



Northeast & Caribbean (HHS Region 2)

PTTC

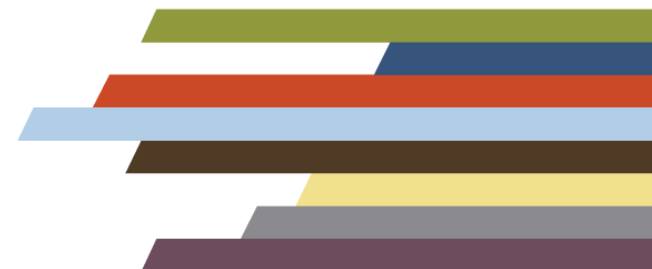
Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Recognizing Racial Stigma and Opportunities for Change



Diana Padilla, CLC, CARC
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Certificate of Completion



Office of Addiction Services and Supports

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- You must attend the entire session to receive a certificate.



Northeast & Caribbean PTTC Team



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SAMHSA Disclaimer

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Purpose of SAMHSA's Technology Transfer Centers

The purpose of the Technology Transfer Centers (TTC) program is to ***develop and strengthen*** the ***specialized behavioral healthcare and primary healthcare workforce*** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services.



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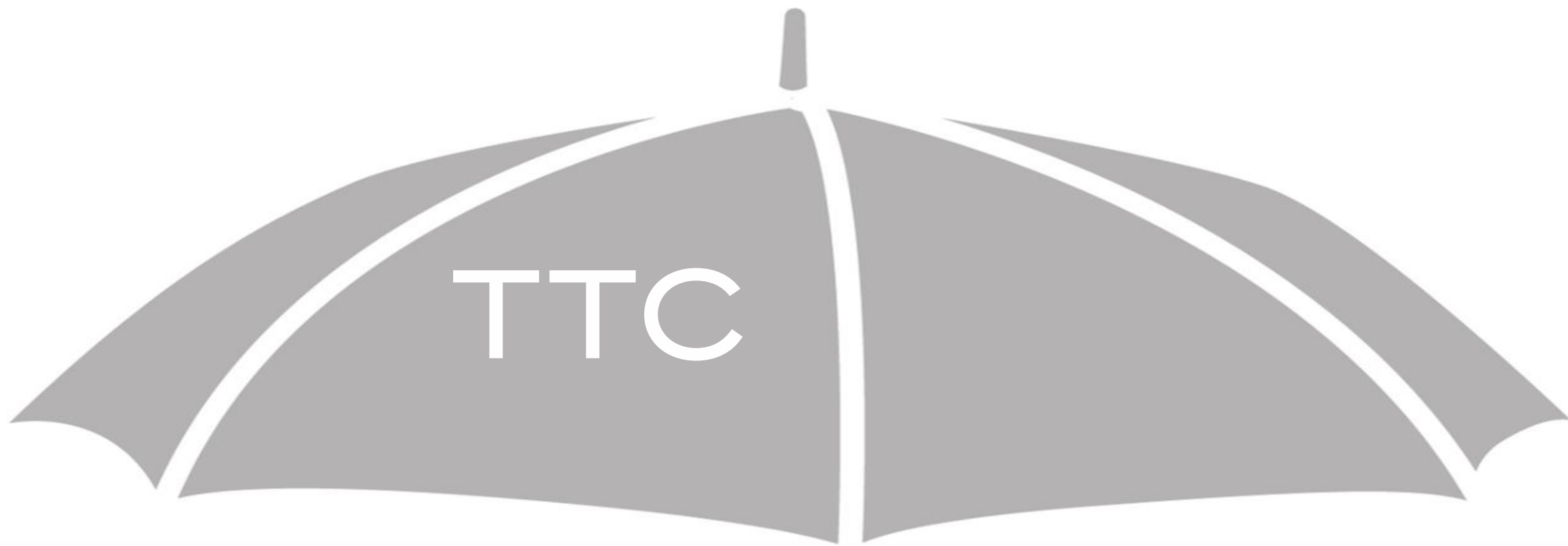
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HHS Regions

10 Regional Centers





ATTC



MHTTC



PTTC



The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Virtual Platform Logistics

- 10a-2p, break
- Chat box
- Raise your hand
- Muting and unmuting
- Connectivity issues
- Camera visual and participation



Creating a Supportive Atmosphere

- A safe environment
- Respect perspectives and experiences
- Be an active listener
- Practice confidentiality
- Encourage transparency
- Be kind and positive

Goals

Participants will explore the factors that frame stereotypical and stigmatic interactions; review strategies for culturally responsive care that increases quality of care for members of diverse communities.



