



Diana Padilla:

So welcome everyone to Implicit Bias: Understanding the Impact of What We Don't See. And so, this webinar training is brought to you by the Northeast Caribbean Prevention Technology Transfer Center and I am your trainer for the next little while.

Diana Padilla:

I am a research project manager here. I'm a Technical Assistance and Implementation Specialist, and I work on two forms from the TA perspective. So I help organizations understand or consider different ways of how they can advance equity and inclusion. I do a lot of work around the class standards developed by Office of Minority Health. I also help organizations. I've been doing this one for a lot of years is helping organizations understand how they can integrate screening, briefing intervention referral treatment. And that's an evidence based model that is helpful, particularly in absolutely every single non-substance use setting that you may be working at prevention recovery supports.

Diana Padilla:

Even some folks in substance use treatment have actually learned to use the process to help their patients and clients around other behaviors within the substance use to help their clients consider reducing the behavior to improve the health outcome. So it's a really interesting and really effective treatment approach, or excuse me, intervention approach. So let me go through here. This is a disclaimer. It simply says that contents are solely the responsibility of the Northeastern Caribbean Addiction Technology Transfer Center. And so our information is always coming from the most recent subject matter sources. And that's what we present to you. Can we help you develop the skill set and maintain those skill sets? And so it doesn't necessarily represent the SAMHSA's opinion. But we do speak to our reputation as an ATTC. SAMHSA's Technology Transfer Centers, as a whole, have technology transfer centers for adjusting addiction, adjusting mental health, and adjusting prevention and treatment, and recovery supports.

Diana Padilla:

And so that's SAMHSA. So what they do is they try to provide you support, workforce development and such, while you folks are doing all that hard work and directly with the communities. And me, we are able to provide you the skills, knowledge, and a lot of other types of opportunities for developing, but also is another way of making sure that your folks have hours towards your credentials and licenses. You can keep that to keep doing the work that you're doing. And so we are all over the country. We're region two, of course, in New York and New Jersey. Our offices are in Columbia University at 168th Street. But we work for the whole state of New York and New Jersey and we also cover Puerto Rico and Virgin Islands. And so here is the slide that's really, really, really important to any content, any topic that has to do with the communities you're serving.

Diana Padilla:

And so SAMHSA has made a really big deal about making sure that we encourage you folks to be intentional with the words you use when you interact with your clients and/or patients or consumers, and when you interact, even with your colleagues. And so there was a time where we used to use certain terms relating to substance use. We used terms like substance abuse were not using those terms anymore. We encouraged not to. The DSM five has changed the names of these health issues for our



communities. And so we are encouraged to change our dialogue too. The research has shown that stigma is a huge factor in preventing people from accessing care and stigma can be reflected in language. And so we are encouraged, be intentional about the words we use. And so words do have power. We know that language does matter. Affirming language, supporting our empowering language can help people feel motivated to advance their own recovery process.

Diana Padilla:

So the goal today is to kind of review what we understand about implicit bias and its potential effects and provider interactions. And that means our language, our behavior, the things that we might do or might not do. And so we're going to consider all that. So if you are all right with it, I would love if we make this a very interactive conversation. See your expertise is part of this process, especially when it refers to a topic like implicit bias. Would you be okay if we do that? If at different points you can add your expertise or your questions to different points of the content. Okay, good. I got some nods. That's great. So the only thing I'm going to ask is because we have a healthy amount of folks here is that you please use your electronic raise hand feature. So that way I don't miss anybody. Excellent. At the same time, everyone has a chance to speak without someone else interjecting over them. So when someone interjects over someone else with it, is there a message there that we're conveying? Anybody want to share that? What might it be? Okay.

April:

That what you want to say, isn't important.

Diana Padilla:

Yeah. It really minimizes the value of what someone else is saying. And so we want to give that respect. Thank you, April. And so here's the thing. These are the kind of skill sets that we should ideally practice with consumers or the people that we are providing services to. So I kind of wanted to practice it here, because every voice important. And I really want to hear what you have to say. Your experience is priceless. And so that's important to bring here. So I would really like it if we don't interject over each other. It also says yes, what April just said really, really well. You're not actively listening to the person and we know about active listening. How many people have done MI? Done the training? Okay. How many folks actually practice MI?

Diana Padilla:

I'm not going to tell you supervisors. I'm not going to tell anybody. So you didn't have to raise the second hand if you didn't want to, that's okay. All right. So the only thing is that I really know. So that's why we need the raise hand feature. We want to hear each other's voices. It's amazing. Some of the information that you folks share with one another of what works and what doesn't work and you help yourselves with that information, not just the content that we present. So I just want to encourage you in that way. So let me frame it out the way I tend to do.

Diana Padilla:

I'm going to bring up a couple slides and speak to what the lay of the land kind of looks like in terms of the communities that we are serving. And despite what profession you're working in, whether you're a peer recovery professional, whether you're working in mental health, whether you're an addiction,



professional, if you are working in an administrative from a leadership position and other position. No matter what capacity you're serving, a lot of the folks that we are serving come from this realm right here.

Diana Padilla:

And so this is just to give us a quick view. So what we are looking at are people with high rates of substance use, high rates of mental health, maybe high rates of trauma and much more. And so in terms of disparities, and I know that we're all aware of how the recent pandemic has really couldn't help but just highlight it that much more and exaggerate it that much more than we've already know. So we know that the indigenous people, indigenous folks, Native Americans, tribal nations tend to have high rates of alcohol use. There's some reports I have up to 36% have reported that in the past month they have consumed alcohol over 12 months, they have consumed at rates at almost 55%. And usually that's that much higher than other groups.

Diana Padilla:

These populations tend to have higher rates of health issues. And now you see here with heart and liver disease, which is directly correlated with the level of consumption. This doesn't mean that all these folks are actually meet the criteria of alcohol use disorder. So that's something to keep in mind. And we also know in the black and African American community, that mental health is a challenge to address. We have six and a half million people. And in the black community that had a mental illness or substance use disorder. When it comes to mental health or any kind of mental illness, particularly around the older population, it's not necessarily an easy to talk about situation. It's very hard for a lot of folks to actually talk openly about it. And so black and African Americans were 20% more likely to before serious psychological distress than the white community.

Diana Padilla:

And so what's interesting is here. And I will tell you this from a research perspective is in the research, we don't capture exact numbers. We get estimates. We may pick up on trends and patterns and characteristics, but this is usually very modest compared to the actual numbers. And now in Hispanic, Latino, LatinX communities, 1 in 10 might approach a mental health professional for their mental health issues. And that's extremely low. 1 in 5 might approach the medical doctor. And that speaks to the relationship that they have with their primary care, where they're more trusting and they more engaging and they're more frequently following through on their appointments or their care with a doctor. So they'll go to that person as opposed to someone else. And so it starts to speak to an array of different potential issues that may be cultural, may be environmental that may come from different places.

Diana Padilla:

The other thing is we can't talk about disparities without about social determinants of health. For a lot of the racial, ethnic, and other underserved communities social determinants of health has been a way to identify what would be the ideal for a given individual to grow and develop healthy. And it also creates out the areas that can be very, very deficient for a lot of these communities who do experience the disparities to get access to care. And so when it comes to social determinants of health, we think about the access to quality healthcare. And so healthcare has been very deficient for a lot of these



communities. They don't tend to be tailored or specifically meeting their needs, that it tends to be less than what a lot of these folks do expect to get. The neighborhood environment that they may come from may be somewhat challenging and may be a place that does not necessarily see the encouragement to be more physically active.

Diana Padilla:

There are many places where families live and there is no park that kids can go to play. There's a lot of places that don't have the means or the opportunity to be able to have to walk distances for adults and be able to engage in that healthy activity. Economic stability can be very deficient for some families. The nutrition. When we think about nutrition, we didn't always think about it. But that correlates with everything else in terms of, is there more franchises available than there are health food stores available and what is more accessible and a moment's notice? And also the quality of education. These are all the ideal domains that any given individual or even any family can consider has an impact on their overall wellbeing. Now their physical health, and overall, even in that inclusion of mental health, because when some of these areas are deficient, it may impact their decision making in terms of where they seek help or whether or not they seek up or what option or resource they'll choose compared as a point from when you think about what resources are available.

Diana Padilla:

And so this also, it gives us some insight as to what some of these communities may be experiencing. And so here, the National Healthcare Quality and Disparities Report. These folks get together on an annual basis, I believe. And they collect data and they look at patterns what they did here. They were able to note that different communities tend to have either better, same, or worse access to care. That was the goal of the study. And so it was like a meta-analysis perspective where they took a lot of the data sources available and they put it together. And so this is what they found. And what I want you to know first is that everything you see in red speaks to that the care or access to care is worse than it's ever been. And then in yellow, that access to care is the same.

Diana Padilla:

And we already know for decades now that access to care has been pretty difficult and challenging for a lot of folks. And then in green, the light green, which you hardly see enough of, it shows that it's better. So starting from left to right. So what we see is when I think about disparities and I think biracial ethnic communities always think about other underserved communities as well. And there's a lot of intersection between these communities. And so in the first graph, you see the community that feels it the most, that has the worst access to care. And these are the folks that are below the poverty level. And all you see is the red bar and then a slight little slip and yellow that says access to care is the same, which means it was already noted that it was already challenging. But people with less money have worse access to care.

