NATIONAL COUNCIL for Mental Wellbeing

Advancing Health Equity through Integrated Care ECHO

Session 4

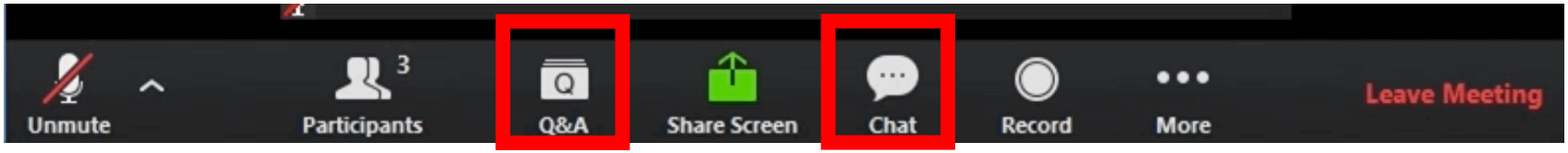
Thursday, May 19, 2022

11:30am-1:00pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

How to Ask a Question/Make a Comment



Type in a **question in the Q&A box**

Type in a **comment** in the **chat box**

Located at the bottom of your screen.
We'll answer as many questions as we can during today's session.

NATIONAL COUNCIL for Mental Wellbeing

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA
Substance Abuse and Mental Health Services Administration

www.samhsa.gov

NATIONAL COUNCIL for Mental Wellbeing

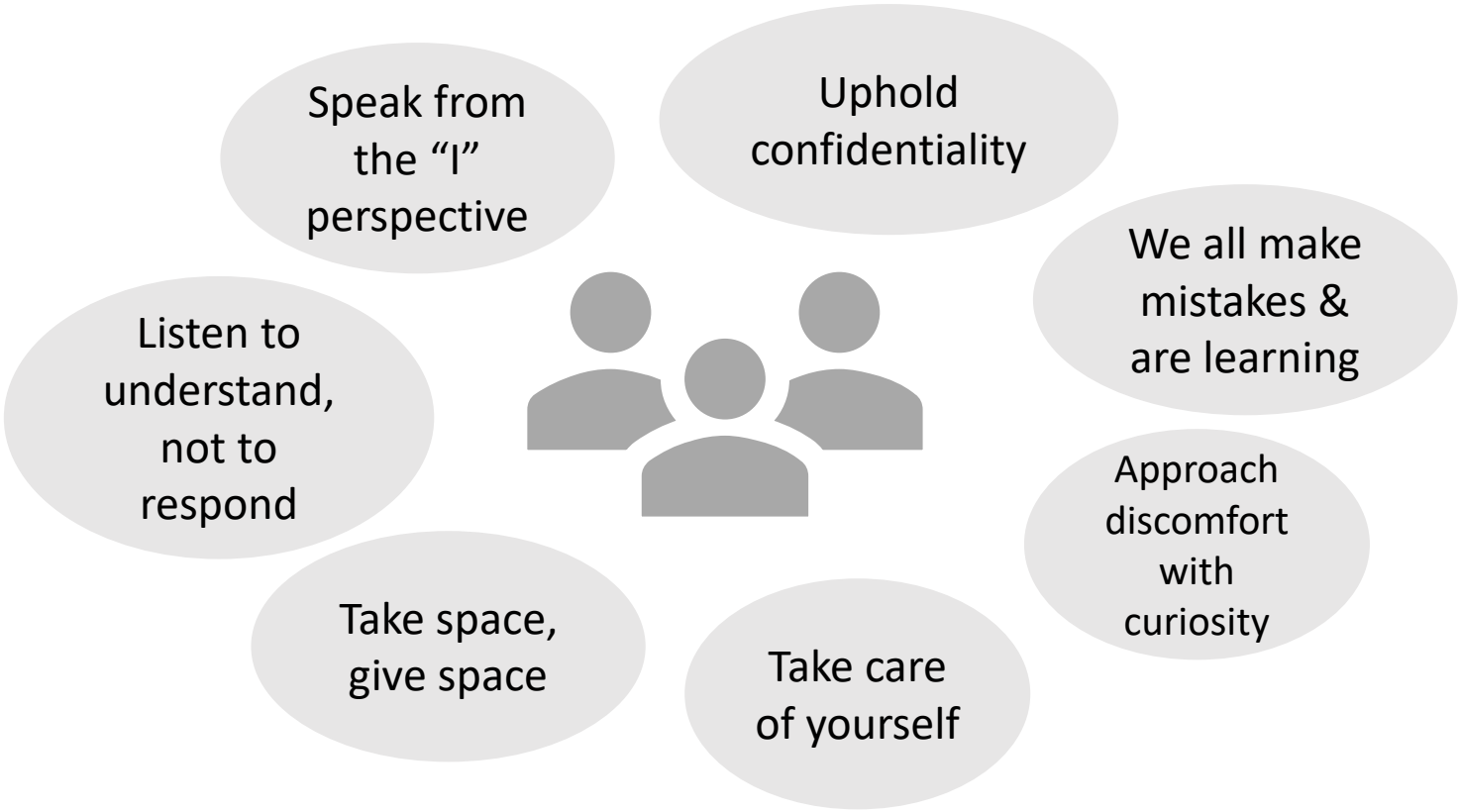
Welcome from the National Council!