Disparities in Behavioral Health Services

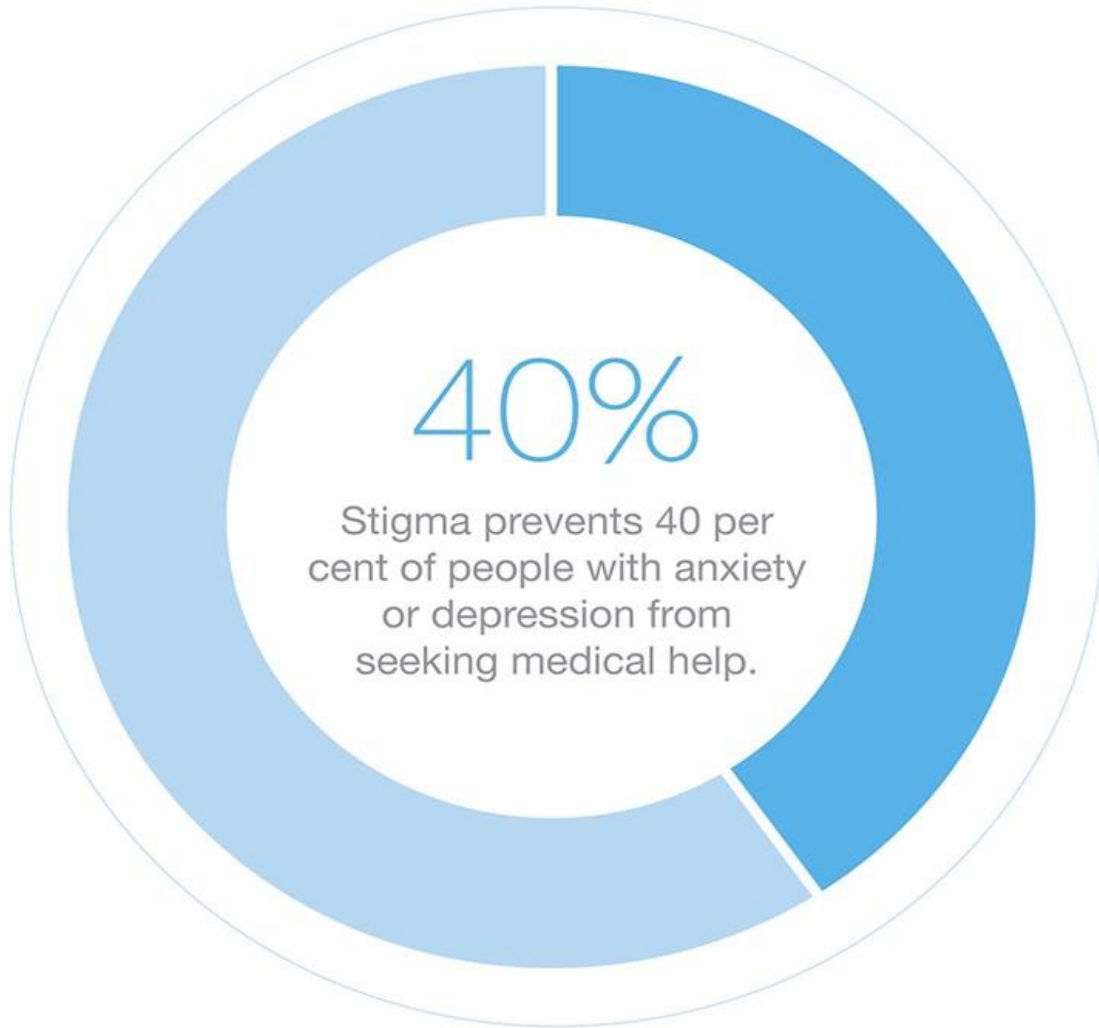
- The rate of past month (35.9%) and past year (54.3%) alcohol use among Native Americans/Alaska Natives is significantly higher than other ethnic groups; higher rates of heart and liver disease.
- 6.5 million Black/African Americans had a mental illness or substance use disorder. Black/African Americans are 20% more likely to report serious psychological distress than Whites.
- 1 in 10 Latinos approach a mental health professional for psychological symptoms, 1 in 5 Latinx approach a doctor.



Black, Indigenous and People of Color (BIPOC)

- Indigenous youth have a 500% higher mortality rate as a result from opioid related overdoses vs general population.
- Overdose death rates from 2014 to 2017 increased in the Black population, with the sharpest rise from synthetic opioids, increasing by 818% compared to other races.
- 1.1 million Hispanic and Latino youth used illicit drugs in the past year, including 208,000 who misused opioids in the past year.

Stigma and Mental Health



Stigma affects people while they are experiencing problems, while they are in treatment, while they are healing and even when their mental health problem is a distant memory

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social Integration	Health Coverage
Income	Transportation	Language	Access to Healthy Options	Support Systems	Provider Availability
Expenses	Safety	Early Childhood Education		Community Engagement	Provide Linguistic and Cultural Competency
Debt	Parks	Vocational Training		Discrimination	
Medical Bills	Playgrounds	Higher Education		Stress	Quality of Care
Support	Walkability				
	Zip Code/ Geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Contributing Factors to Disparities

- Structural inequities and social determinants of health including inadequate access to care, poor quality of care, community features and personal behavior are believed to be primary causes of health disparities.
- Communities historically impacted:
 - Racial and ethnic populations
 - People with limited English proficiency (LEP) and low health literacy
 - LGBTQ+ communities
 - People with disabilities