Diana Padilla:

Now holding that on the side for a second, as we go from the left to a right, we see the black community versus the white community. We see a slight slit of light green there. But what you see is the access to care is either the same or it's gotten worse. And Asian versus the white community you have about a third has gotten better about a third has stayed the same and about a third has gotten worse. And then



you see Alaskan American Indian, Alaskan natives, you see stayed the same and there's disparities had already existed or have gotten worse. And that Native Hawaiian Pacific Islanders, it has stayed the same. At the end. What you see the last graph, Hispanic for Latino LatinX versus the non-Hispanic white. What you see is maybe in certainly areas may have gotten just a little bit better.

Diana Padilla:

It has stayed the same for the most part. Maybe almost 60% has gotten worse. Now this is before the pandemic. And I want you to think about the people that you've been serving. And when you have been assessing them they've been collecting their information and understanding what are the dynamics of their [inaudible 00:15:42], then you are the best ones that indicate have things have gotten better for these folks or not. Prices are super high all over the place. Income is not stable for a lot of the folks that we work with. So we start to get some idea of the communities and maybe some of the challenges in their life. And I don't like to make absolute statements. So I won't start now. But if you send me an email and want me to give you specific data and a resource, I will do that.

Diana Padilla:

So the other idea is here is now we start to understand, we have disparities for a lot of these communities. We understand that social determinants of health have an impact, very deficient areas. A lot of them over the years, we already know that the access to care, it is really supposed to be access to quality care to any care and not just quality care. And we already know that for a lot of folks, it has either stayed the same, which was already inequitable or has gotten worse. And so here's the thing, these communities are not going anywhere. The racial ethnic communities are expected to represent more than half of the American population by 2060. Right now, the US population has the white community of dominant culture has 62%, which is down 3% from maybe just 5 years ago.

Diana Padilla:

So 65%, then it was about 62%. Now when it comes to by 2060, it is expected that collectively racial and ethnic communities represent more than half. So these inaccess to care, these inequitable types of care that are available, it really just paints the picture of why we really need to be adept at providing quality care, tailored care, meeting the needs specifically, and helping them engage in environment and giving the reason to want to access care when the need does come up. And this is what we talk about structure inequities. And structural inequities is a nice way of saying structural racism. And racism being that system in terms of structure inequities is systems that are not working for everyone effectively. That is working very specifically and efficiently for dominant culture, but not necessarily for other cultures. Now here's the thing about this.

Diana Padilla:

Let me come away from the slides for a minute. I just want to make sure that we're very clear on this. So these systems did not just pop up. These systems have been put in place on top of other inequitable systems that were put in place on top of other inequitable systems. And we can go all the way back to the days of colonization. Absolutely no one here has actually had fought for it, but everyone here has to use that system to meet the needs of your community members. And that's the perspective that I would like to encourage all of us to think about. And despite that these systems are so challenging to try to



work around, 'cause we're the ones that have to be resourceful to help meet the needs and match the resources appropriately for any given client or individual that we're working with.

Diana Padilla:

We have to work with the systems as it is. This is nothing new. This is more of a repetition of what's been going on for hundreds of years. And so the thing is that with when you consider that social in terms of health, and you consider the full quality of care, full quality of the resources that might be available, even in a pinch where someone needs to have access care, you also think about how this impacts somebody's ability or how it influences, whether someone decides to get care or not get care. And many times, folks, if they've had bad experiences, they'd rather not get care or find a different way to resolve their issues. They come back and get care and risk having the same experience again and not get their needs met. So there's different ways where all of these different environmental issues impacts any given person.

Diana Padilla:

And so that's the biggest thing. And the idea here is to understand that folks who tend to experience this the most are racial and ethnic communities, people with limited English proficiency. We think about the non-binary folks, LGBTQ people. We think about people with disabilities. We think about veterans and more. These are folks who traditionally, or maybe I should say historically, have always been underserved. And so what are we doing? So why are we here? Here today, the reason for me presenting this much is so we can understand this is the part of the landscape for a lot of the folks that we provide services to. And we want to identify barriers to care. If we can identify barriers, we are more likely in a better position to identify strategies to address. Barriers to care include unconscious bias. But I'll get to that in a minute.

Diana Padilla:

We've already talked about some poorly designed systems for diverse populations. Language barriers is always about among the top three. And stigma tends to be also among the top three that is identified as part of barriers, a part of why someone may not seek care. And so there's also the past experience I was just mentioning and there's distrust of, not just the system, but certain providers that might be the ones who are available, poor cross-cultural communication. And there's also a lack of representation in the workforce, and it's not representative to of the communities that you serve. So how do we work around that? Or how do we work with that? First, I mean, I always think that representation is essential. And so that's another conversation, but that's part of it. Folks need to feel like, "Oh, so you may be able to help me.

Diana Padilla:

If you look like me or you can talk to me." It kind of depends. There are places where you got to work with what you got. And so what do you connect, you can culturally connect in a lot of different ways and I'll speak to that in a minute. This is where I get to start talking. And you folks get to give me some feedback, I hope. So I know you're here for this presentation. You're going to get your 2 CEUs as long as you stay for the rest of it. Well, here I'm curious, conscious bias. What do you know right now? I mean this is not a new topic anymore, and many of us are very familiar with this. So I'm kind of curious. Yeah, I want to hear about that. Christian. Thank you.



Christian:

Yeah, you're welcome. And thank you. I really appreciate the content but when it comes to unconscious bias, I think it's just sort of an ongoing process. We start into an industry like this and it can be very eye opening to understand that bias is present. Even though we want to present ourselves unbiased and understanding and empathetic and inclusive and all of those things when we're presented with a case where bias is possible. Then we can sort get a view for what is still lingering. And so I think it's a lifelong process to continue education and to continue reducing our bias.

Diana Padilla:

So I totally agree with you and you said a lifelong process to be able to counteract what bias can do. So I appreciate that. One of the components of culture humility, which is a bias reducing strategy, which is very cool. I'm not sure it was going to come up today but very cool. Thank you. La Shea.

La Shea:

Good morning, it's La Shea. But when it comes to implicit biases, the conscious of it, I realized that we all suffer from it in some shape, form or fashion. Like Christian said, it's a life long experience. I will have the opportunity to write a paper last semester, as it pertains to exploring implicit racial biases, as it comes to the racial aspect of it. And going through the Harvard School of Education, there's a three minute quiz that I took and realize, "Wow, even when you feel like you don't have it, you have it from the way where you decide to live at, where you decide where your children go to school at, how you decide that you grow grocery shopping, or where do you decide to seek entertainment at." All of that can channel some part of implicit biases. And a lot of it is because of the way you were raised or the things that you can't unsee.

La Shea:

Like for me personally, my child, how you would send your child to school, Diana, and how else in my child to school is two different ways. I have a young black son that's 15-years old who suffer from the 3 Bs. He's black, he's considered big. And he's considered to be, can't think of the other B right now, but it's the 3 Bs. Oh boy, he's a boy. So those 3 Bs, he's already has a target on his back. So I have to tell him, "Don't wear your hoodie when you're crossing the street. Always take one of your AirPods out the ear when you're walking. Always looking officer in the face. No jaywalking because you fit the description automatically just being young, black in America, you fit the description. So I always have to make sure I'm very strategic when he leaves the home and coming back home. Whereas someone of your culture will say, I'll see you later and you know you'll see him later. Me, I don't have that same feeling when sending out my son every day.

Diana Padilla:

Thank you, La Shea. Yes?

La Shea:

La Shea.

Diana Padilla:



La Shea. Okay. I'm going to get that right.

La Shea:

La Shea.

Diana Padilla:

La Shea. Okay. I'm not going to mess it up again. At the third time, I usually get it right. Thank you, La Shea. Thanks so much. You shared a lot. Actually to tell you the truth, my daughter's Hispanic black. And one of the things I had to do with her was like, how could she be independent and go to school and not get picked on and how to prepare her to do that? So it was a different kind of preparation, but still relating along the same lines. And so different people of color, we all have different needs and different opportunities where we have to make sure that our kids stay safe. And so we have different projections. So I could certainly relate to what you're saying. In the black community, I know that the folks have to be prepared to, for all, to be totally hypersensitive to understanding how to navigate through a particular situation that could become lethal. I appreciate what you were saying, La Shea.

Diana Padilla:

And so in all that, think about implicit bias and stuff, I was thinking about, that's not really implicit bias. That's really the acts of racism coming up. Implicit bias, I want to go back to that, is the things that we don't do conscious-

PART 1 OF 4 ENDS [00:27:04]

Diana Padilla:

I want to go back to that, is the things that we don't do consciously. So that comes out in certain ways. We also know that our minds and I like what you said about also, we are influenced by our environment.

Diana Padilla:

So I wanted to see, if no one else wants to add to it, I want to do an experiment. You folks are up for an experiment? Okay. Very good.

Diana Padilla:

So I'm going to bring up being vulnerable, being open to uncomfortable conversation will allow us to really hear one another. We have to be open to having a conversation in a respectful way, but be open.

Diana Padilla:

The idea that I asked you all about, that I mentioned to you all about the systems that are in place and it is nobody's fault. The reason why I mentioned that is because this is important for us to talk about unconscious bias in a way where we don't get defensive.