3,300+ health care organizations serving over 10 million adults, children, and families living with mental health and substance use challenges.

- Advocacy
- Education
- Technical Assistance

NATIONAL COUNCIL *for* Mental Wellbeing

Session Norms



We have been socialized to believe that it is not polite to talk about oppression, race and racism (and other –isms) – hearing about & talking about these things may bring up feelings of discomfort.

We ask ourselves and participants to be mindful of assumptions, and biases during this presentation.

We ask ourselves and participants to be aware of multiple identities, backgrounds and perspectives in our virtual space.

Introductions

Alicia Kirley, MBA
Senior Director,
Integrated Health
National Council for
Mental Wellbeing

Sarah Neil, MPH
Director,
Integrated Health
National Council for
Mental Wellbeing

Paula Zaremba, MHS
Project Manager,
Integrated Health
National Council for
Mental Wellbeing

Victoria Pauline, MPH
Project Coordinator,
Integrated Health
National Council for
Mental Wellbeing

NATIONAL COUNCIL *for* Mental Wellbeing

Introductions

Aaron Williams, MA,
Integrated Care Consultant, Senior Advisor,
National Council for Mental Wellbeing

Amelia Roeschlein, DSW, MA, LMFT
Consultant, Trauma Informed Services,
National Council for Mental Wellbeing

Terence Fitzgerald, PhD, Ed.M., MSW
Clinical Associate Professor, Department of Children Youth & Families, USC Suzanne Dworak-Peck School of Social Work, University of Southern California

Pierluigi Mancini, PhD,
President, Multicultural Development Institute, Inc.

Curriculum

Month	Session Topic
February	Importance of Integrated Care in Addressing Health Equity
March	Integrated Care Models and Approaches to Address Health Equity
April	Internal Practices and Policies to Decrease Bias, Racism & Trauma within Organizations
May	How to Decrease Bias, Racism & Trauma in Clinical Services
June	Providing Culturally and Linguistically Responsive Services
July	Engaging Your Team to Prevent, Identify, and Support Moral Injury and Compassion Fatigue

Moment to Arrive

NATIONAL COUNCIL for Mental Wellbeing

Didactic Presentation: Decreasing Bias, Racism & Trauma in Clinical Services

Terence Fitzgerald, **PhD, Ed.M., MSW**
Clinical Associate Professor, Department of Children Youth & Families, USC
Suzanne Dworak-Peck School of Social Work, University of Southern California

Today's Presenter

Terence Fitzgerald, Ph.D., M.Ed., M.S.W.
Clinical Associate Professor
Suzanne Dworak-Peck School of Social Work
University of Southern California

Author of *Black Males and Racism: Improving the schooling & Life Chances of African Americans*

White Prescriptions? Black Males and the Dangerous Social Potential of Ritalin and other Psychotropic drugs.

UPCOMING: *The Withered King: Black Males Racialized Trauma, Oppression, Drugs, & Hip-Hop* (2023)

NATIONAL COUNCIL for Mental Wellbeing

North Star: Social Justice

We must understand and believe that all people should be treated fairly, have equal access to goods and resources, and have the right to self-determination and cultural expression.

NATIONAL COUNCIL for Mental Wellbeing

"Not Everything That Is Faced Can Be Changed, But Nothing Can be Changed Until It Is Faced."