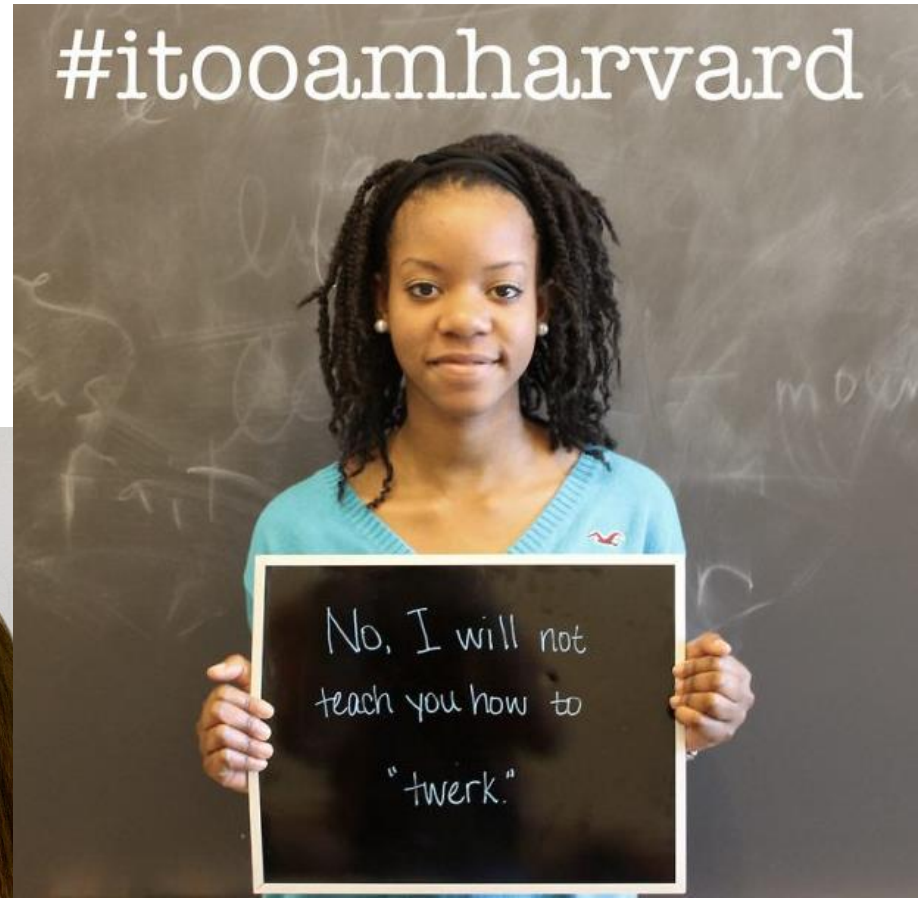




Why Identify and Assess Hidden Bias



“But you speak so well”





Impact of Microaggressions

The internalized shame induced by repeatedly experiencing such insults creates a hypersensitivity to social judgment, leaving one self-questioning whether perceived slights are real or imagined.



Unconscious Mind

- You are conditioned since childhood to internalize the environment around you, always reading and absorbing signs and messages from your environment and people you engage with throughout your life.
- The brain both consciously and unconsciously processes information ***very rapidly*** and causes an action for a particular situation.



5 Av

ONE WAY

5 Av

Service Examples of Implicit Biases

Example	Practitioner Response (Implicit Bias)	Practitioner Response (Correction Addressing Implicit Bias)
An African-American parent seeks an occupational therapy consultation based on concern about their child's eating habits.	Education Level: Overly explaining the consultation process and occupational therapy, thereby dominating the conversation.	Inviting the parent to share details and examples of their concern and knowledge/experience of occupational therapy services.
Initiating home care services for an older adult client of Hispanic descent living with extended family.	Language: Speaking to the younger family member, assuming the older client does not understand English.	Directly speaking to the client and making eye contact; allowing the family to voluntarily share whether there is a language barrier.
Instructing energy conservation techniques to a client recovering from COVID-19 who identifies as transgender.	Gender Identity: Avoiding dressing and bathing interventions because of practitioner discomfort, and instead solely focusing on therapeutic exercises and cooking activities.	Building a trust-based relationship, allowing for open communication. Reviewing the AOTA Code of Ethics . Seeking out education on stereotypes and bias of the LGBTQIA community.



The 'Race' Word



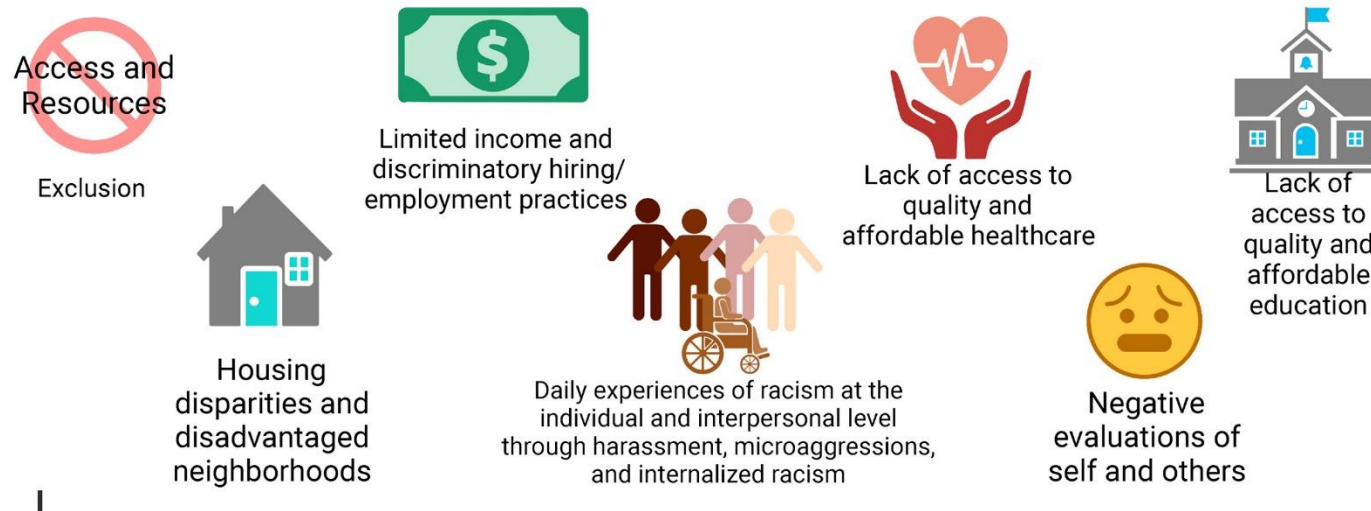
Race

There are three important concepts linked to this fact:

