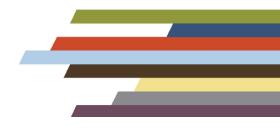


Recognizing Racial Stigma and Opportunities for Change



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Certificate of Completion

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- Certificates will be sent out within a week or so along with a copy of the slides.
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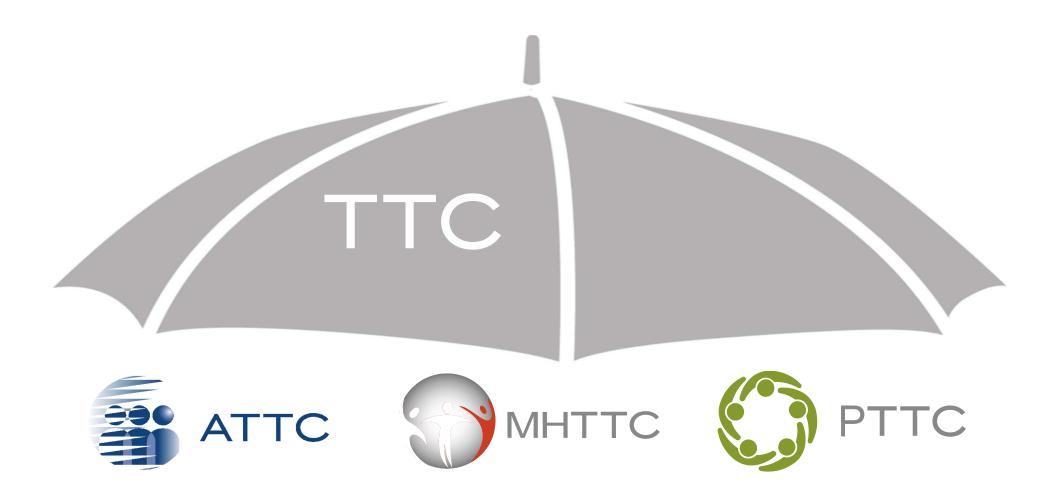
Clyde Frederick Technologist



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.



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

- 9:30a-1:30p, break
- Chat box
- Raise your hand
- Muting and unmuting
- Breakout rooms
- 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 create and frame stereotypical and stigmatic interactions, review strategies for cultural responsiveness in practice, and review options to enhance quality of care for members of historically marginalized communities.

Unpacking Inequalities Requires...

- Identifying the nature and patterns of racial and ethnic inequalities and understanding what fuels them.
- Determining ways in which people's racial and ethnic identities are understood, stigmatized or 'racialized', and experienced.

Racial Stigma, Discrimination and Substance Use

- According to studies, substance use as a coping mechanism was reported more after experiencing discrimination.
- Overall rates of mental illness and substance use disorder are lower for people of color compared to white people but may be underdiagnosed among people of color.
- The recent rise in deaths associated with drug overdoses has disproportionately affected people of color.
- Exclusion, discrimination and isolation were associated with worsening mental health and drinking to cope.

Drivers Social Determinants of Health and Addiction

Race and Stigma

Define Racial Stigma

Chat Box

1. What is your understanding of racial stigma?

Breaking It Down - Q1

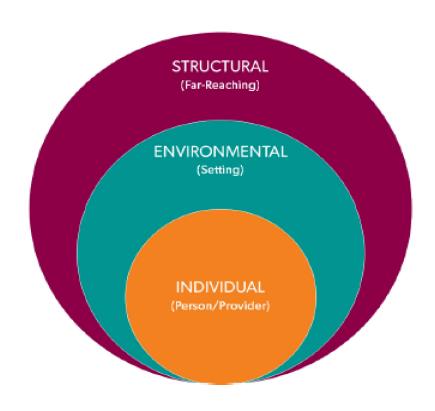
Stig·ma / stigmə/ noun

A mark of disgrace associated with a particular circumstance, quality, or person.

- Stigma against people with substance use disorders is a set of negative attitudes and stereotypes that can create barriers to treatment.
- Racial stigma is concerned with how black and other communities of color are perceived and the consequent behavior that it can influence.

Types of Stigma

- Individual stigma: characterized by negative feelings about oneself.
- Environmental stigma: from the immediate environment where health care and social services are delivered (the community or clinic in which you practice is also part of the environment).
- Structural stigma: negative attitudes and behavior of those that represent larger groups.