- James Baldwin

Problems & Paths Forward

Problems with Implicit Bias Trainings (IBT)

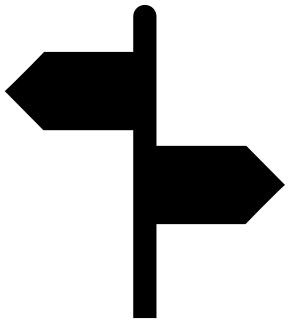
IBT Ideology: The goal, through a form of proper training, individuals in organizations, institutional settings, and through personal one-on-one interactions, can **learn to recognize and correct damaging form of bias.**

- Problem— We have no explicit or ample evidence today that indicates IBT works.
  - **Few rigorous studies** and or valid evaluations exist.
  - Yes, some interventions have proven to lower scores on tests such as Implicit Association Test (IAT, most used instrument to measure prejudice/stereotyping), **but none** of said interventions **show a permanent, long-term reduction**, or sustained meaningful change in behaviors.
  - Evidence does exist which indicates bias training is consistently done erroneously (opposite effect=induce anger/frustration among Whites).

Problems & Paths Forward

Easy vs. Difficult

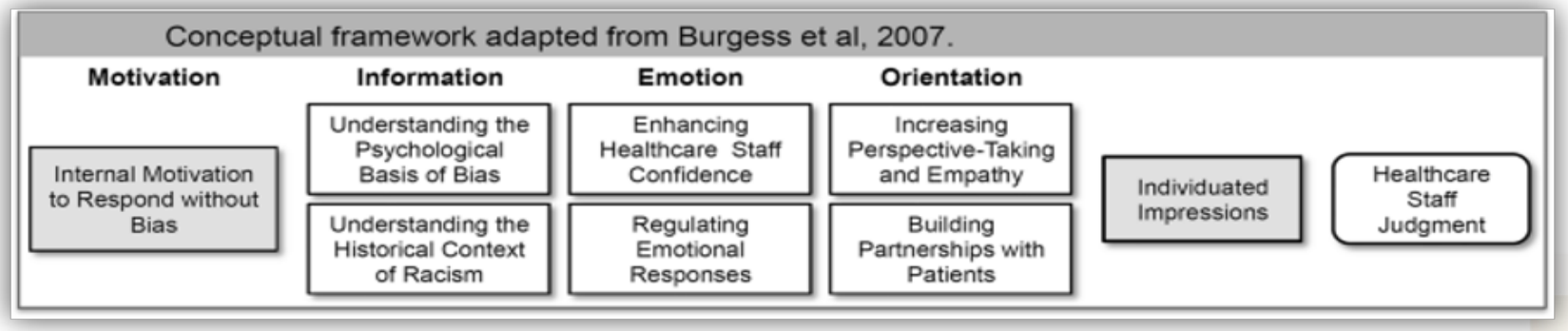
- **Easier Path –** Organizations offer only implicit bias training *vs* **Difficult Path –** Dedication to a process that takes longer and requires the bravery to utilize a critical lens to overhaul customary ways of operation.
- Reality Check
  - *Even if we could reliably reduce the level of bias in individuals, organizations still must content with various forms of institutional racism.*
  - *Without confronting institutional racism, it would be difficult for organizations to maintain improvements.*



Source: Tiffany L. Green, Ph.D., Scientific American (2020).

NATIONAL COUNCIL for Mental Wellbeing

Multicomponent Intervention



Source: Diana Burgess, PhD, Michelle van Ryn, PhD, John Dovidio, PhD, & Somnath Saha, MD.

NATIONAL COUNCIL for Mental Wellbeing

Burgess Model Framework

Rooted In:

- Social cognitive psychology
- Theory that ***with sufficient motivation, cognitive resources, and effort,*** people can focus on the unique qualities of individuals, rather than on the groups they belong to.
- Affecting the formation of impressions and behaving toward others.

Automatically activated ***prejudice and stereotypes can be inhibited*** when people are perceived more in terms of their qualities than primarily as members of social categories.