1. Race is a made-up social construct, and not an actual biological fact.
2. Race designations have changed over time. Some groups that are considered “white” in the United States today were considered “non-white” in previous eras, Census data, media and popular culture (for example, Irish, Italian, and Jewish people).
3. The way in which racial categorizations are enforced (the shape of racism) has also changed over time. For example, the racial designation of Asian American and Pacific Islander changed four times in the 19th century.

Related But Not the Same

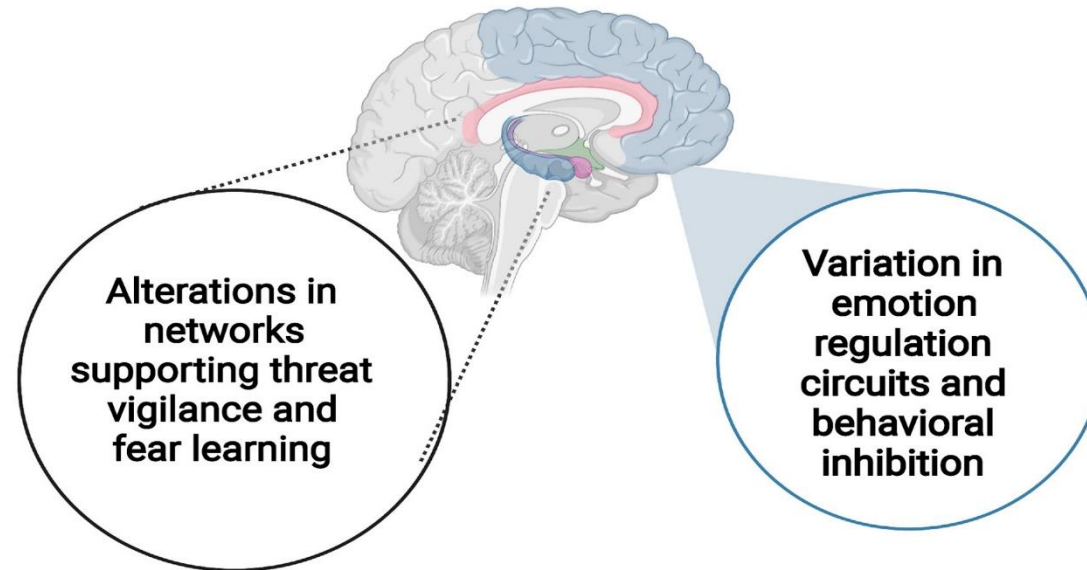
- **Racial Stigma** is an attribute that marks or discredits an individual, one that reduces him or her “*from a whole and usual person to a tainted, discounted one.*”
- **Racial Discrimination** is any unjust or prejudicial treatment against any individual based on their skin color, or racial or ethnic origin.



Chronic and Cumulative Stress of Racial Stigma, Discrimination, and Trauma



One example pathway of how cumulative stress and trauma may affect neural circuits and resultant physical and mental health



Physical and Mental Health Disparities



Racial Stigma Consequences

- The idea that they may not be here tomorrow is a pervasive fear for Black residents, whether it be at the hands of police officers, the COVID-19 outbreak, or shorter life expectancies.
- Darker Mexican Americans, appear more stereotypically Mexican, report more experiences of discrimination, more than lighter men and than women overall.
- An Asian-American patient shared that someone tried to spit on her while she was crossing a road. Another patient called the clinic asking if a doctor with an Asian name was from China, considering canceling their appointment.

Societal Attributions

- 90% are unwilling to have a person with addiction marry into their family, compared to 59% for a person with mental illness.
- 62% will work with someone who has a mental illness, whereas only 22% will work with someone with addiction.
- 54% believe landlords should be allowed to deny housing to a person with addiction, compared to only 15% for persons with mental illness.
- 3 in 10 believe that recovery from addiction is impossible.



Manny

Manny is a 22-year-old Black Hispanic male who had few people he trusted and was in treatment once but dropped out.

Back then, after going through the initial evaluation protocols, he was happy to meet his male counselor. Manny was not used to talking about himself to anyone he didn't know.

The counselor introduced himself and Manny's first comment was, 'hey, you're like me!' At that point, the counselor said, "I'm not like you, I'm just here to help you."

Two weeks later, Manny dropped out. He felt staff gave him 'attitudes' and decided he'd rather go straight on his own, than continue attending the program.

After a rough year with percocets, he knew he was 'tired,' and he thought he'd try again and is now meeting with you.





Considerations

- Your initial thought or reaction?
- What do you identify as potential issues to explore here?
- What approaches might you use?
- If you had been his last counselor, how would you have tried to work with Manny?



Not an Easy Topic to Discuss

- The potential of having implicit bias toward blacks and other minorities can be difficult to discuss and address for those with white privilege because it can entail:
 - The risk of being perceived as racist
 - Admitting that advantages gained are based on discriminatory practices



Perspectives in Care

- Patients present with varied healthcare needs, expectations, and preferences, some of which are socio-culturally determined.
- Providers bring their own expectations, beliefs influenced by their professional training and experience, as well as by their social experiences and broader societal norms and structures.