Related But Not the Same

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

Impact of Racial Stigma

Chat Box

2. How does racial stigma affect people of color with substance use disorders (SUD)?

Ways Stigma Contributes to SUD - Q2

- 1. Increasing shame and isolation from family, friends, and community
- 2. Preventing people from seeking help
- 3. Limiting treatment availability
- 4. Limiting the amount of substance use treatment covered by health insurance
- 5. Pushing people toward treatment that's not based on science
- 6. Treating people with an addiction as criminals
- 7. Creating social and structural barriers to recovery, such as difficulty getting and keeping a job and staying employed

Substance Use Disorder (SUD) and Stigma

That happens to other people, but it WOULDN'T happen to me.



Ignoring or pretending it isn't happening to you or someone near you.

Not touching, hugging, or holding hands. That person was raised different, I was taught BETTER

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.

Stigma prevents 40 per cent of people with anxiety or depression from seeking medical help.

Stigma and Mental Health

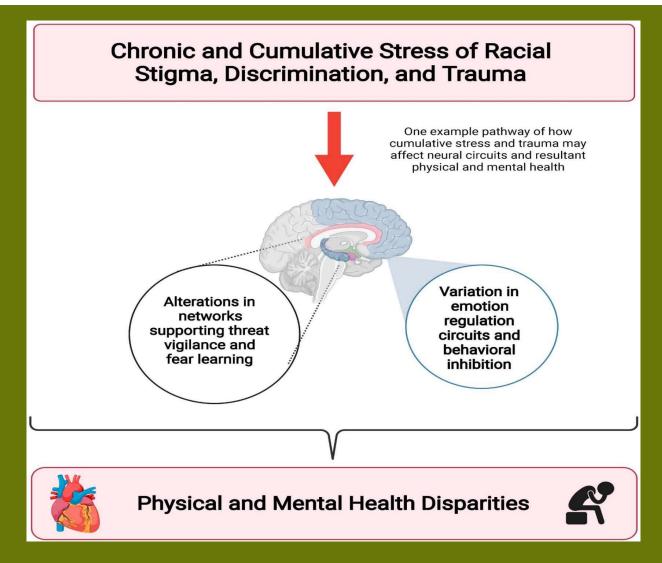
Stigma affects people while they are experiencing problems, while they are in treatment, while they are healing and even when their mental health problem is a distant memory.

Impact of Stereotypes on Personal Motivation

"It is clear that people who belong to historically marginalized groups in the U.S. contend with burdensome stressors on top of the everyday stressors that members of non-disadvantaged groups experience."

- Trauma of overt racism
- Stigmatizing portrayals in the media and popular culture,
- Systemic discrimination that leads to disadvantages in many domains of life, from employment and education to healthcare and housing to the legal system.

B Locke Welborn, Youngki Hong, Kyle G Ratner, Exposure to negative stereotypes influences representations of monetary incentives in the nucleus accumbens, *Social Cognitive and Affective Neuroscience*, Volume 15, Issue 3, March 2020, Pages 347–358, https://doi.org/10.1093/scan/nsaa041



Carter CS. Biological Psychiatry: Cognitive Neuroscience and Neuroimaging Spreads Its Wings. Biol Psychiatry Cogn Neurosci Neuroimaging. 2020 Jan;5(1):3. doi: 10.1016/j.bpsc.2019.12.001. Epub 2019 Dec 6. PMID: 31918890.

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 "cool man, I'm glad you're a dude 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 stay straight on his own than continue attending the program.

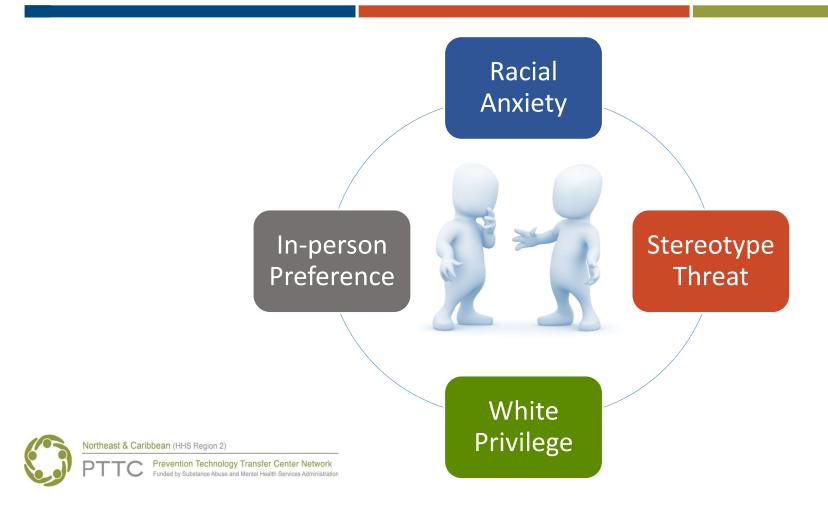
After a rough year with percocets, he was 'tired,' and he thought he'd try again and is now meeting with you.