Diana Padilla:

There are certain things that happens without our permission. And I want to present that here. So I want to build your receptivity, and I don't want anyone to feel like they're blamed for anything right here.



Because really it's not your fault that the systems are in place the way they are. But you have to work with them.

Diana Padilla:

One of the craziest examples of implicit bias that I've seen is in names. Literally worked in places who do not want to hire someone whose name they cannot pronounce, or that sound too ethnic. I left those jobs immediately.

Diana Padilla:

I think it's so important to, like what I was doing with [inaudible 00:28:34] is figure out how to ask how somebody's name can be pronounced. The idea here is about showing respect. It's not just acknowledging that someone is there, it's actually being respectful in the interactions with other people.

Diana Padilla:

When you move away from what's uncomfortable for you, you don't give yourself the opportunity to grow. When you move away from what's not comfortable for you, just imagine how that might impact the work that you do. Because you don't know who you're going to work with, and you don't [inaudible 00:29:04] work with just one specific population. And so that's really important.

Diana Padilla:

And so this is part of our skillsets. And I'm not necessarily trying to get anybody to think or change your values and belief systems. But I just want you to get open to some of the things I'm going to ask you about for just the little while we are together.

Diana Padilla:

So here's what I'm going to do. This might be a little tricky, because we've got a lot of folks. But I'm going to ask you all to mute. Not yet. Not yet. I'm going to ask you all to mute and follow me in an activity.

Diana Padilla:

So I'm going to say a word and you're going to repeat another word. And then you're going to say what word comes to mind. And we'll do that a few times. Okay?

Diana Padilla:

So let me show you the slides. Now, get ready to [inaudible 00:29:46] mute. You can do that now. All right. So I'm going to say, night and...

Yvette:

Day.

Speaker 1:

Day.



Diana Padilla:

Black and...

Speaker 1:

White.

Yvette:

White.

Diana Padilla:

Young and...

Yvette:

Old.

Speaker 1:

Old.

Speaker 2:

Old.

Diana Padilla:

That last one's a little tricky for me. So I'm curious. So it seemed like everybody was right on point. Everybody seemed to have responded with a word. There was no right or wrong here. I didn't give any restrictions, any guidelines. How did you all know to respond with the words you did, and which you did very well in unison, by the way. How did you know to do that?

Yvette:

Habit.

Diana Padilla:

A habit? Okay. What do you think the habit came from?

Yvette:

Things we learned in school, we were taught.

Diana Padilla:

Oh, taught.

Speaker 1:

Society.



Diana Padilla:

Society. That's right, society, things we learned in school. What we were taught.

Speaker 2:

Things that normally go together. When you see the language.

Diana Padilla:

Words that are used commonly together. Okay. All right. And we see Sesame Street. One of these things is not like the other. Thank you, Kate. Patterns we know, things we learn. Okay.

Diana Padilla:

So how about, do you want to try it again, a little differently? This is all about words. I love messing with the words. That's what I like to do.

Yvette:

Yes.

Diana Padilla:

And if you've done this before, just do it again anyway, just for the fun of it. And if you don't want to practice, that's okay. There's plenty of people here that I can get at least two people to participate with me.

Diana Padilla:

And so we're going to do what we call the [inaudible 00:31:25] test. Let's unmute for a minute. Let me say a word. And you folks repeat it. How's that? Is that simple? And then we'll do that several times. And then I'll ask you a question. That good?

Speaker 1:

Okay.

Diana Padilla:

If you've done it before, so what? Do it again. It's Friday. Okay? All right. The word is, "Spot." Everybody at the same time, "Spot."

Yvette:

(In unison) Spot.

Diana Padilla:

What do you do when you get to a green light?

Yvette:

(In unison) Stop. Spot.



Jen:

That's crazy.

Diana Padilla:

What do you know? I think someone said "go" right after they said "stop" but they caught themselves really quick. I don't know who that person is.

Yvette:

That was a good trick.

Diana Padilla:

Why do you say it was a trick? Did I hide it? Wait a minute.

Yvette:

A trick in my brain.

Diana Padilla:

Oh, okay. Okay. It wasn't my fault. Okay.

Yvette:

No.

Diana Padilla:

Oh, I try to be clear. I try to be transparent. So isn't that interesting. Before we process that again, do you want to try it again, one more time, and redeem yourselves?

Yvette:

Yeah.

Speaker 2:

Yeah.

Yvette:

We have to.

Speaker 2:

Definitely.

Diana Padilla:

Okay. What's the word? What's the other word? I have to... Oh, I got it. The word is "roast."



Yvette:

(In unison) Roast.

Diana Padilla:

What do you put in a toaster?

Speaker 1:

Bread.

Yvette:

Toast.

Jen:

Bread.

Speaker 2:

Toast.

Diana Padilla:

I really had faith in you.

Jen:

Oh, my God.

Diana Padilla:

I really thought you would get it this time. Okay.

Jen:

That's terrible.

Diana Padilla:

Actually, you did so much better though. There is a few people who did say bread. How many people said toast? Okay. Okay. Guilty. All right. Thank you, Abigail.

Diana Padilla:

Of the people who said bread, would anybody like to share how it is that you ended up with the correct response this time? Can you raise your hands, and so you can share on that. Can you share with the rest of us? All right. Yvette first and then [inaudible 00:34:19]. Yvette.

Yvette:



I was really listening this time. I didn't want to get caught off guard. And it took me a minute too, to just keep thinking, "Okay, what is she going to say at the end?"

Diana Padilla:

All right. But that's great. Excellent. So you say you was really listening and that really speaks to what someone mentioned before, active listening. And then you said you was waiting. That's very cool. So there was an extra second there. Thank you. [inaudible 00:34:46].

Speaker 3:

I was more conscious of what I was going to say. So since you already got us the first time, you're like, "Oh, yeah." So it made me think, "Okay, so this next one, it's going to be, the word is related to whatever the question's going to be, but it's actually not going to be the answer for it."

Diana Padilla:

Okay. So you started to figure out a formula, "Okay, what she's going to say." And I have a feeling, I heard a tone in there that speaks to, "No, I'm going to show her. I'm going to get it right this time." All right, thank you. Jen.

Jen:

I would second everything everyone before me said. That we knew what was coming. So we just had a sense that the first instinct would probably not be the right one.

Jen:

But then in addition to that, I would say, I tried to pause and stop and think about, "Okay, so toast is not the right answer, because that's what I want to say. But then what is the right answer?"

Jen:

So for me, I think there was a little bit more of that.

Diana Padilla:

That's fabulous. I like that. I appreciate all those responses and thank you for rounding it up at the end, Jen. And you spoke about not necessarily what's instinctive. What's instinctive is something we don't consciously think about. And so it's just an impulse reaction. And reaction is very different than responding.

Diana Padilla:

And I like that [inaudible 00:36:12] was talking about, "Wait a minute. I already see that it works a certain way. I'm going to be more mindful the second time." And even did the same thing. She was talking about the same thing. It was, so I know, "What is she going to say?"

Diana Padilla:



So pausing that extra second, if you will. It made a difference. That's huge. Because that's very relevant to what we're going to talk about.

Diana Padilla:

If you remind, I will do it one third time towards the end. Okay? So if you remind me. And then maybe that time, everybody will get it right. We'll get a hundred percent correct. Okay? All right.

Diana Padilla:

But there's a whole reason why... There's nothing wrong with how any of you responded. There's a reason for all that. So I'm going to go back to my slides. When we start talking about a conscious bias, it makes sense.

Diana Padilla:

And so, unconscious bias, implicit bias, hidden bias. However you refer to it. It's an individual, subconscious beliefs. It's about attributes, such as race, ethnicity, gender. A whole bunch of different issues, socioeconomic status and age, sexual orientation. It all results in an automatic or an unconscious reaction or behavior.

Diana Padilla:

Despite that you are a well intentioned person, it happens to anyone. That's why it's very important not to be defensive with this topic. Because who you believe you are, you are. But there are certain things about how we are built, that it wasn't like they asked our permission about how it works, but it works a certain way and we just have to be mindful of it.

Diana Padilla:

Awareness is the underscored point that all the three participants who just shared, talked about. It's that awareness, understanding that something happens a certain way, helps to prompt you to do things a little differently.

Diana Padilla:

So with implicit bias, these attitudes and stereotypes can affect how understanding, or how we make decisions, or how we interact. How we have a conversation with someone.

Diana Padilla:

So what are some sources of unconscious bias? What do you think those may be? Can you tell me that? Where do you think this stuff comes from? Where do we get unconscious bias from? What are the sources? What feeds it?

Speaker 4:

Older family members.

Diana Padilla:



Okay. Older family members.

Speaker 4:

The way you were raised.

Diana Padilla:

Oh, let me, put some hands up. Andrew, go ahead.

Andrew:

I was going to say upbringing, the culture you're raised in.

Diana Padilla:

Yeah. Upbringing, your culture, yes, for sure. Your immediate family is very... It's really how you learn a lot of your behaviors and your ideas. Todd, go ahead.

Todd:

It was said already, but I agree. I think our upbringing and older family members too, I think also influence a lot of these issues.

Diana Padilla:

The people you are around. The people you're around the most. Yes. Thank you, Todd. Exactly. So a lot of those are influences as well. Jen?