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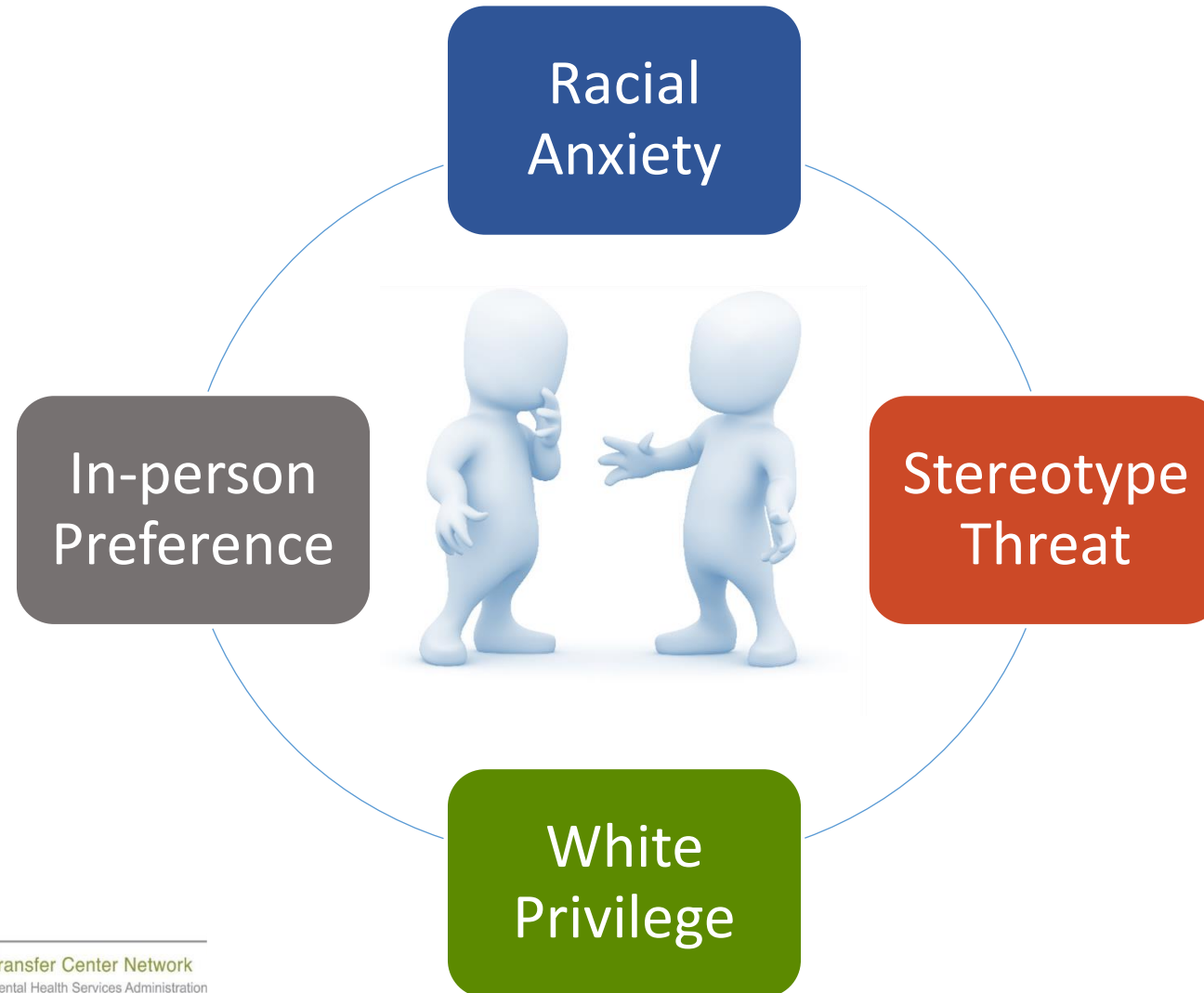
Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Smedley BD, Stith AY, Nelson AR, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington (DC): National Academies Press (US); 2003.



Communication Dynamics



Associated Factors of Racially Based Outcomes




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Racial Anxiety

- Interacting with people of different races can result in a heightened level of stress and emotion referred to as racial anxiety.
- Persons of color have a heightened awareness that they may be the victim of discrimination and violence.
- White persons fear they will be perceived as racist.



Did he just say what I think he said?



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Perception Institute, Racial Anxiety, <https://perception.org/research/racial-anxiety>

Stereotype Threat

- Situational predicament in which individuals are at risk of confirming negative stereotypes about their group.
- Resulting sense that one might be judged based on negative stereotypes about one's group instead of on personal merit.
- Self-confirming belief that one may be evaluated based on a negative stereotype.