Note: *Any approach should recognize the importance of motivation, information, and skills when creating successful approaches.*

NATIONAL COUNCIL for Mental Wellbeing

Burgess Model Framework

Enhance Internal Motivation & Avoid External Pressure to Reduce Bias

- People who believe that they are unbiased and aspire to be non-prejudiced, it may be possible to capitalize on their good intentions to motivate efforts to reduce their unconscious biases once they become aware of them.
- **Techniques that lead people to recognize their unconscious biases** (exercises such as the Implicit Association Test) can reveal unconscious prejudice and stereotypes
- These procedures are seen to **motivate people to engender** negative emotional states
- This **may motivate people to become more sensitive** to and attempt to counteract the effects of unconscious prejudice and stereotypes.

"I'm Not Racist, So I Don't Need to Do Anything."

- *"If you do not experience systemic racism, you are likely benefiting from it, whether by being more generously supported by your institutions, being assumed to belong, or importantly, not bearing the significant mental and emotional burden of being subjected to racism."*
- Racist policies, interactions that create trauma and frustration only exist because those in power benefit from the oppression of the minority group.
- If you are benefiting from the oppression of others and choosing not to acknowledge and dismantle it, your compliance perpetuates the system.
- You ***cannot claim to be "not racist"*** and do nothing about it.
- We all must be actively anti-racist and take steps to combat racism in our lives.

Source: Gosztyla ML, Kwong L, Murray NA, Williams CE, Behnke N, Curry P, et al. (2021) Responses to 10 common criticisms of anti-racism action in STEMM.

NATIONAL COUNCIL for Mental Wellbeing

Cultural Humility

- **Cultural Humility** is optimal for the process of decreasing bias, & trauma associated with social/racial marginalization, and becoming anti-racist.
- Cultural humility is a **lifelong process** of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities.
- Requires **critical consciousness**
- Requires individuals to reflect upon their **own bias, assumptions and values**.
  - Background and social environment
  - *"How has it shaped my experiences, views, fears, anger towards others, etc.?"*
  - Ongoing process that takes time

NATIONAL COUNCIL for Mental Wellbeing

Understanding Cultural Humility

Cultural Humility

ACTIVITY

Cultural Humility is another way to understand and develop a process-oriented approach to competency.

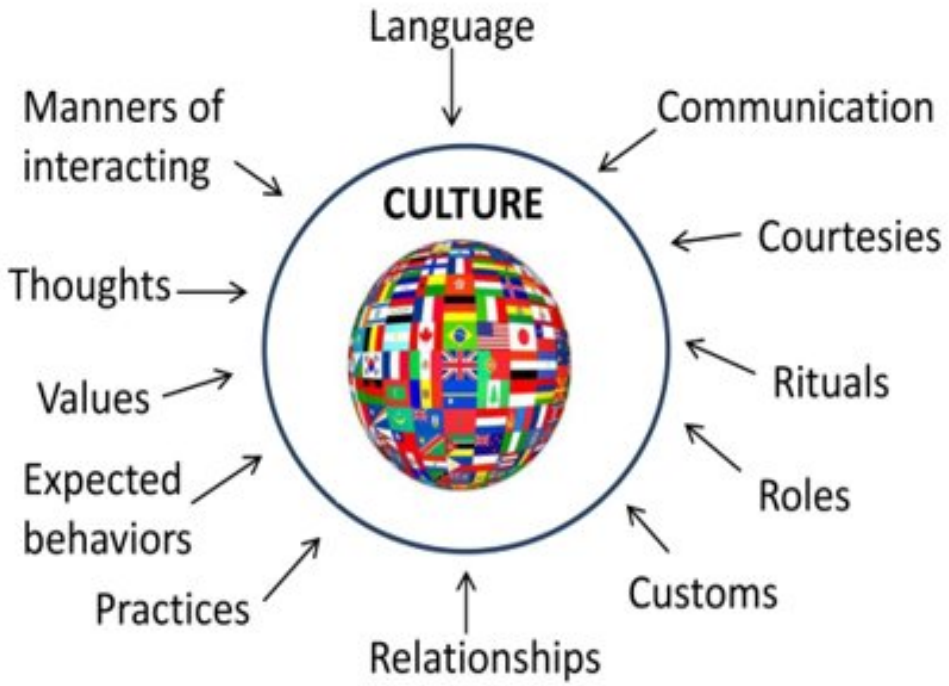
"the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]"
Hook et al, 2013

-Tervalon & Murray-Garcia, 1998

NATIONAL COUNCIL for Mental Wellbeing

Cliff Notes: Cultural Humility

- Normalizes not knowing
- Helps you to identify with your coworkers
- Helps you identify the needs of your client
- Creates a culture of understanding that can spread beyond work



NATIONAL COUNCIL for Mental Wellbeing

Benefits of Cultural Humility

Processes are introduced that allows for clients and others to articulate their experience and individualized culture, where the social worker is responsible for simply learning and listening of said experiences and individualize culture.