Jen:

I'm reading this amazing book right now called How To... Wait, what's it called? How to Raise Anti-Racist Children. And it talks, I've only started it, but it talks a lot about representation simply. And how, for instance, so for a white family, it is harder to find toys that have different skin colors, things like that. And those are also important to help with this issue.

Jen:

So just basically what I'm trying to say is, yeah, just representation in general of society. And, well, the lack thereof is what I should say. Yeah.

Diana Padilla:

Yeah. Oh, even what you are getting, even what is there, is influencing where these unconscious bias comes from. Sakina, if I said it correctly.

Sakina:

Yes you did. How are you?

Diana Padilla:

I'm good.



Sakina:

I've taken workshops with you several times, and I've always enjoyed them. Institutional racism and bias, especially in the school system. Because most of us go to public schools. The children can come home saying some things that you really didn't teach them. Yeah.

Diana Padilla:

Thank you so much. You're right. That's a good point. [inaudible 00:40:23].

La Shea:

I too would agree with the upbringing and your surrounding. What is it? Kenneth Clark did a experiment, the doll experiment in 1988. And he used children as young as four years old. And they just did, the color doll, the white doll and the Black doll. And these children were babies, toddlers. And they, well, "Which one is the ugly doll?" Immediately, "The dark doll." "Which one is going to grow up to be the dumb doll?" "The dark doll."

La Shea:

And it was so heartbreaking that you can be so young and you can be influenced at that young age, in a toddler stage, to automatically pick that color doll as the child that's going to be in trouble, that's looked at as ugly, that looks as the wrong person to be around, and things of that nature.

La Shea:

And it's not because of what they were taught. It's what they see though. Even when you don't try to teach it and you want to be on the straight and narrow, it's still how they see... What's being taught or what's being trained in front of them.

Diana Padilla:

That's right. That's right. That's pretty much bringing it all together. Yeah. [inaudible 00:41:35] surroundings, all your surroundings which you've been around for all your life, it's all going to be part of what influences or what feeds the unconscious bias. Sakina, go ahead, please [inaudible 00:41:45].

Sakina:

Yeah, just to add to that. The thing about that experiment that always amazed me was, it wasn't just white children. They were choosing all kinds of backgrounds to make the same choices.

Diana Padilla:

That's right.

Sakina:

And that's a little frightening.

Diana Padilla:



And that is why I'm saying we're all susceptible. When I had it on the slide, it didn't mean that you had to be from a certain background, a certain age group, a certain... None of that. We're all susceptible. That's really important to understand. And within context.

Diana Padilla:

So let me go back to my slides. That was really good feedback. Thanks, folks. And so, I do have some of these there. So past or early life experiences, that includes the people that you've had in your life and what you've gone through.

Diana Padilla:

And so [inaudible 00:42:29] environment as you... And you all spoke to upbringing and people in your life. So how a person is raised, the culture that they're raised with, you mentioned that as well. Educational system. Environmental situations. Also media coverage. And media has also been a source of influence. And even though we don't agree with things in our environment, including media, we still absorb it.

Diana Padilla:

And so I'm going to use an old slide. This slide is an old, this is from Hurricane Katrina. Long time ago, but it still has a present impact with people in New Orleans. But I thought that showing you how the media represented the situations at the time is really insightful.

Diana Padilla:

And so in the top slide, what you have is a particular organization, I believe there was still an actual newspaper. And it really speaks to a young man, it references this picture, and it refers to the young man as walking through chest-deep flood water after looting grocery stores. That is very specific. We're talking about millions and millions and millions of people who read this.

Diana Padilla:

Then we see a different picture and you have two individuals. They don't look like people of color. I don't like to assume, but I'm going to say they're not people of color, so we have two residents wading through chest-deep water, finding bread and soda.

Diana Padilla:

And so media is also another source that has a potential influence and helps create unconscious bias. And so the idea here is to understand why it matters.

Diana Padilla:

Want you to think about how this relates to what we do. So there was behavioral health bias. There was a group of researchers who went to a conference, a behavioral health conference, and they decided to do a survey.

Diana Padilla:



And what they did was, they found that the professionals there were more likely judge persons who were referred to as substance abusers, and feel that they deserve punitive or sanctions, as opposed to a person with a substance use disorder. And so even in the language, even in the terms we referenced, there are associations that folks learn. Whether it's unconsciously or in a conscious [inaudible 00:44:51], but folks learn.

Diana Padilla:

And so it actually incurs certain ideas, certain thought process. And so these folks were more likely to feel like the substance abuser didn't deserve treatment, they probably deserve more like jail.

Diana Padilla:

And so mental health practitioners were less likely to believe that treatment should be [inaudible 00:45:08] process for these folks.

Diana Padilla:

And so when we're thinking about here and what the data is collecting, and our data shows patterns, it doesn't show exacts, but it sure does a really good job of showing pattern and characteristics. And this is not a one time study. This is just a study that is reflective of decades of different studies. We've seen cultural bias, implicit bias over a long period of time. And what it results in is differential treatment.

Diana Padilla:

So stereotypical types of interactions and type of... It can lead to microaggressions towards the client or stereotypical threat experienced by the person.

Diana Padilla:

And so here, the reality is, all moments of human decision making are susceptible to the influence of implicit bias. All moments. Whether positive or negative, those biases have great effects on outcomes, in all sectors of our society.

Diana Padilla:

Why we think it's more important is because we know that we interact. We are in the people helping field. And usually, we work in areas and settings that are very high stress. And there are crises all the time.

Diana Padilla:

And if you're working with substance use folks with substance use disorder, the opioid crisis has shot through the roof. It's never been as bad as it's been, with the overdose rates and all that. It's a very high stress environment.

Diana Padilla:

And I'm not even including the mental health component. I'm not even including those folks who are trying to maintain their recovery. Who are on [inaudible 00:46:34] to recovery and have a lot of challenges in terms of maintaining that recovery process.



Diana Padilla:

So there's an array of intersecting, different types of work that you're doing that really speaks to opportunities for implicit bias to reflect itself.

Diana Padilla:

And so, perspectives in care. So patients present with varied healthcare needs. Folks who access, who do access care. I'm not even talking about a lack of access, but those who do access care, do expect that they're going to have their needs met, do have certain expectations that you're going to be the person of authority and you'll be able to help them access the resources. That they'll get the help they need.

Diana Padilla:

But a lot of what they present with are socio-culturally determined. Who they are and what their world looks like and how they make decisions and priorities in their life, and so much more, is part of what they present.

Diana Padilla:

And then providers, you on your own. Or we as providers, we have our own expectations. We have our goals to meet. We have our [inaudible 00:47:27] professionalism. We also have the grant deliverables and all that. But we are also people without that professional hat, we have our own belief system.

Diana Padilla:

So we have our own trainings, and we have our professional training, but we have our own personal experiences. And we bring all that to the table as well.

Diana Padilla:

And so the thing is, when we think about, you all were mentioning about how sources of bias, of implicit bias is like how you were raised and your culture and people you've been exposed to over time. Well, this is all part of those conditioning dynamics.

Diana Padilla:

In another way, I could say socialization. Because we are conditioned since childhood to internalize the environment around us. We're always reading and absorbing everything in our environment.

Diana Padilla:

Think of this. And this is one of the key things that just helped me plug into how complex and yet how simple it can be. If you think about, I'm always talking about the brain. And so if you think about how, on a conscious level, our mind will process, when we make decisions, where we're going to go to lunch, what time we have to get on that conference call, what time we're going to have that meeting, that appointment with a client or a patient coming in at a certain day. All that.

Diana Padilla:

When you think about those things, we process information on a conscious level. We process 50 bits of information per second on a conscious level.



Diana Padilla:

At the same time, in that second, we're also absorbing and processing and internalizing 11,000 bits of information. I'm talking about any kind of stimuli. Any kind.

Diana Padilla:

And so while 50 bits on a conscious level, 11,000 on an unconscious level, per second.

Diana Padilla:

Now, back to our childhood, back to infancy and how we learned our cues and how we determined our environment, how we understood it and how we grew up and the things we learned. Those 50 bits on a conscious level and 11,000 bits on an unconscious level, that's coming into us as being absorbed, it's being stored in our brains. We've been doing that since childhood.

Diana Padilla:

So everything that we, how we develop our own personal philosophies, our perspectives, our own value systems, whatever they are, everything in our world up until today, right now, even while we are here together, we are internalizing 11,000 bits of information unconsciously per second and 50 per second.

Diana Padilla:

Just all the years, look how all you young people, all of you wonderful young people, I'm probably older than everybody here. But I will tell you that that's a lot of information over so many years. Just look at your age and think about every second, every second of every day of every week of every month of every year, over the decades. That's a lot of information that we store that we are not aware of.

Diana Padilla:

And so the brain has to have a process. The way the neuro circuitry works, the brain has different ways of ensuring that certain functions, that we have certain functions. And that it works together to make sure that simultaneously different functions process at the same time.

Diana Padilla:

One of the things it does is that it processes information very quickly. And it does it unconsciously. And it does it very rapidly. And usually for a particular situation, that's extremely important. So that's that automatic brain.

Diana Padilla:

And that automatic brain tends to override our conscious intentions. Including when we're trying to be impartial with anyone.

Diana Padilla:

And so we have a lot of information that is stored in our limbic system. And so that's the mid part of the brain, the mid part of the brain is where memories are stored, associated feelings are stored. And this is very basic to understanding how substance use impacts the brain. So this is not too unusual and I'm not going to complicate.