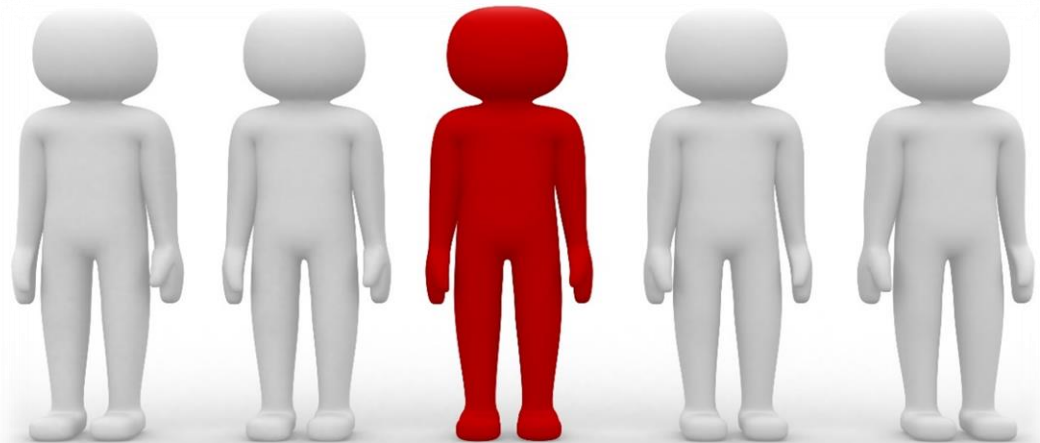
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Perception Institute, Stereotype Threat <https://perception.org/research/stereotype-threat>

White Privilege

- A special or unearned right, advantage, or immunity granted or available to an individual, or collectively to a group, based on their membership with a dominant culture.
- White privilege is an institutional (rather than personal) set of benefits granted to those of us who, by race, resemble the people who dominate the powerful positions in our institutions.



In-Group Preferences

- Favoring members of one's in-group over out-group members, usually delineated by culture
- When people experience in-group bias, they tend to be more comfortable with, have more trust in others in that group (race, community, professional culture, etc.)
- Whites with in-group bias don't see themselves as racists if they're not actively or directly holding hostility or distrust toward persons of color.



Luisa Montalvo, 2nd place
winner of the 2019
World Championship
of Public Speaking®



Informing the Way We Move Forward

Considering this new ‘awareness,’ how can we use this to help us communicate and work more effectively with diverse communities?

- Remove stereotype-reinforcing or triggering images, documents, artwork from the workplace and replace with counter-stereotypic imagery, artwork, documents etc.
- Encourage self-affirmation by encouraging others to focus on their characteristics, skills, values, or roles that they value or view as important.
- Openly state that no one group is better at a task than another.
- Create a new sense of “common in-group identity” by actively developing partnerships that emphasize what individuals have in common. Feeling part of an in-group lowers threat and increases a sense of safety.
- Value diversity, equity and inclusion.

Moving Toward Action!



“The good news is that individuals, once educated on the science of implicit bias, can impact those biases.”

- Our developed unconscious bias and attitudes can be ‘unlearned,’ and new mental associations can replace them.

Bias Reducing Strategy #1

Practice implicit bias reducing techniques including identifying your personal biases.

How Do I Identify My Personal Bias?

- **Recognize that implicit bias is in you** through a lifetime of conditioning and experiences that have helped to develop latent negative attitudes and stereotypes toward people of color.
- **Know that implicit bias** adversely affects decision making, even if you don't set out to intentionally discriminate against anyone.
- **Take measures to identify and assess** for your own implicit bias that manifests in your profession, practices, and decision making.



4 Questions

- Who are your three best friends?
- Do you automatically exclude certain neighborhoods as places you might live or send your kids to school?
- Do you only date a certain type?
- Do you have a ‘gay friend’ or ‘black doctor?’



Use Your Own Questions

Food for thought

- Ask your own questions like, if you ride the subway to work and two seats are available, would you sit next to the White person or the Black person?
- In a restaurant, if you had a choice of a table near the large window overlooking the river, would you request the table near the White family or the Asian or Hispanic family speaking amongst themselves in their cultural language?

Check Our Bias to Wreck Our Bias

<https://www.nytimes.com/video/us/100000004818668/check-our-bias-to-wreck-our-bias.html>

Self Assessment Resources

1) Understanding Prejudice: Implicit Association Test

www.understandingprejudice.org/IAT/

2) Teaching Tolerance: Test Yourself for Hidden Bias

<https://www.tolerance.org/professional-development/test-yourself-for-hidden-bias>

3) Look Different: Bias Cleanse

<http://www.lookdifferent.org/what-can-i-do/bias-cleanse>



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From Unconscious to Awareness



Implicit Bias: Individual AND Institutional

- A lot of racial inequities occur without intention or malice. It does not require “racists.” Implicit bias helps explain how racism can be subtle in appearance but significant in impact.
- “Implicit Bias offers the idea that discrimination and bias are social and individual issues, and that we can thus all participate in promoting equality.”

Reframing with a Racial Equity Lens

Just like schemas form the frames we interpret our world with, and heuristics direct our judgments and decision-making, ***re-framing*** offers opportunities to convey social justice values that can lead to equitable outcomes and:

- Offers evidence of implicit biases and more overt forms of racism by documenting disparate outcomes.
- Emphasizes a need for institutional and policy change.
- Points to equitable and fair solutions.



Bias Reducing Strategy #2



Practice paying attention to language

Which Do You Use?



Substance Abuse or Substance Use Disorder?

Does it make a difference which term we use?

Substance Use Related Terms

- **Substance Use (SU)** refers to the consumption of psychoactive substances
- **At-risk Substance Use** refers to consuming at levels resulting in harmful or hazardous consequences.
- **Substance Use Disorder (SUD)** meets a diagnostic criteria

People First / Recovery Oriented Language

- **Person-first language:** Language that refers to the person first and the identity second.

