

Questions & Answers

DHCS Webinar Series: Eliminating Inequities in Behavioral Health Care

Webinar 5: Talking About Race and Racism with Clients: Challenges, Benefits & Strategies for Fostering Meaningful Dialogue | September 17th, 2020

#	Questions	Answers
1	What other identifiers/names have you seen used for BIPOC? I've heard some people say they don't like POC or BIPOC because it centers whiteness and/or they come from countries where being of "color" was not used because most people were of the same ethnicity/nationality (colorism aside).	The traditional identifiers have typically focused on using POC. This is may be a good idea to ask people how they wish to be identified instead of making generalizations. When you are presenting to a group you can simply use the identifiers that are being used, but let people know there are other identifiers that can be used. Hope this helps.
2	How can we follow Alice on social media?	Thank you! See my social media links below: LinkedIn www.linkedin.com/in/alicejographics Facebook www.facebook.com/alice.washington.125 Alice Portfolio website www.alicejwashingtonillustrations.format.com
3	My colleagues and I have been tasked to review policies and practices that may have racism embedded into them. This behavioral health institution has tasked other inclusion committees to similar tasks. They have made recommendations and have not followed up with them. What can we do if we develop recommendations for director and they are not acknowledged or followed up on?	Begin by telling the institution how excited you are about this opportunity. However, it may be a good idea to discuss your concerns prior to beginning your work. It may be useful to explain the history and ask their plans to implement your recommendations. This is a great opportunity to have a courageous conversation.
4	The term 'cultural competency' is used in different ways. What content needs to be in the cultural competency training that you recommend?	I helped to develop a cultural competency training, which typically has at least three components, multicultural knowledge, awareness, and sensitivity/responsiveness.
5	Is it possible to get some specific racial equity impact assessments to use?	You should contact Race Forward Oakland (510) 653-3415 as a resource.

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6	own motives and agendas. Hence, funders ought to include questions from the community’s perspective about the grant application process. Of course, the question remains how to ensure honesty in the process by all parties involved.??	I agree. If everyone is included at the table, there should be honesty.
7	What are the steps to address and combat Bullying in the Mental Health Industry?	I believe the same steps one would use to combat bullying anywhere should be used as it relates to mental health. Begin by speaking your truth and experiences and explain how those behaviors make you feel. Also, seek help from those who are allies, advocates and supporters.
8	There’s an ongoing debate about which term to use: Cultural Competency vs. Cultural Humility. What input do you have on this debate? Who or what entity determines these terms in Mental Health?	I think both terms are important. However, without cultural humility, I believe that cultural competence will not be long lasting. Cultural competency is more skilled based and relies more heavily on the head, while cultural humility requires engagement of the head and the heart.
9	How can we help behavioral health CEOs to address their implicit biases when they say things like “all lives matter”, that they “don't have a racist bone in their bodies” and “cannot recognize the experiences of staff and of those we serve in our communities”? Some continue to believe that racism doesn’t exist within the agency or in our community.	Education! Education! Education. Hopefully, these CEOs will become willing to participate in trainings to help them to gain a better understanding.
10	How would a Black clinician discuss race/racism w/ non Black/non POC clients particularly when it comes up as part of the therapeutic process?	Handle it like any issue that comes up in the process. Explore the client’s, thoughts, feelings, and behaviors. Also, be sure to seek consultation for yourself, if necessary.
11	How would I address a situation where in people of the same race are biased against you because of my national origin?	Speak honestly about your thoughts and feelings. You may help to bring awareness.

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12	<p>I saw a moving film by a young black man that discussed the fact that many black men suffer from PTSD due to fear of racial acts or being preyed upon simply because they are black and live in a culture of violence and racism. I never understood the impact on black men and women of the culture of violence and racism and that of course a large majority may suffer PTSD simply by being a black person in America. Can you address this and what supports/resources we could offer?</p> <p>Can you talk about the use of Church as a tool for repair and counseling?</p>	<p>I think this is a bigger discussion and be on the look-out for a training I facilitate on the role of spirituality in recovery. Also, I have written a book and a stage play entitled, The Things That Make Men Cry. I will facilitate a training on this topic in February through the County of Los Angeles. You may email me to get on my mailing list: dr_gloria_morrow@msn.com.</p>
13	<p>What would be a recommendation for clinicians who are not well prepared, but understand their client is in need of discussing their racial trauma?</p>	<p>Continue to educate yourself and seek consultation so perhaps a colleague who feels more comfortable can work with that client.</p>
14	<p>In mentioning cultural competency, do you feel recognizing cultural humility is more appropriate?</p>	<p>I think everything begins with cultural humility.</p>