Diana Padilla:

And then we already know that we make decisions in the front part of our brain, prefrontal cortex. And so in the middle part of the [inaudible 00:51:31] brain, in our limbic systems, we are processing information, we are collecting information in there. So these are what we call frames of references. And so it's foundational to how we understand our surroundings.

Diana Padilla:

So schemas, which are, think of it, how different types of information over the years, over time, it's categorized in our brains. I know it looks like I have a library here. It's not exactly like that, but it does start to speak to what happens with this information. It has to be stored.

Diana Padilla:

And it's stored with associations and categories. And so those are the schemas. And so the information, they also have like a blueprint of different experiences and different forms of knowledge, opportunities, and knowledge that's come through. And that's how we make decisions. And it's part of how we interpret the world.

Diana Padilla:

And so, think about, another example is, and this is the corner of Fifth and 23rd Street. This is where our offices used to be. And any given day on Fifth and 23rd, on Fifth Avenue, you would see, especially in the summertime, so much busyness. And I'm not thinking pandemic. It's always so crowded on our streets. It's lively. There's this liveliness about New York.

Diana Padilla:

And so here, and a lot of cities are like this, it's vibrancy. And a lot of people walking this way and that way. But with big streets, you got a lot of cars coming back and forth. So this could be Fifth Avenue and 23rd Street, it could be somewhere else in Oklahoma, it could be out in California, it could be anywhere.

Diana Padilla:

And so you have a busy corner and people walking past, back and forth, and waiting for the light because that green light, that's the only safe time really to cross a street that's this busy.

Diana Padilla:

And so just imagine that you're crossing and you're halfway through the walkway, and you have the green light. You're not dodging in between cars or anything. But in the middle of the walkway, you're there, and all of a sudden this car comes, turns the corner, it's coming real fast. It turns the corner, it's going against the light, and it's headed your way.

Diana Padilla:

So do we have time to go, "Okay. Oh my goodness. All right. So what can I do? I can stay in the way and I might get hurt. [inaudible 00:53:52] then I have time to, no, but if I get out of the way, then I won't get hurt."



Diana Padilla:

How many of us have time to kind of, "Okay. Oh my goodness. Let me look at, what are my options? Let me look it up."

PART 2 OF 4 ENDS [00:54:04]

Diana Padilla:

Oh, my goodness. Let me look at what are my options. Let me look it up. Let me process that way. Does anybody have that kind of time? You'd be under those wheels, right? So our neurological processes are developed in such a way that in the moments notice we have enough information in our brain that it knows it has the [inaudible 00:54:21] is precedes the action. So we know to get the heck out of the way. That's not unusual. We've been in situations like that before. So that, in other words, something in our brain came and grabbed the information that we needed in split second time or less than a second time. And then we were able to get out the way, that's what I'm going to say. So that's not something we do consciously. That's something we do subconsciously. So those processes are part of our survival and it's also part of other opportunities, other things that we do in our daily life.

Diana Padilla:

So the problem is, when those processes get caught up in what we do, and without thinking, it might have a reaction or a response that may not necessarily be accurate, in that play, in that moment and when you're at that light, you want to get the heck out the way and not get hurt. Your brain is doing exactly what it needs to do. So let me show you. Heuristics is that process that grabs the information you need in split second time. When you have to make a judgment immediately, and so you don't necessarily have to do any effort, you're not necessarily processing anything on a conscious level. So schemas kind of hold the information. That's the knowledge and the basis of our attitudes and belief systems, heuristics are the things that grab those for a particular situation. So they are the rules that govern our judgment and decision making.

Diana Padilla:

So the basis of our rapid and social categorization comes into play. So this is where we routinely or quickly sort people into groups. So when Jen mentioned, when I asked you all to engage, indulge me in that activity where we instinctively kind of want to go a certain way, this is part of what heuristics does. It grabs that information in a moment's notice, that blood might come up. The key is, and it was mentioned several times is that [inaudible 00:56:19] is not to act on. Because heuristics can lead us to errors in judgment. This process that our minds go through, depending on our environment. Because there are days where we don't necessarily do that. There are other situations that incur that result in that. So when we have to make these fast decisions or we end up making fast decisions, sometimes at least, there're errors in judgment.

Diana Padilla:

And so despite the fact that nobody's here is a racist, [inaudible 00:56:50] well, you can't be racist and do the work you do. So I know for a fact that all of you love working with people. That's obvious. And we love working with people. We love... If we can play a part in somebody's life that can help them. There's nothing more satisfying. It's kind of the reason why we do what we do. And yet, despite that we harbor



some unconscious attitudes and racial associations, not because we volunteered for it, but it's because of the mechanics of the brain and because of our environment. Because the environment has a heck of a lot of opinions, a lot of biases, that we get pounded with and we end up absorbing. And so even if we disagree, so being aware of how these processes work and how they potentially can produce biases, it can help us.

Diana Padilla:

It can help build our awareness. When we build our awareness, we can do something different, kind of like a lot of you folks who responded correctly to the second activity, where you were able to think for a second, you already knew how this works this way. Though you know, you want to do it correctly. You want to be appropriate. So you paused a little bit, you thought about it, actively, actively listening and that made a whole difference. That's what we're speaking to here. So biases and preferences. Let me just say this. If you have a favorite color, if you have a favorite music, you may have some colors that you don't like. You may have some music that you prefer not to go to a concert for. So with preferences, are there biases as well. And that's kind of just part of who we are.

Diana Padilla:

Human beings have their own kind of pros and cons in their makeup. It makes us the beautiful individuals that you are. And so it helps us be receptive sometimes to certain ideas or unfriendly to other ideas. It helps us vote one way or another. It helps us choose certain clothing rather than another. It helps us go to certain restaurants, whether this is a certain cuisine rather than another. It also helps influence us in how friendly or unfriendly we might be toward someone or something or concept. So we all have biases and we can choose to either support or not support ideas. So sometimes, unfortunately those biases may be unjustified when they're more implicit and when we are not really conscious of that. So I want to do something, kind of really quick here. And I want to, I'm looking at my time and I kind of get caught up in the information and have fun with you folks, but I want to show you something.

Diana Padilla:

There are some things when we think about bias and what it's associated with. And then, you remember I talked about... I started off with the disparities, because this is about the communities we serve and how effective we can be, how we can enhance our level of efficacy. And so I want you to think about, we're only going to do two of these because I really want to get to this information. I want you to look at the statements in column A and it's very specific, and this is part of the study that was done by a researcher. And so in statements in column A, and I want you to look at this statement, first of all, the first one, and then I want you to look at all the possible interpretations on column B.

Diana Padilla:

And I want you to identify which one do you think, which interpretation do you think was meant by what was said? How do you... No, let me, no let me reframe. The statement on the left, how do you think the person receiving it might interpret what was said? That's the better way to say it. So I'm going to read the first one. What do you think the possible interpretation is? Number one, why are all Black women so loud? And so what's the possible interpretation on the second column? Which one would you pick? Christian, you raised... Go ahead.



Christian:

I mean, it could be something as bad as you are racist.

Diana Padilla:

It could be. So which one on the right might be the most appropriate?

Christian:

I think that's the one that sort of matches that, but it's like... That's sort of a mild version, but it could be seen as something way worse than that mild...

Diana Padilla:

I definitely agree. Yeah, definitely agree.

Speaker 5:

Yeah. That's such a stereotypical statement. I'm just leaning toward E, I guess.

Diana Padilla:

Okay. So he's-

Speaker 5:

Because that's something that's been portrayed in the media, which is totally, of course, obviously totally incorrect, because we all have different personalities.

Diana Padilla:

Exactly.

Speaker 5:

So not all Black women are loud.

Diana Padilla:

Everybody can be loud. And the fact that you want to target a community that kind of speaks a little bit to what Christian was saying, that can be seen as racist. But yeah, I could see there A... There is no right or wrong answer by the way, these are just potential interpretations. So, why are all Black women so loud?. It doesn't matter how funny, how it is interpreted by the other individual could be, you know you should assimilate to the dominant culture. You ain't [inaudible 01:02:10] Really, that's what, that might be what I might be saying.

Diana Padilla:

Well maybe your people, maybe people in your background are not smart. It could be anyone of these. There is no right or wrong. Really is up to the recipient to understand, to interpret it. And if they get this offense, that can be very impactful. If you get something like, I'm thinking about the fourth one, being gay just a phase. Potential there is, because apparently I didn't mix this up the way I wanted to. I have



them actually matched up the way, initially was suggested. Being gay is just a phase. Your identity is invalid. When you're being vague, when you are saying these comments, there's an interpretation by the other person. And particularly if they go through this on a regular basis, what do we call these? What do we call these kinds of comments? What are these? What does this remind you of?

Speaker 6:
Stereotypes.

Diana Padilla:

Yeah. [inaudible 01:03:12] said it more specific, a little bit more specifically. Thank you for that. Microaggressions. Yeah, which are stereotypes. Yeah.

Speaker 6:
Oh.

