ONE DAY, WHEN I WAS LOST: OVERCOMING IMPLICIT BIAS AND PRIVILEGE IN RURAL COMMUNITIES

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WORKSHOP OUTCOMES

1. Analyze the complexities of implicit bias and privilege as it relates to clinical decision making

2. Integrate current literature and tools into current practices to make informed clinical decisions when working with African American/Black consumers.

3. Explore ways in which to become more comfortable working with African/American Black clients – increasing clinician efficacy

4. Recognize that in rural communities in addition to factors of implicit bias and privilege, there is also the variable of acculturation for some African American/Black consumers
BACKGROUND

• Born/raised in Kings County CA
• Black Woman of Indigenous American and African Ancestry
• Employed at Kings View Counseling Center-Access/Crisis department
  – Black/AA individuals express cultural/racial experiences that often does not make it to assessing clinicians.
  – Repeated requests for Black clinicians
  – Complete psychiatric evaluations to determine the necessity of inpatient hospitalization
Cultural Competence Summit (Demographic info)

When survey is active, respond at PollEv.com/tiffanywhite881
Racial Demographics of Kings County

White alone- 81.3%
Black or African American- 7.1%
American Indian/Alaskan Native- 3.1%
Asian alone - 4.5%
Native Hawaiian/Other Pacific Islander- 0.3%
Two or More Races - 3.7%

***Hispanic or Latino - 54.8%
How do you work effectively with Black/AA clients?

- Education on the Black/AA Community
- Identifying personal preferences/values/beliefs
- Exploring client racial/cultural identity
- Awareness of Clinical Relationship
- Utilizing available tools
African American Culture
Relevance

- Underrepresented in OPMH
- Overrepresented in IPMH
- Misdiagnosis
- Cultural trauma (current and historic)
- Very few Black clinicians
- Intersectionality
  - Black/AA + Mental Illness
Context

- Deficit Empirical Norms
- History with Healthcare
- History with the legal system
  - 1892 (Jim Crow Era), 162 Blacks lynched
  - 2015, 258 Black individuals killed by LE (Guardian, 2015)
  - 2015 of all deaths resulting in deadly force by law enforcement 246 had documented mental illnesses
- Psychosocial threats specific to the black community
Intersections of Black Identity

When compared to White girls of the same age, adults surveyed believe (Epstein, Blake & Gonzalez, 2017):

- Black girls need less nurturing
- Black girls need less protection
- Black girls need to be supported less
- Black girls need to be comforted less
- Black girls are more independent
- Black girls know more about adult topics
- Black girls know more about sex
“The dominant discourses that frame Black girls as less innocent and feminine than all other girls likely influence these [disproportionate] exclusionary discipline outcomes.” – Epstein, Blake & Gonzalez, 2017
Considerations for Black/AA (NAMI, 2018)

- Lack Of Information and Misunderstanding About Mental Health
- Faith, Spirituality And Community
- Reluctance And Inability To Access Mental Health Services
- Medications
- **Provider Bias And Inequality Of Care**
  - Conscious or unconscious bias from providers and lack of cultural competence result in misdiagnosis and poorer quality of care for African Americans.
- Does OPMH pose risks to individuals within the Black/AA community?
It's been too hard living
But I'm afraid to die
Cause I don't know what's up there
Beyond the sky

I wish I knew how
It would feel to be free
I wish I could break
All the chains holding me
I wish I could say
All the things that I should say
Say 'em loud say 'em clear
For the whole round world to hear

The stress is buildin' up, I can't— I can't believe (Yo, I'm on my way over there, man)
Suicide's on my f***** mind, I wanna leave
I swear to God I feel like death is f***** callin' me

I'd rather live in his world (live in his world)
Than live without him in mine
(Her world is his, his and hers alone)

I'm nervous and I'm tremblin'
Waitin' for you to walk in
I'm tryin' hard to relax
But I just can't keep still, no

I left my home in Georgia
And I headed for the Frisco Bay
'Cause I've got nothin' to live for
Looks like nothin's gonna come my way, so...

I don't wanna be alive
I don't wanna be alive
I just wanna die today
I just wanna die
I don't wanna be alive
I don't wanna be alive
I just wanna die
And let me tell you why
STIGMA WITHIN BLACK COMMUNITY

BLACK/AFRICAN AMERICANS HAVE POOR OUTCOMES IN OUTPATIENT MENTAL HEALTH SETTINGS VS OUTPATIENT MENTAL HEALTH SETTINGS MAY NOT BE ADDRESSING THE NEEDS OF BLACK/AFRICAN AMERICANS
Double Consciousness

- Psychological challenge of "always looking at one's self through the eyes" of a racist white society,

- "African Americans shifted their behavior (e.g., cooperation) in schema-relevant ways from more independent when primed with mainstream American culture to more interdependent when primed with African American culture.” -Brannon, Markus, & Taylor, 2015

- How can you as a clinician create a clinical environment that allows a Black/AA client to be themselves?
Clinician Perspectives
3.6 CULTURAL SENSITIVITY: Marriage and family therapists actively strive to identify and understand the diverse cultural backgrounds of their clients by gaining knowledge, personal awareness, and developing sensitivity and skills pertinent to working with a diverse client population.