"One of the signature mistakes with empathy is that we believe we can take our lenses off and look through the lenses of someone else. We can't. --What we can do, however, "is honor people's perspectives as truth even when they are different from ours." (Brown, 2018, p. 143)

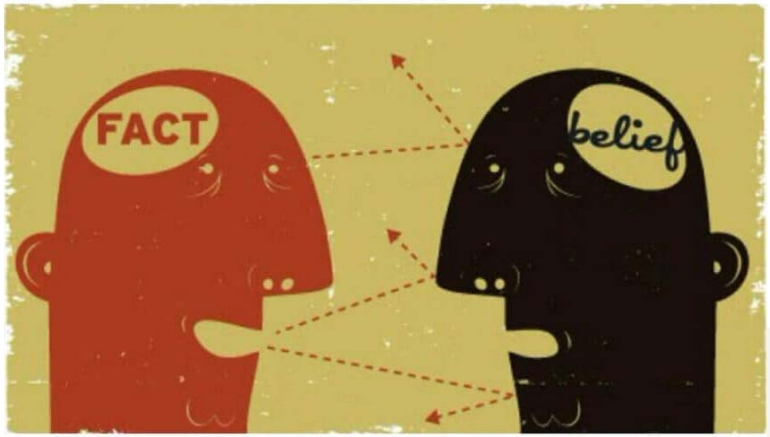
Source: Elliott, C., Desai, S., Brown, R. (2019). Identity-Conscious Supervision in Student Affairs: Building Relationships and Transforming Systems. United Kingdom: Routledge.

NATIONAL COUNCIL for Mental Wellbeing

Burgess Model Framework

Enhance Understanding of the Psychological Basis of Bias

- The Burgess model takes the position that that "*the cognitive strategy of categorization that gives rise to stereotyping and racial prejudice is a normal aspect of human cognition*."
- By taking on this perspective, institutions pushing for change allow their followers, staff, etc. to approach their own potential biases in a more informed and open way.
- This process is supported by providing individuals with selected readings, demonstrations of unconscious stereotyping using web-based tools, and well-guided discussion.



NATIONAL COUNCIL for Mental Wellbeing

Enhance Understanding of the Psychological Basis of Bias (Cont.)

- This process can also facilitate sensitivity to the negative impact of unconscious prejudice and stereotypes.
- Denial of prejudice, stereotyping and "stereotype suppression" can have negative consequences.
  - Shown to have very short-term benefit.
  - "Rebound Effect"—Stereotype later recurred at a higher rate.
  - Likelihood of increasing social distancing.

Therefore, it is important to reinforce that stereotypes (even the bad ones)—are a natural occurrence in our world. It is better to recognize than pretend and ignore.

Burgess Model Framework

Enhance Providers' Confidence in their Ability to Successfully Interact with Socially Dissimilar Patients

- Research has shown that Non-People of Color often feel anxious when interacting with Blacks.
    - Why?: A lack of positive experiences with interracial encounters. Consequences --> Desire to avoid interactions.
- Further, we see this when White providers' engaging in avoidance behaviors and spending less time with non-White clients.
- Leads to poorer client–provider relationships.

NATIONAL COUNCIL for Mental Wellbeing

Enhance Providers' Confidence
(Continued)

Possible solutions are rooted in creating successful and productive ways to **alleviate intergroup anxiety**.

- **Increase provider confidence** through direct "contact" with members of other groups.
- Therefore, **interactive, safe, facilitated discussions**, particularly in which people interact in individualized ways, among diverse colleagues (race, disability, ability, ethnicity, religion, sexuality, etc.) is important.
- Enhance providers' overall style and method of communication.

Burgess Model Framework

NATIONAL COUNCIL for Mental Wellbeing

Burgess Model Framework

Enhance Emotional Regulation Skills Specific to Promoting Positive Emotions

- Providers that experience higher levels of positive emotion during clinical encounters are less likely to categorize patients in terms of their racial, ethnic, or cultural group and more likely to view patients in terms of their individual attributes.

