issues related to families who decide to forgo getting together and families that will need to use disease mitigating practices. We also have suggestions for families that will encounter divisive political differences. We affirm a guiding principle of W2W that small is not the same as trivial, whether a moment looking at something beautiful or a brief act of kindness to another person. By the second holiday season, our handout had a different tone, as you can discern in the title: “How To Get Through the Holidays in One Piece, with Tips from Kaethe Weingarten.” The first item gives a clear sense of the approach we take: “There is no law that says you have to be happy during the holidays. You can feel what you feel and still have holidays. You can ignore the people around you who are giving you the fisheye for not being cheerful. You are you and they are they.”

Since handouts are created in response to what we hear from those who take our webinars and groups, reading the handouts in the order in which they were written provides a commentary on the experience of many health care workers over the two-year course of the pandemic that this article covers, March 2020 to March 2022. When health care workers began experiencing physical abuse, we created a handout on de-escalating tense interactions (National Nurses United, 2021). When we heard how angry health care workers felt at scarce resources going to people who denied the reality of the SARS-COV2 virus, despite themselves being severely ill with it, we created a handout on anger. During one consultation with a team of health care workers, we asked each one

of them to create a resource list of 3-5 activities they could do that consisted of reliably comforting activities like praying, listening to a favorite piece of music, or napping. Half of the group could not think of even one activity that brought comfort. Within moments of ending the consultation, Weingarten drafted a handout, “Some Comforting Ideas.”

The writing of blogs, which Weingarten does monthly, derives from the same core principles as enunciated above. Weingarten writes with a health care worker in mind, aiming at the intersection of the personal and the professional. The blogs combine research evidence with practical suggestions. MCN produced 190 blogs in 2021, many of them also available in Spanish. Two W2W blogs were in the top six blogs that readers opened and, presumably, read. The first was a blog that used climate activism as an anchor to address how we can remain activists about issues that we care about without getting overwhelmed. A range of tips for how to do that were provided, for instance, “Tip #1: **Remember that you are one person.** Do not set an expectation of yourself that is either too modest or too grandiose. Ask yourself this question: What is within my scope to achieve? Or this question: What can I do myself, and what should I advocate for world, national, state, and/or local leaders to address?” Or, “Tip # 7: **Support your action plan by working with like-minded people.** There are groups taking action on just about any topic you might want to address. It’s helpful to work with others on setting goals and taking steps toward those goals.”

The second most-read blog addressed the mental health crisis of children in the US (Leeb et al, 2020). That blog offered a range of suggestions, each connected to research and a resource. This is the fifth action step suggested: “My fifth action step is to help children see that the negative experiences they have are likely connected to wider cultural and political issues of our day and that although they are sad and angry about what is happening to them individually, it is likely happening to others who fit a similar category. For many children, helping them see that they are in a targeted group can provide needed perspective. Some children may also be able to mobilize a desire to reach out to other children ‘like them’ to stick together, be active on behalf of each other, and inspire each other to support causes of special interest to them (Hope, Velez, Offidani-Bertrand, Keels, & Durkee, 2018).

One more example of a blog will make this point. With the staggering death toll in the US, we know that there are likely nine people who are bereaved for each death (Verdery, Smith-Greenaway, Margolis, & Daw, 2020). Mourning the loss of a loved one is an obvious reason for sadness, and the grief one feels is widely understood. However, the pandemic has created many other kinds of losses, and some of these are not so easy to discuss or find support for.

In the blog, Weingarten writes: “I have heard: my cat ran away and is still missing. I lost my job. I was going to take a trip, and I had to cancel it. I’ve been unable to hug my grandchildren. I miss going to concerts. I don’t play basketball with my friends anymore. I had a walking group, and now I walk by myself. I miss going to the grocery store, the plant nursery, my yoga class. My

extended family missed celebrating every holiday this year. I had a small wedding. I had to move back in with my parents, and I can't find a job. I'm not taking college classes anymore because online learning is hard for me.

“Yet all of these were offered apologetically. It turns out that there is a word for the feeling that one's grief is not legitimate: disenfranchised grief. (Ramadas, & Vijayakumar, 2021). The earliest article I could find for this term dated to 1991, and the number of articles mentioning it was relatively small, 111, compared to listings of articles on grief itself: 12, 927. Even writing about disenfranchised grief is disenfranchised! Disenfranchised grief refers to any grief that goes unacknowledged or is not validated by social norms. This kind of grief is often minimized or not understood, even by those experiencing it. This complicates the grieving process, perhaps even prolonging it.

One more form of grief deserves mentioning. Sometimes losses occur that people don't feel bad about, and then they feel bad about not feeling bad. In one study, a gerontologist found that about 27% of the people in his sample of 1340 adults were estranged from a family member. They did not grieve when the person from whom they were estranged died; they felt relief. But also some felt regret and remorse (Pillemer, 2020).”

Conclusion:

All the W2W work we do aligns with the values and commitments that have animated the work we have each done for the entirety of our professional lives. This is great good fortune. The underlying principles we have articulated allow us to act on our shared commitment to health justice and equity.

Our W2W work, whether the peer support groups, the handouts, or the blogs, is based on a set of social justice principles. These principles include: 1. We apply systemic family principles to communities for the purpose of social justice and health justice. 2. We work non-hierarchically both internally and externally. 3. We collaborate with a range of community groups, including immigrant legal organizations and community health centers. 4. Our work is explicitly political and anti-racist. 5. We frankly discuss institutional betrayal and systems of oppression, both recent and historical. 6. We focus on well-being, talking with people about what they want in their lives. 7. We address health disparities from a human rights perspective. 8. All our work is culturally respectful and linguistically appropriate. 9. Our ideas about individual resilience are nested within ideas about family, community, the natural world, cultural, religious, and spiritual sources of resilience.

We are a small team and a relatively small organization with a deep bench of knowledge and practical experience. This allows us to be nimble enough to pivot our attention where immediate circumstances call us. And our attention is called. It is our great privilege and honor to respond to the calls.

Author Bios:

Kaethe Weingarten, PhD, directs the Witness to Witness (W2W) Program for the Migrants Clinician Network. She worked at Harvard Medical School (1981-2017), where she was an Associate Clinical Professor of Psychology, and at the Family Institute of Cambridge (1982-2009). She has written or edited six books and over 100 articles, chapters, and essays.

Pam Secada received her Master's in Public Health: Healthcare Policy and Management at UCLA and her Bachelors in Anthropology and Chicana/o Studies from California State University, Fullerton. Ms. Secada is currently a doctoral student in the Doctor of Education, Organizational Change and Leadership program at the University of Southern California.

Jessica Calderon Gomez graduated from Texas State University, with a double major in Psychology and Spanish Literature. Calderón is pursuing her Alternate Entry Master of Science in Nursing (AE-MSN) program prerequisites where she seeks to specialize in working with client populations who have a history of trauma, abuse, attachment interruption, and family of origin problems.