Considerations

- Your initial thought or reaction?
- What do you identify as potential issues to explore here?
- How would you try to work with Manny?

Community Interactions

Associated Factors of Racially Based Outcomes



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?



I hope he doesn't think I'm racist...

Stereotype Threat

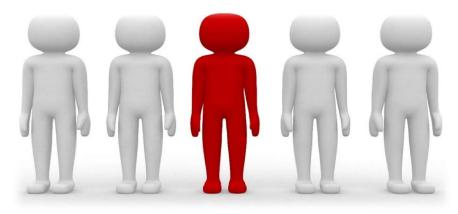
- Situational predicament in which individuals are at risk of confirming negative stereotypes about their group.
- Resulting sense that one might be judged based on negative stereotypes about one's group instead of on personal merit.

 Self-confirming belief that one may be evaluated based on a negative stereotype.



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.

Racial Stigma Consequences

- The idea that they may not be here tomorrow is a pervasive fear for black residents, whether it be during the pandemic, at the hands of police officers, 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.



https://www.youtube.com/watch?v=rSAw51caEeg

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

Individual:

Provider who is interacting with the patient/client

"But you speak so well"



No, I will not

teach you how to

"twerk."

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."



- 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.



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.

Elected Papers from William L White, Microaggressions in Recovery (More than a Concern with Political Correctness, August 19, 2016, http://www.williamwhitepapers.com/blog/2016/08/microaggressions-in-recovery-more-than-a-concern-with-political-correctness.html

Identifying Your Bias

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



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.

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 Indentity: 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.

Service Examples of Implicit Biases

Communication Dynamics

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

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.

Addressing Individual Stigma in Work Setting

- Train staff on how to use a comprehensive and up-to-date list of referral resources that value patient autonomy, dignity, and worth.
- Train staff on how to recognize their biases and provide support on managing the tension that can arise when personal values conflict with professional roles.
- Provide staff with examples for how to document patient interactions without using stigmatizing language.

Cultural Humility in Practice

Diversity, Equity and Inclusion

- Culturally appropriate
- Linguistically conducive
- Trauma informed
- Inclusive and affirming

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.



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.

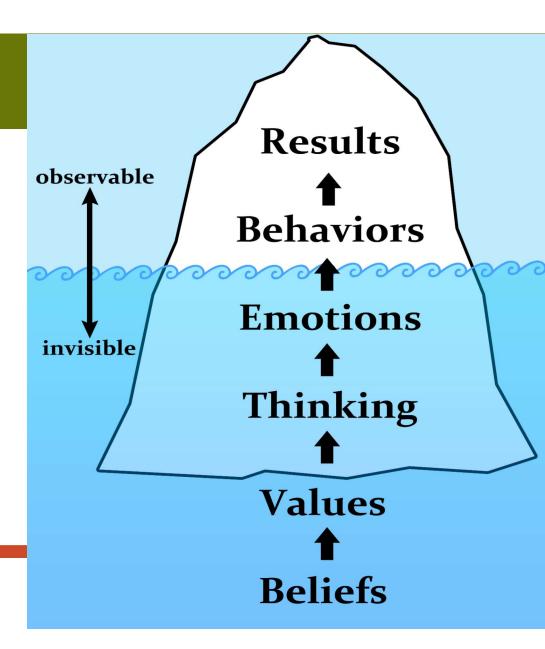
Cultural Experiences Impact

- 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-08

Cultural Humility - Lifelong Process

For Organizations and Professionals...

- A lifelong commitment of selfreflection 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.

James is a 34-year-old African American male who currently resides in the Mount Pleasant area with his girlfriend of five years and his two biological children, ages 7 and 4. James currently holds a BA in finance and was laid off from his job of 6 years at a local bank, earlier this year.

James reports being in recovery from cocaine for the last few 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 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.

Ways to Fight Racial Stigma

- 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

Structural: Policies and procedures that guide how behavioral health services are delivered

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."



OMH Home, Blog: National Partnership for Action, What Do the New CLAS Standards Mean for Behavioral Health? Huang, L., PhD, 7/30/13 https://minorityhealth.hhs.gov/npa/blog/BlogPost.aspx?BlogID=2808

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.



https://youtu.be/DWaOsPiv-gw (3:20)

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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Contact and Survey

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If you are sharing a computer with others, please type your names in the chat box.

Please fill out your evaluation forms – it will only take a couple of minutes! Just scan the code with the camera on your smart phone, click on the link in the chat box, or type the link into your browser: https://ttc-gpra.org/P?s=205190

Don't worry if you can't – an email with the link will be sent to you tomorrow, along with a copy of the slides.