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15	<p>Hello. I'm a white psychologist who works with children/teens living in foster homes who have extensive trauma and neglect histories. Most of my young clients of color have white foster parents, some of whom haven't done "the work" and probably don't believe in the need to do "the work". Are there any resources you suggest in training foster parents to be more culturally sensitive and having white humility? My experience thus far is that the foster parents shy away from this topic but I feel like a huge part of intervention (outside of with the client themselves) is helping the caregivers understand racism and white supremacy.</p>	<p>I think you can encourage your agency to participate in some of the trainings that are being offered by CIBHS.</p>
16	<p>Could you repeat the statement regarding the DSM V questions regarding cultural trauma?</p>	<p>There is a section in the DSM called cultural formulations.</p>
17	<p>What are some strategies for dealing with racism FROM clients? How might behavioral health organizations support their staff when this happens? What tools might be utilized?</p>	<p>Please consider registering for other CIBHS workshops that will address this issue.</p>
18	<p>In addition to doing our own work, how can we challenge the silent oppression that we may be complicit with?</p>	<p>When you do your work and educate yourself, look for people who will hold you accountable through supervision and consultation.</p>
19	<p>What are some strategies for working with white clients who are in the space of denial of racism, when you are a POC therapist? What would be our role there?</p>	<p>Be patient and be sure to help them to process how they came to believe what they believe. Keep in mind, they need to bring it up as an issue in order for it to be therapeutically appropriate.</p>

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20	I have worked with many individuals who have parents of different cultures and struggle with not feeling accepted by either culture; can you recommend any literature or books to address these challenges with individuals we serve?	<p>2008 Nov; 5(11): 37–44. Published online 2008 Nov.</p> <p style="text-align: right;">PMCID: PMC2695719 PMID: 19724716</p> <p>Biracial Identity Development and Recommendations in Therapy Raushanah Hud-Aleem, DO and Jacqueline Countryman, MD Paulette M. Gillig, PhD, MD, series editor</p>
21	As providers we have a responsibility to help address and change systemic/institutional racism. There are groups working to make recommendations to our local county governments as well as statewide. What key elements would you want to make sure are included?	<p>There are three important pillars that must be included:</p> <ol style="list-style-type: none"> 1. Create a diverse and inclusive workplace 2. Eliminate bias in all areas of the organization, including hiring practices and service delivery 3. Promoting an inclusive leadership team and board that is reflective of the diversity of the clientele that is served.
22	How do you answer the question at your agency when people say "I just want things to get back to normal"?	Ask them what "normal" means to them. Perhaps you can share your belief about the possible benefits of embracing a "new normal."
23	Can you speak to whether the Cultural Formulation Interview tool in the DSM V is considered meaningful? And is it the DSM, and symptom awareness and identification, that is problematic or maybe more the implicit biases and lack of cultural humility of the practitioner using the DSM? Just as we have some who misuse the bible, we may see clinicians who fail to properly reference and use DSM tool.	Cultural formulation is a very good start. We know it is long overdue and more is needed, but it is a good start.

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24	I'm not sure if this is out of the scope of this discussion but could someone speak to how to manage experiences in which the clinician is experiencing racism from a client. In other words, the clinician is the person of color and the client makes racist statements?	You should let the client know that his or her behavior is inappropriate and should immediately stop. You should also immediately report this client to your supervisor if the behavior does not stop. You should not be subjected to this type of treatment from anyone.
25	What recommendations do you have about dealing with racist clients who walk in and say racial slurs in conversation and are racist towards staff as well???	If you are a POC, you should let the client know that his or her behavior is inappropriate and should immediately stop. You should also immediately report this client to your supervisor if the behavior does not stop. You should not be subjected to this type of treatment from anyone. If you are a White therapist, you should stand against this behavior, and try to find an opportunity to educate the client and help the client to process his or her thoughts, feelings, and behaviors. It is important for you to stand against this behavior and support the staff who may be subjected to it.
26	Can you speak to racism inherent in the intersection of the behavioral health and criminal justice systems and what that means for our clients. What can I do to help clients unpack that?	Just be available to allow them to share their stories and experiences and work to become an ally.
27	Can you reference some data around how many people of minority groups were mis-Dx with schizophrenia and not PTSD? Is that historic or current?	There is a lot of information on misdiagnosis in the literature. Visit the U.S. Surgeon General's Report of 1999, and the supplemental report of 2001.
28	How has this devastating history of racism enabled stigma around mental health? How much does cultural incompetence contribute to stigma?	Both have made a significant impact on stigma.

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29	Regarding responsibility to educate others on our experience of racism, and encouraging them to do their own research, how is someone who is unaware expected to learn my experience if I am unwilling to share it with them?	You are right, but if you are not willing nor able to educate them, encourage them to educate themselves. There are plenty resources that can speak to what you have experienced.
30	Any recommendations for good cultural assessments for youth?	There are plenty, but I have not worked specifically in this area so I have not used any.