For example: “The writer, who has a bipolar disorder” as opposed to “the disabled writer.”

- **Identity-first language:** Language that refers to the person’s identity first.

For example, “bipolar people.” The basic reason behind members of some identity groups’ dislike for the application of people-first language to themselves is that they consider their identity to be inseparable parts of who they are.

Stigma Free Language

- The language of addiction medicine should be changed to reflect today's greater understanding.
- It will allow people with substance use disorders to more easily regain their self-esteem, and help the public understand that a substance use disorder is a medical condition as real as any other.
- Choosing the words we use more carefully is one way we can all make a difference and help decrease the stigma.

LGBTQ+ Culturally Inclusive Language

Respectful LGBTQ language:

- Inclusive and affirming language that respects, supports, and does not exhibit prejudice or demean people's sexual and/or gender identity.
- Culturally inclusive providers are willing to be educated on LGBTQ+ terminology and concepts.
- Use accurate terminology and pronouns to address LGBTQ+ persons in care.

Terms to Avoid

Why

Preferred Terminology

Addict, Abuser,
Junkie, User

These terms are demeaning because they label a person solely by her/his illness or behavior and imply a permanency to the condition

Person with a
substance use
disorder

Clean or
Dirty

These words associate symptoms (i.e., positive drug screens) with judgement statements about cleanliness

Abstinent, substance-free,
actively using

Habit or Drug
Habit

These terms deny the medical nature of the condition and imply that resolution of the problem is simply a matter of willpower in being able to stop the habitual behavior

Substance use
disorder, active
substance use

Opioid
Replacement or
Methadone
Maintenance

These words imply that treatment medications are equal to street drugs and suggests a lateral move from illegal to legal addiction

Medication for Opioid
Use Disorder (MOUD) or
Medication Supported
Recovery (MSR)



Cultural Humility in Practice



Diversity, Equity and Inclusion

- Culturally appropriate
- Linguistically conducive
- Trauma informed
- Inclusive

It's not enough to invite all people to sit at the table and hear their 'voices.' We need to integrate the 'voices' in our policies and practices.



Bias Reducing Strategy #3

- Incorporate cultural humility in practice.



Culture



Integrated patterns of human behavior that include thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious or social group.