Diana Padilla:

Yeah. So no, no you were headed in the right way. Thank you. So these are microaggressions. So here's the thing, brief and commonplace, but they're verbal environmental, behavioral indignities. Intentional or unintentional, they communicate hostility, derogatory statements. It's insulting, in any group. And often who is experiencing these, a person who's associated with a racial and ethnic or another underserved community. Any nonwhite person often goes, may often go through this. And I'm thinking about the folks that we are providing services for, because they are at risk of experiencing these on a regular basis. So stereotypical behaviors and interactions, microaggressions of some kind. And so what happens is, I'm going to go bypass this. Impact of microaggressions. There are so many different things that can happen.

Diana Padilla:

And health impacts when someone internalizes the shame induced by repeatedly experiencing these types of microaggressions, they can become hypersensitive. They may be somewhat guarded. Not sure if folks are being very realistic or genuine with them, or maybe not even sure when some of those comments are being said, it's like, did he really say that? How did he mean that? Or was she being real? And sometimes microaggressions have all kinds of effects. And I'm going to say, with the Latino Latinx population, and we see research speak into the Black and African American community, about how this can create inner struggles and inner conflict and what that does, increase this traumatic stress. And traumatic stress can also be experienced somatically. So it just has so many different ways, how it also impacts decision making whether or not someone's going to come access care or when they are in your care, how forthcoming they're going to be with you, how committed they are to their treatment process.

Diana Padilla:

And so there's a lot of different opportunities where this actually can affect an individual. And so, internally and environmentally and those come from also unconscious bias. And so, contributing factors for implicit bias. What this speaks to is, where the situations, what is it where it's more likely to come up? So high cognitive load. And again, I mentioned something about you folks, you folks work hard, but



you're in a high stress environment. Often it's fast paced. So add that other component to it. And it could be a very high stress... It could be very stressful to work in those environments. And some of us work well under stress, but it may not necessarily be helpful, if it influences how we speak or what things we do. And so it might impact our decision making. If we are in a place where high stress, we're not feeling well one day and we can't wait to get through the rest of the day, so we could go home and rest because we are not feeling well.

Diana Padilla:

We may make decisions without seeking information. We may make decisions that are influenced by that stress level that you're carrying. You're not necessarily doing person centric work, you may not elicit information, which is what we're supposed to be... How we are supposed to be working. So there's a whole lot of this that can play out very easily in our environment. And so a bias reducing strategy that we want to suggest, and this is all the research is, if you can identify your implicit bias, you could replace it with new habits. And so recognizing is, and this speaks a little bit to what Christian was saying, a lifetime of conditioning experiences that have helped develop these latent negative attitudes. But knowing that implicit bias affects, I mean, we're going through this here right now in a little bit of time. So we can understand that all these influences are the very reason that we have unconscious bias.

Diana Padilla:

So if this research, and it's not anything personal to anybody, but this is so consistent in the research and we've seen it in disparities. We've seen it when we ask the client community what their challenges and stressors are in terms of being in the care or accessing care. If we understand it and recognizing... Or we can think it of ourselves that, "No, maybe I have done that once or twice, that I've noticed." This is potentially when our outcomes are somewhat compromised. These are different reasons why we may want to identify our own bias. We are wonderful well meaning people and the work that we do, we do it well. At some point we may be affected because we are at risk just like anybody else. So let's identify our own bias. And just, so what happens is when the fascinating thing about creating awareness, self awareness, you are less likely to allow those issues to be part of your interaction with your clients.

Diana Padilla:

It's when we don't identify, when we say I don't have anything to worry about and we dismiss it. That's the dangers. And this is very much into what Michelle was speaking to, which I was kind of surprised. You mentioned some of these questions. This was the study that was done on... That was like a survey that was in CNN one time. And I just thought it was interesting because it's not complicated. It's not too intrusive. And I have some resources for you to check on your own, but still these questions. When you ask yourself things like, what have your parents spent over your life? Maybe not over your lifetime, maybe over the last five or 10 years. Maybe it's not, let's say 10 years because maybe the pandemic kind of changed everything for everybody. If you think about who are your three best friends, and you think about... Some studies show that folks will socialize with the folks they're normally exposed to.

Diana Padilla:

And the study has showed that almost between the ages 18 and 34 years of age, more than 65% of the white community were mostly, their best friends were white. And only 36% had said that they were Black or from the Black community. And 37% of Hispanics said their best friends were Hispanic. So huge



difference. And these are questions you want to think about. Where you automatically send your... Would send your kids to school. So all of us would wish we can send our kids to charter schools, but when you have other choices, what helps influence the decision? What kind of person would you date? Or what kind of person you used to date before you partnered off with whoever you partnered with? What are your tendencies? This is the ways we can look at ourselves. The idea that you have a gay or black doctor or... There's some questions the studies would, resulting from the study, that helped identify.

Diana Padilla:

Let's see, in 2016, the US election experienced successful female politicians like, at that time Hillary Clinton, was driven and seemingly unemotional, maybe perceived as cold and aggressive and power hungry. And if you look at the portrayals of different people, so the media and how we see folks, makes a big difference in how we are influenced. When I think of someone who says, "Well, I do have a black doctor or I have a gay friend." Sometimes somebody might say that just to show that they're more liberal, that they're very open and that they're inclusive. And not that they are biased in any way. And so that might be part of why someone might say that. The issue is that you probably would never hear anybody say something like, "Oh, well I have a straight white friend." I don't think I've ever heard anybody say anything like that.

Diana Padilla:

So when you think of it from the other side, it's like... It starts to put it in perspective like yeah, why should you have to make sure you say that, to prove a point? Is that type of tokenism? It can be. So I came over a couple questions when I used to go to work in New York, from where I was living and going into my office, I always had to take the subway. So I thought about something. I thought about how there are times when I'm not there in the rush hour. So I wanted to look at some of the things that are more personal. And so, I wanted you to consider your own questions as well. So this is not something for you to report to anybody else. This is for your own information. And so what I started to look at is, when some of us who ride the subway when, you know during the rush hour, we know we're going to stand the whole time.

Diana Padilla:

But what if when seats are available, and you have a seat available next to a white person and you have a seat available to a Black person, where would you as an individual, where would you naturally go to? Where would you want to go sit? Or where do you actually sit, if you had those options available? So this is something that only you would know about you. Another thing that came up for me that I thought it was an opportunity, because there's some beautiful restaurants I've been to that... So there's a really opportunity, a very opportunistic, because what if you went to one of those restaurants that was right over the river, the Hudson river, I forget which one is the restaurant I was thinking about. I think [inaudible 01:12:30] and again, New York, and then I was thinking, what if you go to a restaurant like that, has a beautiful view and you have an opportunity and Maître d' says, "Well, you have a choice. You can either sit next to this table or that table."

Diana Padilla:



Then you notice that this table is next to a white family, and you notice that table is next to an Asian or Hispanic family, that's speaking in their own language, where do you think you might want to sit? So I'm thinking that there are everyday opportunities, everyday situations where we can look at ourselves and kind of see, do we have a tendency? And only you know you better than anybody. It's very rare that I think a person that, any one of us will rationalize our own responses to ourself. We don't necessarily do that. This is within your own space. So this is an opportunity to look at our own tendencies to see why do we do certain things? And so one of the things that's really, really important here is, it doesn't matter there's been a lifetime of learning, a lot of these attitudes and stereotypical things that our mind kind of absorbed.

Diana Padilla:

If we learned it, we could unlearn it. So as long as we... Now that we start to raise our awareness about unconscious bias and I see people reading books and people are very knowledgeable. Shay was talking about the paper she wrote. And a lot of folks are very familiar with different projects and different initiatives. That is absolutely awesome. Because you're consciously doing something to generate your awareness. And so when we do that, we can unlearn what we've learned and go forward with an equity lens. Any comments? Any questions right now? Because I want to play with [inaudible 01:14:16] It's interesting stuff, isn't it? That's a leading question. Yeah. I'm fascinated by how this happens all the time. My goodness, talk about being on your guard all the time. And I was like, but you know what? The people that we've hurt really deserve that. Right? Hey Gregory.

Gregory:

Yeah. Excuse me. I think both examples are really good. They're microcosms of our society, a restaurant, a subway where you have different cultures, different races, ethnicities, ages, genders, all that going in one direction for some, but going in the opposite for another. And then in the restaurant, some are coming and going, getting food and then taking food. So I think both examples are brilliant from you. If you really think about it in a way I do deeply. So thank you for that.

Diana Padilla:

Thank you, Gregory. I was thinking that this is... I just wanted to give you an example of something I personalized, but that you can personalize, look at your own habits. What are your attendance? What are your routines? And think about the opportunities where you can do things just a little differently. Why do you do certain things that you do? Sometimes when we drive in a car and where we park and we don't necessarily have a parking space and why do we park in a certain area? Just look at what something... At your routines, when it speaks to you and look at how you might see where there could have been other opportunities, why do you have tendency to do certain things? I'm just saying that's a bias. Sometimes I know I want to park my car where I know I'm going to still have a car when I come home. I get that.

Diana Padilla:

I totally get that. I want it to be in the same condition. I totally get that. I'm thinking though... And I'm sitting in a subway though, why would I sit next to this person, not the other person? Is there an issue there? What's going on over here? So I need to [inaudible 01:16:21]. And the more I do these types of, engage in these types of initiatives, because it's not just... Actually a training presentation. It's just some



things that I'm involved in. I still have to look at me if I'm going to be objective and person centric with another person, so important. Yeah. So let me, I'm going to thank you for the comments. That's great. I'm going to play a video. I want you to listen to this.