3.7 THERAPIST VALUES: Marriage and family therapists make continuous efforts to be aware of how their cultural/racial/ethnic identities, values, and beliefs affect the process of therapy. Marriage and family therapists do not exert undue influence on the choice of treatment or outcomes based on such identities, values and beliefs.
2.01 Boundaries of Competence

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.
Implicit Associations Test - Race
(Greenwald, et al., 1995; 1998)

• Implicit Associations Test
• Measures time it takes to pair positive and negative words with Black or White faces
• Does NOT advise on propensity for racism, prejudice, or discrimination
• Can measure racial bias towards Black and White individuals
• Possible Scores
  – Slight, Moderate or Strong
    • Preference for European Americans
    • Preference for African Americans
  – No Preference
Clinician Characteristics
Clinician Characteristics

- White Fragility
- Aversive Racism
- Internalized Oppression
- Individual Experiences
- Racial Battle Fatigue
Research Study

- Mixed Methods
- Mental Health Clinicians
  - Survey
    - Demographic
    - Perceived Effectiveness (Likert Scale 1-10)
  - IAT (race)
  - Interviews
Participation in CC Training for Black/AA community

- Yes: 87%
- No: 13%
Means and Standard Deviations of Effectiveness by Condensed IAT score

- Preference for European Americans 67.44%
- No Preference 13.95%
- Preference for African Americans 18.60%
GREAT NEWS!!!!

This is a characteristic completely within your control!!

Familiarize yourself with Black/AA culture (positive images of Black/AA individuals) and tools

Having conversations about race may make you more comfortable discussing race with your clients!!!

You have support!!!
Interviews asked these questions

1. What do you see as the purpose of the assessment?
2. How do you establish support with your clients during assessment?
3. What makes an assessment successful?
4. How does your approach vary with clients of different ethnic groups?
5. How would you describe the IAT to other clinicians?
6. What do your IAT scores mean to you?
7. Did your IAT results change your perceived effectiveness? How so?
8. How do you work differently with black clients?
9. Do you have any recommendations for other clinicians working with black clients?
Conclusions

- Clinicians that prefer AA, feel more effective working with AA
- Clinicians that prefer EA, feel less effective working with AA
- Black/Native American participants more likely to prefer AA
- Main referral Sources for Black clients are legal entities
- Participants identified mostly working with Black clients who are “motivated to comply” due to involvement with legal system
- MHA subjective, no clear means of collecting racial experiences
Black client perceptions

- Terrell and Terrell (1984)
  - Early dropout rates for Black clients was directly related to client trust of the clinician in addition to clinician niceness

- Whaley (2001)
  - Found a significant correlation between high ratings of cultural mistrust and the belief that people are more comfortable with individuals within their own ethnic/racial group

- Pomales, Claiborn and LaFromboise (1986)
  - Racial development among Black clients and the use of dissimilarity confrontation by clinicians was studied. Found that cultural sensitivity was clearly related to perceived competence but not the potential of building a relationship. Black males in the internalization stage did not matter if dissimilarity confrontation was used or not.

- Poston, Craine and Atkinson (1991)
  - Study found willingness to self-disclose, perceived clinician credibility, and clinicians dissimilarity confrontation to be directly correlated although not at statistically significant levels
"Lower quality care begins at diagnosis" (Helwick, 2012)

**Assessment**

Identify if treatment meets medical necessity, diagnosis, prognosis and identify treatment planning.

Outcomes largely dependent on the reasons for referral, insurance type, clinician discipline/education, approach.

**Deficit Based**

The current climate of mental health treatment is largely deficit based and hyper focused on impairments (Rashid & Ostermann, 2009)

Can easily become an assimilation tool.

**Strength Based**

Seeks to identify both deficits and strengths of a client

Strengths used to assist client meet treatment goals

Can use cultural strengths to achieve treatment goals
Racial Development Model

5 Stages of Cultural/Racial Development – Persons of Color (Dr. Beverly Daniel Tatum, PhD)

- **Pre-encounter**: Seeks to assimilate into the dominant culture.
- **Encounter**: Individual is forced to acknowledge his/her differences through an event or series of events.
- **Immersion/Emersion**: Strong desire to surround oneself with visible symbols of one’s racial/cultural identity.
- **Internalization**: Individual is secure in their racial/cultural identity and seeks to establish meaningful relationships of one’s racial/cultural identity.
- **Internalization-Commitment**: The individual discovers ways to communicate their commitment to the concerns/needs of their own racial/cultural group.
How does this apply in a Rural community?

- **Enculturation**
  - the process in which an individual learns and subsequently adopts characteristics from the culture of origin.

- **Acculturation**
  - refers to the result of two or more cultures adapting to one another due to close and repeated socialization.

- **Assimilation**: The result of low enculturation and high acculturation and refers to the level of which an individual adopts the norms of the dominant culture and abandons the characteristics of the culture of origin.

- **Separation**: the rejection of the dominant culture by an individual and only adhering to the norms from the culture of origin.

- **Marginalization**: individual rejects the norms of both the culture of origin and the dominant culture.

- **Integration**: refers to adopting the norms of both the culture of origin and the dominant culture.

Acculturation and Enculturation combinations as described by Cokley & Helm, 2007; Rudmin, 2003.
Clinical Relationship

Counselor Dissimilarity Confrontation
Other tools

- Cultural Formulation Interview (CFI)
- African American Acculturation Scale-Revised (Klonoff and Landrine 2000)
- Cross Racial Identity Scale (Worrell et al. 2001)
- Multidimensional Inventory of Black Identity (MIBI; Sellers et al. 1997)
- Scale To Assess African American Acculturation (Snowden and Hines 1999)
- African Self-Consciousness Scale (Baldwin and Bell 1985)
- Implicit Associations Test - Race (Project Implicit)
Conclusion

• Education on the Black/AA Community
• Identifying personal preferences/values/beliefs
  – Consult/Supervision/Therapy if necessary
• Exploring client racial/cultural identity
• Awareness of Clinical Relationship
• Utilizing available tools