- Positive emotion **leads to use** of more inclusive social categories.
- **Facilitate empathy** & **increase the capacity** to see others as members of a common "in-group."
- Use of **stress-reducing techniques** to enhance emotional well-being before patient encounters.
- Instructions and focus on these methods—e.g., mindfulness techniques, meditation are important.

Source: Burgess, Van Ryn, M., Dovidio, J., & Saha, S. (2007). Reducing racial bias among health care providers.

Burgess Model Framework

Increase Perspective Taking & Affective Empathy

- Organizations/institutions invested and tied to the pursuit of empathy positively impact not only efforts to decrease bias, trauma, but also instilling an anti-racism environment.
- These efforts help to increase effective patient–provider interactions (especially with cross-cultural and interracial interactions).

NATIONAL COUNCIL for Mental Wellbeing

Burgess Model Framework

Increase Perspective Taking & Affective Empathy

- Empathy has both cognitive and affective components
  - **Cognitive Component**—Perspective Taking (Consider a situation from the position of another)
  - **Affective Component**— Experiencing another's feelings and emotions through:
    - **Recognizing emotions** in others.
    - **Being sensitive** to emotions in others.
    - **Sharing the emotional experiences** of others by having an **appropriate affective response** to the other person's situation.
- Empathy has been shown to **decline over the time** and through one's career.
    - Any empathy interventions strategies **must be repeated** over time to be effective.
    - Solution—CULTURAL HUMILITY

NATIONAL COUNCIL for Mental Wellbeing

The Ties That Bind Us: Empathy & Cultural Humility

"Cultural humility and empathy are inextricably tied."

- Working with diverse people requires both empathy and cultural humility.
- Practitioners and administers equally must be willing to take on the tenets of both empathy and cultural humility.
- They must engage in the practice of becoming cultural learner, exposing themselves to embarrassment, and accessing their own vulnerability.

In order to move forward, we must...

- Practice continual critical self-reflection
- Create safe space that allows for a change in paradigm
- Engage in DEE and not DEI

NATIONAL COUNCIL *for* Mental Wellbeing

Burgess Model Framework

Improve Ability to Build Partnerships with Patients

Replace Hierarch with Partnership:

- Partnership building improves the effectiveness of client, staff, etc. interactions.
- Reframe interaction as one between collaborating equals, rather than between one high status person, the provider, and one low-status person.
- Perceived relationship framing (same team/ in-group vs. hierarchy/ out-group) has profound implications on our reaction to others.
- Ingrained…Fundamental…Occur Automatically…Without Awareness/Intention
- In-group membership perception increase psychological bond (“we are one”).
- Facilitates arousal of empathy in response to their needs or problems (It is our problem/concern).

Flipping the Lens

In order to combat the ramifications of historical racial oppression, we must all adopt a racialized/cultural lens while working with diverse children and their families

NATIONAL COUNCIL for Mental Wellbeing

Through a Racialized & Cultural Lens

1. **Recognize systemic, intersecting inequities** in our field, beginning by gaining knowledge related to the existence and impact of historical racialized trauma.
2. **Develop an understanding regarding complex trauma** based on the intergenerational maltreatment.
    - New research has begun to show that environmental factors can affect the genes of your children.
    - Further, "genetic changes stemming from the trauma suffered by Holocaust survivors are capable of being passed on to their children"
    - One person's life experience can affect subsequent generations.

Source: Yehuda, Daskalakis, N. P., Bierer, L. M., Bader, H. N., Klengel, T., Holsboer, F., & Binder, E. B. (2016).

NATIONAL COUNCIL for Mental Wellbeing

Example: Multicomponent Intervention

Burgess Model— A framework for organizations to utilize while creating racial bias intervention development. It focuses on five modules:

- *1st Focuses on history and effects of discrimination and racial disparities in healthcare*
- *2nd Implicit bias & how it may influence interactions with clients, stakeholders, peers, etc.*
- *3rd Develop strategies to handle stress at work*
- *4th Develop strategies to improve communication and interactions with others*
- *5th Discussions pertaining to personal biases.*

Note: All modules are intended to **increase** not only an **understanding bias** and **enhance individual internal motivation** to overcome, but to also **enhance emotional regulation skills** and **increase empathy** within the work.

Questions, Comments?

NATIONAL COUNCIL for Mental Wellbeing

Case Presentation

Patient is an African American female who is in her mid-thirties and lives in the suburbs outside of a major urban city. Patient is married but has been separated from her husband for some time. Patient has a Medicaid Managed Care Plan. Patient often arrives in the ER by EMS on occasion accompanied by her outpatient provider after being impaired by substances (overdose of over-the-counter medications, alcohol, or a combination of both) and then ingesting foreign objects. From assessment of psychiatrist, it appears that patient has an extensive history of self-injurious behavior as noted by extensive scarring on patient's arms. It appears that at some point this behavior transitioned to the ingesting of foreign objects. While client does report auditory hallucinations it is unclear if this form of self-talk or true psychotic symptoms as patient does not have any negative symptoms of Schizophrenia. It is believed client's symptoms became worse after the death of her mother which is thought to be about 1 to 2 years ago. Client does have a friend who is a power of attorney but does not appear to be engaged in client's care at this time while client is able to make decisions for herself. Often while patient is in the hospital receiving treatment for initial episode, she will further ingest foreign objects. In addition to admissions at our hospital patient has been admitted to area hospitals for similar situations. Patient does receive outpatient treatment and is reported to live independently. In 2021 patient was brought to the emergency room 9 times for such incidents and thus far in 2022 has been admitted twice.

[continued next slide]

Case Presentation Continued

Until recently team has been referring patient to inpatient psychiatric treatment, however, with the addition of treatment in place by utilizing system psychiatrist a new treatment plan has been attempted. In addition to consult with psychiatry the team has had consultation with ethics committee regarding patient care and steps to that can be taken to keep patient safe. Patient has been referred to residential recovery treatment programs, however, there have been some barriers due to COVID. Patient is not engaged in seeking recovery treatment nor is she responding to inpatient treatment. Currently treatment plan is to address physical medical concerns and once stable refer to outpatient treatment providers.

Main Questions: How do we establish safety/stabilization of the identified patient and are we providing the most appropriate care?

Other themes & questions to consider:

- What is level of culturally responsive training for treating & diagnosing this person?
- Role of race, gender dynamics, other dynamics in care provided
- Role of trauma informed, resilience-oriented care in care provided

Open Discussion

NATIONAL COUNCIL for Mental Wellbeing

Discussion Conclusion

NATIONAL COUNCIL for Mental Wellbeing

What's next?

1. Complete Today's Session Survey

2 . Next Session (Session 5)
Thursday, June 16th, 11:30am-1pm ET

Topic: *Providing Culturally and Linguistically Responsive Services*

Resources

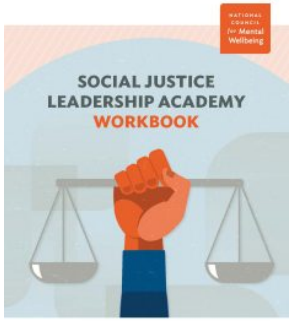
Project ECHO

Racial Equity Tools
https://www.racialequitytools.org/

National Council Equity Climate Assessment
https://www.thenationalcouncil.org/wp-content/uploads/2020/11/TI-ROC-Equity-Climate-Assessment_FINAL.pdf?daf=375ateTbd56

Furthering the Wellbeing of Black, Indigenous & People of Color through Integrated Care (Blog Post)

Access for Everyone: A Toolkit for Addressing Health Equity & Racial Justice within Integrated Care Settings



National Council Social Justice Leadership Academy (SJLA) Workbook

Health Equity and Racial Justice Webpage
National Council for Mental Wellbeing

ADDRESSING HEALTH EQUITY AND RACIAL JUSTICE

For more information on Webinars and Upcoming Events, Resources and Tools, and Training and Technical Assistance focused on Health Equity and Racial Justice

NATIONAL COUNCIL for Mental Wellbeing

Upcoming CoE Events:

Comprehensive Health Integration Part 2: Domains & Constructs

Register for the webinar on May 25, 1-2pm ET

Office Hour: Health Equity in Perinatal Health

Register for the office hour on May 26, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

Contact us through this form here!

Looking for free trainings and credits?

Check out integrated health trainings from Relias here

Subscribe for Center of Excellence Updates

Subscribe here

NATIONAL COUNCIL for Mental Wellbeing

Thank You

Questions?

Email VictoriaP@thenationalcouncil.org

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)

NATIONAL COUNCIL for Mental Wellbeing