Video:

Louisa Montalvo. First impressions. First impressions, Louisa Montalvo.

Video:

Howdy y'all. I'm Louisa Montalvo and I'm from South Texas. In South Texas, we ride horses. We carry guns. We all own a ranch. We got an oil well in our backyard. Heck, we like sipping tea and we wear cowboy hats and cowboy boots everywhere, even in the shower. Contest chair, fellow Toastmasters from around the world and everyone else, even if you're not from Texas. Recently, I was approached by a gentleman and he said, "You are from South Texas, but you don't have an accent." I felt so sorry for him. I responded with, "Golly gosh, darn. I'm sorry about that." I didn't have the heart to tell him I don't own a horse. And I still don't know who shot JR.

Video:

It's easy to have misconceptions of different people. You see, we are influenced by social media, movies and television. I myself, I'm still trying to break any stigma related to my race. You see, I want what everybody else wants, a level playing field. For 28 years, I lived in South Texas and that was my security blanket. And then I moved six hours north to Austin, Texas, and didn't realize I was about to have a life learning experience. Now I'm the kind of person that will actually pull over and help you change a flat tire. I'll even pick up hitch hikers and give them a ride. And one day I was driving home for my brand new job. Traffic is going its usual five miles an hour. And up on the hill, I noticed a woman with long black hair, khaki slacks.

Video:

She was rummaging through the trunk of her car that was pulled over. I immediately pulled over to assist because I noticed she had a flat tire. I was so excited to help her and imagine my surprise when he turned around. He was a young, Hispanic male, tattoos up and down his arms and hands across his chest and up his neck. He had an unkempt beard and a bandana that covered his entire forehead. "Hey, you got a yack or something that I can borrow?"

Video:

He must have noticed the shocked look I had on my face because then he said, "Hey, Hey, you know me?" "No, sir. Contrary to popular belief. We don't all know each other. And it's pronounced Jack not Yack". "Hey, Hey, Hey, you going to give me an English lesson. Or are you going to help me?" "No, no sir. I'll help you." And that's when I realized I was afraid of him. I thought, he wouldn't do anything to me in broad daylight out here, would he? I slowly walked backwards to the trunk of my car just in case. But then I thought, wait a minute, I need to go on the offensive. I need to make him be afraid of me. I rummage in the trunk of my car. I found an old beanie, a tire iron and a hammer, just in case, I pulled out the Mexican international symbol of peace, the rosary. I approached him, he said, "Hey, Hey, Hey, you're just going to help me change my car..."



PART 3 OF 4 ENDS [01:21:04]

Video:

I approached him. He said, "Hey, hey, hey. You're just going to help me change my tire, right?"

Video:

I said, "Yes, but you don't want to mess with me, because I know Mexican Judo."

Video:

"Mexican Judo? What's that?" I said, "Ju don't know if I got a gun. Ju don't know if I got a knife. Ju don't know if I'm crazy."

Video:

"Oh, no. I just can't get my tire off."

Video:

I took my hammer, took my crowbar. I pulled off the tire, put on the new one, under five minutes.

Video:

He said, "Wow, that was amazing. Thank you." He said, "My name is Jesus." Of course, it is. I shook his hand. He said, "Hey, hey. I don't have any money to pay you, but I could tell you a joke."

Video:

"Okay, Jesus. What's your joke?" He said, "Okay, okay. You're going to love this. You're going to... Okay, ready? Ready? You ready? Okay. Two Mexicans walk out of a bar. It could happen."

Video:

"Jesus, I don't get it."

Video:

"Well, usually we're escorted, or we're kicked out, but we never just walk out."

Video:

"Funny, funny. I like that."

Video:

We exchanged numbers and as he drove off into the sunset, I realized the only difference between him and I, or you and me, are the clothes we choose to wear and what we hold in our minds and in our hearts. You see, how could I have asked the world to give me a level playing field, when I hadn't done this for my fellow man? I was embarrassed and ashamed. We are living through troubled times right now, and it seems like we're always living through troubled times. So, I ask you to join me and please let go of the first impressions, the misjudgments.



Video:

You see, when I was a little girl, my mother asked me if I knew what I wanted to be in life. "Mom, I'm only eight." She said, "Luisa, whatever you do, make the world a better place." I am Luisa Montalvo, and I'm trying.

Video:

You all come back now, you hear?

Diana Padilla:

So, now my question to you... Yeah, she's great. My question is to you is, what was her message? The situation example that she gave us, what is she reminding us of? LaShea?

LaShea:

I can just sum it all up and say that we have to be the change we want to see. You can't expect something and not give something, and you go out and looking with just the naked eye appearance at anybody, or any situation. If you want it to be an equal playing field, you have to come there equally, to be able to be imparted into and to impart in someone else. It definitely was really like some, "Ooh, ah," and "Wait, what? Where are we going with this?" And then, the way she just wrapped it up and put a bow on it. You know what I mean? So, you definitely go back to stop reading a book by its cover, but in order to read that book, you have to flip the pages, and then give somebody something to read about. Give them a reason to keep turning the pages.

Diana Padilla:

Yeah. It is, thank you. Nicely put LaShea. Oh, my goodness. I love how she mentions that first... I guess, can we use the word again, the gentleman's... That instinctive feeling, or thought that comes up right away, the first time we meet somebody. That unconscious bias can very much come up in that. And so how we move forward and pass that? It's okay to notice that comes up. That's a good thing when it comes up, because now we can also put it on the side. That's reality. Because what we do is person-centered work. Ideally, that's what we do anyway. And so she was talking about how that first impression can really affect how you move forward, how you interact with the individual. And she went through the whole scenario. And she's an amazing speaker. Awesome. But she really brings to light a lot of what we're discussing here.

Diana Padilla:

Things come up. Sometimes we get those thoughts and those feelings that come up and a lot of them is because of the unconscious bias that we have in ourselves and impacted by our environment. And we have to remember that all the people that we work with, not everybody's the same. We already know that. We always heard that most two people are the same that we work with, but also what comes up in us are good. It is good when we have these little red flags, these little initiatives and little feelings that come up because those little triggers helps to let you know that you are finding something different with the other individual. And that's something that you need to explore with yourself. So you don't let that to be part of what can influence that interaction. When we raise awareness of unconscious bias, we have the opportunity to identify our own belief system, our own values, our own perspectives.



Diana Padilla:

And when that is raised, when it's at the forefront, as opposed to what we already take for granted about ourselves. When we raise that awareness, it is less likely to be part of the lens that we use to meet the other person. It is less likely to be part of what stops us from asking questions. We should be listening to information from the other person. And so that's all part of the same thing. And again, I think that's culture humility, which is another training, but still it's a good way to think about bias-reducing strategy as a way of, "Okay, that comes up. What we don't have to act on it. Let's explore."

Diana Padilla:

Very much like the first activities, the word games, where we talked about sometimes when we pause, let's get past. Let's explore. Let's listen. So thank you for indulging me with the video. Any other comments about it? I see, "Don't judge. Don't make assumptions." Exactly. And it's so easy because we're conditioned. Even in our own work we're conditioned, and we have to be careful not to be desensitized also. Really important. Mario?

Mario:

I think one of the parts that even in her skit she showed is her self-reflection at the end, after the whole scene occurred. And then when they split, she rethought about her actions and she's like, "There wasn't really anything different besides his clothes and how he was dressed compared to me because at the end of the day he wasn't even... All the association she had done, it was all negative, but really he was just like, "I just need a tire changed." But she had improved due to self-reflection.

Diana Padilla:

Yeah. That self-reflection was really good. Again, the insight. Because if you know about [inaudible 01:28:49] humility that's one of the things we're tasked in doing. We're encouraged to look at ourselves first. Know our own stuff, our own belief system, our perspectives. So that's self-reflection. She was able to do that. And so she's asking the same thing for us, especially because we're in a people field. We are in a field... We meet so many other people. Our energy's always, and our focus is always going that way. We don't always take some of our energy to look at here first, before we look at that side. So no, after every few days, it's not a bad thing to time to take time out and go back and reflect how the situations were. Is there interaction that you had that you could have facilitated a little better? You don't have to have that annoying feeling where you feel like something went wrong to look at something. You can actually look at situations and see might you have done it differently going forward.

Diana Padilla:

So it's important to actually take the time to do that. That's a healthy skill for any professional who's always evolving because you never are [inaudible 01:29:54]. We work with individuals who have such needs and the needs are never the same. And we're always adding to our skillset. We're always adding to our knowledge base and yet we have to be flexible and fluid with every given person that we work with. So understand that it's really important for us to continue to evolve so we can meet the person where they're at. You never know who you going to meet. Behavior change doesn't just start with our participants and our clients and our consumers first. Starts with us first. Then we can work with that.

Diana Padilla:



So let me go back to my slides. There're some really good comments in the chat. Yeah. She's amazing. A nice humorous way of making really healthy points for us.

Diana Padilla:

Bias Reducing Strategies. So, some of the things that I wanted to mention here is what you want to do is understand that the more you're exposed to different communities, the more comfortable you are and the more likely you can learn from them. It's different than just reading research. It's not the same thing. Research is great. It can identify trends and patterns and cultural nuances with different groups. But actually mingle, interact with the communities. It's a really healthy way of being informed about different ideas, how different people live and it's helpful, especially for the work we do.