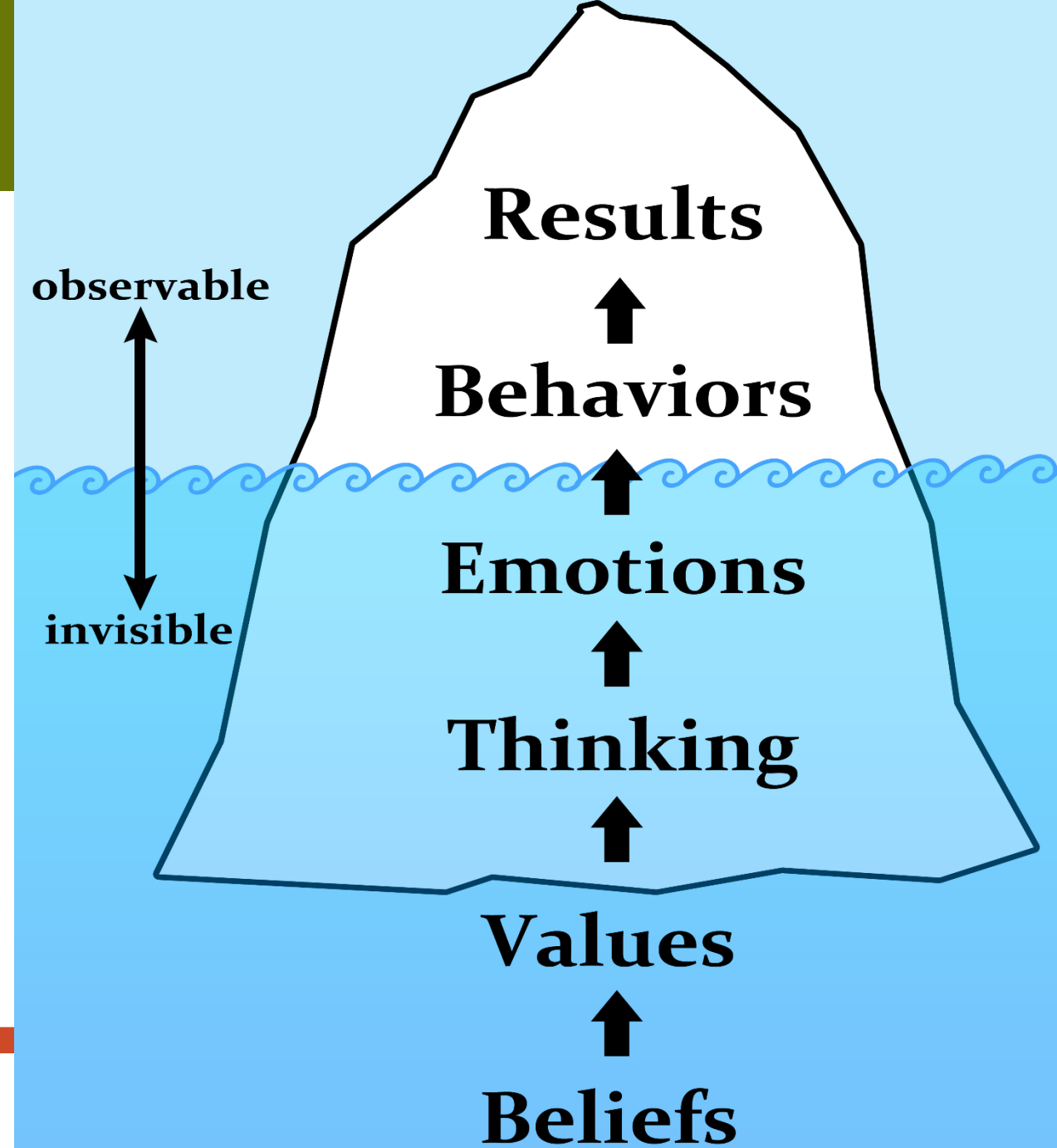
Cultural Experiences Impact

- **How symptoms are expressed.** For example, traditional Chinese culture may place a value on the caregiver shielding the patient from having to discuss with providers the full severity of an illness, in contrast to Western medicine.
- **What type of treatment is preferred.** For example, Native American older adults, often referred to as “elders,” traditionally play an important role as health care advisors and healers and may suggest using folk medicine approaches.
- **Who provides care.** Asians, Blacks, and Latinx may prefer to care for a relative at home instead of placing a family member in a nursing home.

The Culture Iceberg

10% what we see

90% we don't see





Human Connection for Client Care



Empathy: The Human Connection to Patient Care https://www.youtube.com/watch?v=cDDWvj_q-o8

Intersectionality



- The concept of intersectionality describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination “intersect” to create unique dynamics and effects.
- *How do we help someone without considering the various overlapping identities and psychosocial factors that affect them and their substance use?*

Cultural Humility - Lifelong Process

For Organizations and Professionals...

- A lifelong commitment of self-reflection examining one's biases and stereotypes.
- An openness to learning more about clients' cultures, perspectives, beliefs, values, and worldview.
- Fix power imbalances where none ought to exist.
- Acknowledging one's limitations.

Cultural Competence Core Elements

Awareness

Differences of culture and one's own



Value diversity

Attitude

Aware of own biases, values, and belief systems



Acknowledgement and respect for cultural differences

Knowledge

Inherent cultural trends of population



Current research on effective practice

Skills

Use of appropriate name or pronouns



Culturally conducive engagement approaches

James is a 32-year-old African American male who currently resides in the Mount Pleasant area with his girlfriend of four years and his two biological children, ages 5 and 2. James currently holds a BA in finance and was laid off from his job of 5 years at a local bank in March 2020 after COVID-19 hit NYC.

James reports being in recovery from cocaine for the last two years and had been attending NA meetings three times a week until he lost his job. He reports that his girlfriend is a strong support for him in the recovery process.

James, who has a history of depression and anxiety, had decided to seek treatment after experiencing great difficulty in finding employment during the pandemic and beginning to feel like he might relapse. When James first arrived at your office, he stated that *“I don’t think this is going to work; you can’t possibly understand what I’m going through.”*



James

In your groups, read your case study and discuss the following:

- Consider a culturally appropriate, trauma informed, affirming response to James' comment.
- Identify opportunities where you could incorporate, 'knowledge, skills, engage, and elicit,' to work with James?



Psychological Scars of Racism and SUD

- Elicit clients' experiences of racial trauma or stress.
- When developing a treatment plan, offer a full range of treatment options to every patient in an unbiased way.
- Environment that offers a lower risk of reexperiencing racial trauma, (black providers, culturally humility best practices, trauma informed, etc.).
- Dr. Samuel Simmons, Racial Trauma, Behavioral Health and Healing: <https://youtu.be/-BNvV7aVLdc>.

Active Ways to Fight Stigma and Racism

1. Learn to recognize and understand your own privilege
2. Examine your own biases and consider where they may have originated
3. Validate the experiences and feelings of people of color
4. Challenge the “colorblind” ideology
5. Call out racist “jokes” or statements.
6. Adopt an intersectional approach in all aspects of your life

Cultural Responsiveness

- **Culturally Responsive** services are those that are *respectful of, and relevant to, the beliefs, practices, cultural and linguistic needs* of diverse communities.
- **Culturally Responsive** services comprehensively address power relationships throughout the organization, on different levels of intervention: systemic, organizational, professional and individual.

(CLAS) Standards for Behavioral Health Care

Culturally and Linguistically Appropriate Services

“The CLAS Standards are intended to advance health equity, improve quality of care and help eliminate health care disparities by providing a blueprint for *individuals* and health and health care *organizations* to implement culturally and linguistically appropriate services.”



CLAS Standards - Actionable Items

PRINCIPAL STANDARD 1

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

THEME 1

Governance, Leadership, Workforce

- Policies & procedures
- Diversity amongst all professional levels
- Annual culturally informed trainings

THEME 2

Language and Communication

- Inform and provide language assistance
- Interpreter services
- Linguistically (signage) conducive materials

THEME 3

Engagement, Continuous Improvement, and Accountability

- Establish CLAS goals, policies, management accountability processes
- Ongoing assessment and demographic data collection

Other Potential Change Opportunities

- Identify, respect, and transform conflicts into improved capacity and relations in the community.
- Ensure institutional support for promoting inclusion, equity, and justice.
- Sustain the relationships, strategies, and changes at multiple levels, including individual, group, and institutional.

Certificate of Completion



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Contact and Survey

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Substance Abuse and Mental Health
Services Administration