Diana Padilla:

As an organization and as providers, you may want to be able to associate with other organizations and other providers who are also working with very similar communities and that can help you build some strategies, more information about knowing about the communities you're working with. And these are just a few, but it's really helpful when we think about when we have biases, what we can look at.

Diana Padilla:

And I'm not saying that you can dedicate a whole lifetime of this to bias-reducing strategies, but I am suggesting that it's part of a lifetime commitment. If you want to be person-centered and help meet the needs of racial and ethnic communities that traditionally do not get the services that they need and how they need it, then be always curious. Be always curious about who that person is, what their world looks like, and tap into them for their strengths to be able to help support them in their process.

Diana Padilla:

So what are some of the known risks? So this is the question I want to leave you folks with. And I do happen to have some sources in here. You have the implicit association test online. MTV also had this whole huge initiative they did with bias cleansing.

Diana Padilla:

And so I have a few resources for you, but I wanted to ask you where you think this information can help you in your work. In other words, what are areas or points within your setting, within the different activity that takes place in your setting, where you think it can influence biased reactions and where we can do something about it? What comes to mind? Because no content on any training should be only about you getting your CPUs. The content should be applicable to your practice. If there's no application, it's kind of like half the job. So let's think about this. We talked about implicit bias at depth in the little while we were together. So on a daily routine day in your job, whether it's with you or environmentally or with other colleagues, what are different points of contact with your clients and patients where biased interactions might be influenced or might be created? What do you think? Evette? Thank you.

Evette:

I think that I'm going to do a lot more and kind of check myself and also catch myself while talking to potential clients because I'm an admin staff. So I have to do the intakes and see these people first,



before we can go any further steps. And this is a really good training, but it's definitely an ouch kind of training because I didn't really realize how ingrained it is, what you think and how you see people. I read one of the comments that just said, as somebody noted, it takes time and repetition. I don't want to look at this person and be like, "Oh my God, I think you're a criminal," or, "Oh my goodness, she's total snob." I don't want to be that person. So this is definitely a look on the inside first. And then you change your atmosphere, your attitude. And I really have to be careful because I'm the first line of defense, so to speak, when dealing with these callers, these walk-ins, and I live in a county that diversity isn't really that prevalent, let's just say it like that.

Diana Padilla:

Well, thank you for sharing that, Evette. I totally understand and relate what you're saying. I just want to make sure that we're clear on something. Consider that the opportunity, if it didn't go "ouch," there's something wrong. Then you're desensitized. Then you're not seeing that there's a potential here where, "Oh, no, I got this man. I'm fine. I know exactly what I'm doing. Nobody got to tell me. And matter of fact, I'm only doing the Culture Bias because I'm required to by my license." You don't want to have that mentality. What you want to do is have that. So thank you for sharing and being so candid. The idea here is to understand that it's good when that happens. It shows our humanness. That's what it does. It shows our humanness. Now it's what we do with that that's important. And you've already mentioned that you're going to use some of these strategies, etcetera.

Diana Padilla:

Okay. Let me see what's going on here. I have to constantly do it. Constantly, constantly, constantly. And that's okay. It's nothing like it's so deep where I can't say, "Okay, why did I do that?" I just ask myself questions. "Why did I do that? Aw man, I could have said that better." And then I go forward accepting my humanness. And then I just try to do better. That's what I do. It's not like we're bad people. It's not. You wouldn't be in the job that you have. The people field is not the job to have if you don't like people. So it's not that it's that. It's just how we have been, the way we've evolved, how human beings are made. And that's it. The biggest thing you guys have got going for you is not just your expertise but your big heart. So, that's a good thing. When there's uncomfortability, good. There's a chance to kind of improve ourself. Sakita?

Sakina:

Well, my own personal experience, I grew up and have always lived in very diverse communities. And this was many years ago. I've been in the field for 40 years. But my first white client was a challenge because as an African American woman, it was like, "Well, you're white in America. What's your problem?" And really it surprised me. And I think I was about 28 years old, maybe 29. And I don't hear people talk about that a lot. Lots of people of color are getting into the field and have been for a while now. And what happens with people of color in reference to white clients, not Hispanics, not Asian, but white clients. There's a certain, and I don't know what you would call it, what you call that bias too? Would you call that institutional conditioning? And I've talked to other people over the years about it and they sort of had that experience too. People of color. It's like, you really have to keep in mind, "My gosh, they have problems too." So I just wanted your thought about that in terms of people of color. It kind of reverses, who have clients who are white clients.



Diana Padilla:

Yeah, this thank you for bringing that up. So this is one of the earlier slides. I said we are all susceptible to bias. All of us. Because we are all influenced by that same great quirky, negative, unruly environment. We all are at risk. We all live in the same country. Of course, we are all influenced. Here's what I'm going to say. Our past experiences, and don't take that too lightly, all our past experiences, even our generational information, historical, as a member of a group and what historically has happened to oppressed or discriminated against groups, we feel that as individuals.

Diana Padilla:

So we may have that initial first impression or first reaction to an individual who might be representative of that. That's not too dissimilar from having an experience from, say, somebody assaulted you one time and there's a particular race, or whether they're white or Asian or whatever community, or Latino, and they assaulted you. And you have to work with different diverse communities and you have resolved that. And you've been past the trauma and all that, but that is still implanted in your mind. So what happens when you meet that person that may look like them, that reaction might come up. That thought might come up. That's your human side. It doesn't mean you didn't resolve your issues. That's your human side. The idea is now that we have a little bit more awareness, because we are specifically talking about this is, what do we do with that? We want to make sure, okay, "That was just one individual. This one thing, this individual does not represent the whole community. We have to separate that in our mind. So we have to process that through.

Diana Padilla:

So there're opportunities. That's why I'm saying these little red flags and these moments where we feel uncomfortability or a thought comes up, use that as a learning opportunity to understand the process of "Where this is come from. Oh, that's what it is." And then when you do, you're better able to help, be more forthcoming and more person-forward with that individual and other individuals like them.

Diana Padilla:

And so this is also past experience. What we know in the history of books about communities, particularly the black and African American community. But if you think about it and to another extent, Hispanic, Latinos, Asian communities, all communities that not white have been in the history books we have had. And in the past two and a half years, we have had different kinds of experiences. Those come up, may be defense mechanisms, they may be ideas, but it can stop us from meeting the needs of that individual. Whether they represent the other group too, we have to stop that. So for a variety reasons, whether we were influenced by the environment, by these negative media, social media, and witnessing circumstances and having own personal experiences, we're really just talking about a bunch of different things that influence our unconscious biases.

Diana Padilla:

If we know here that we go through any kind of triggers like that, we want to understand, "Okay, let's take a step back." Then we look at that so I can be available appropriately available for that next person. So when those things come up at some point, at least, you're encouraged to do that. That's what I'm going to say to that. Sometimes we've had to process our own personal experiences and put that outside. Because if we're going to be in this field, the goal is to help those folks. It doesn't matter if they



look like someone that may have been an oppressor, an assaulter, or someone we just had a negative personality with us in another job. None of that matters. What matters is that it becomes up, do something with it.

Diana Padilla:

At least here with some bias resourcing strategies, you have some options on what you can do. That's the idea. Talk about it with somebody. Don't dismiss them and that would help you grow. And I think that's just a wonderful skill that we don't always think about when we are learning about our clinical skills in school. And I think that's where it would be very helpful. So I appreciate the conversations and I really appreciate that you took the time to come to this topic. This is not an easy topic to talk about, but the fact that you came says a lot about you. I think it's amazing when we are able to kind of look at, "Oh, this is what happens." Don't condemn yourself. Remember you're human, but you're also looking to always learn so you can be effective with the folks that you got. You're in the best position to do that. So don't forget to do that.

Diana Padilla:

So what we want to do is reframe with a racial equity lens how we move forward. Just like the schemas form the frames we interpret our world, we can reframe the opportunities to convey social justice values to lead to equitable outcomes. And essentially what we're talking about, being person-centric, a bias-reducing strategy that I mentioned in the very beginning was about learning about culture humility. It's not just a concept. It is a specific practice that you can integrate in care and in how you interact with different people that you talk to and you engage with. And so think about attending that type of training and practicing really simple skills that you already know about, but with a particular intention.

Diana Padilla:

And so we can offer evidence of implicit biases and more overt forms of racism by documenting disparate outcomes. When we look at our outcomes, our program, service delivery, it can be very telling. Not us as an individual, but really how the programs, how they roll out, how do they work? What opportunities or interventions they provide or don't provide and are they actually meeting the needs of the community? So it's not just us. It's also how programs are set up. And so emphasizing need for institutional and policy change whenever possible points to make sure there're equitable and fair solutions. Are they meeting the needs of our communities? That's what we want.

Diana Padilla:

These are the sources I mentioned. The Implicit Association Test is always referenced, but there are two other very, very interesting studies that were done that you might find informative.

Diana Padilla:

I would've talked about the opportunity of language which I did refer to in the beginning. I do want to bring your attention to this. We did a project. It's called "An Ecological Snapshot of Racial Inequity." It's about an hour video. And what it talks about is how inequitable systems were created and were put into place over time. It's so insightful. So you might actually enjoy that.

PART 4 OF 4 ENDS [01:45:26]



Northeast & Caribbean (HHS Region 2)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration