

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

How to join the Zoom webinar

- **Online:** <https://dhs.wi.zoom.us/j/82980742956>(link is external)
- **Phone:** 301-715-8592
 - Enter the Webinar ID: 829 8074 2956#.
 - Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- [Download or view the presentation materials](#). The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat messages to communicate with the WPPNT coordinator or to share information related to the presentation.

- Participate live or view the recording to earn continuing education hours (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: <https://www.dhs.wisconsin.gov/wppnt/2021.htm>.

IMPLICIT BIAS & CULTURAL HUMILITY

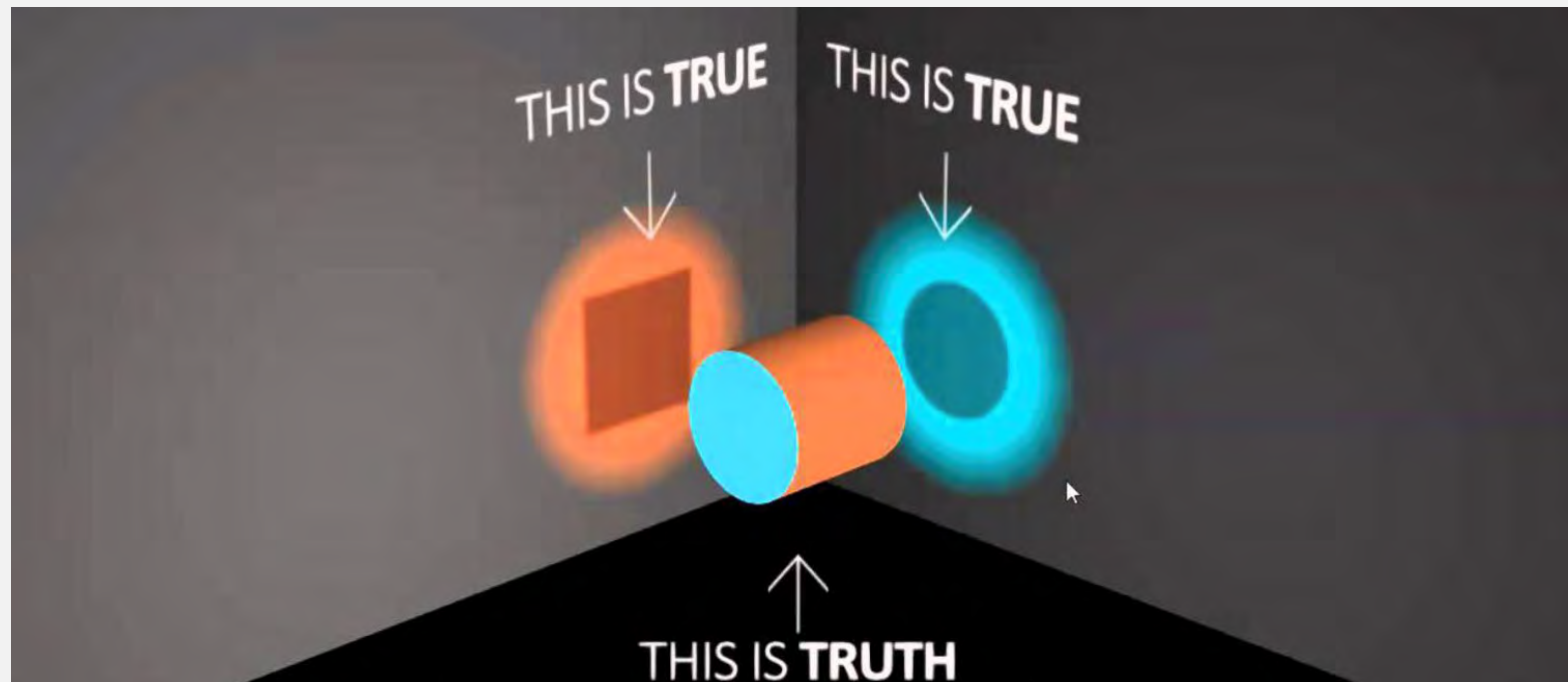
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GROUND RULES AND TOOLS FOR DISCUSSIONS ABOUT DIVERSITY, EQUITY, AND INCLUSION

- In discussions around diversity, equity, and inclusion it's important to understand that everyone sees and experiences the world differently
- What is “right” in your experience may not be so in someone else's.



GROUND RULES AND TOOLS FOR DISCUSSIONS ABOUT DIVERSITY AND EQUITY

GROUND RULES AND TOOLS:

- Be willing to acknowledge that –isms (racism, sexism, ageism, ableism, etc) exist.
- Acknowledge that we are all systematically taught misinformation about our own group and about members of other groups. This is true for everyone, regardless of our group(s).
- Agree not to blame ourselves or others for the misinformation we have learned, but to accept responsibility for not repeating misinformation after we have learned otherwise.
- Agree to respect others. This includes honoring others' experiences by being sensitive to them.
- Keep in mind that no one should be required or expected to speak for their whole race or gender or age group, etc. They couldn't if they wanted to!
- Take responsibility for and accept the consequences of your words. Intention does not always equal impact.
- Participate in the creation of a “brave” atmosphere for open discussion.
- Equality pertains to all people with NO exceptions.

IMPLICIT BIAS

- Implicit biases/unconscious biases/unconscious grouping and categorization of “input” is innate, everyone does it, including babies and young kids.
- Unconscious bias coined as a term in 1995.
- Coined by psychologists Mahzarin Banaji and Anthony Greenwald, where they argued that social behavior is largely influenced by unconscious associations and judgments (Greenwald & Banaji, 1995).

IMPLICIT BIAS

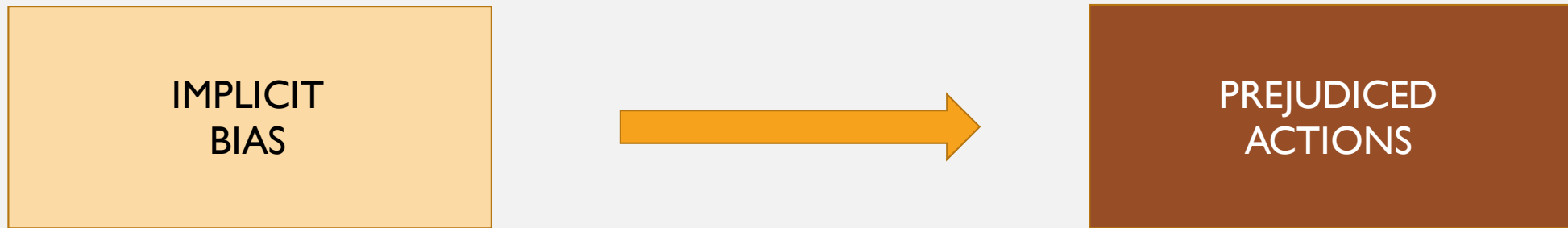
- Groupings that are based on stereotypes and prejudged ideas are learned.
- Our communities are one area where we learn these stereotypes and prejudices.
- The Implicit Association Test is a way to look at links in people's minds.
 - See Project Implicit at Harvard: <https://implicit.harvard.edu/implicit/index.jsp>
- The Implicit Association Test, however, does not reliably predict individual behavior

IMPLICIT BIAS

- Implicit biases ARE associated with different responses in law enforcement and medicine.
 - The Air We Breathe: Implicit Bias And Police Shootings: <https://www.npr.org/2020/06/12/876073130/the-air-we-breathe-implicit-bias-and-police-shootings>
- Implicit biases ARE associated with different medication prescription patterns
 - The pain of Black Americans is systematically underdiagnosed and undertreated, compared to the pain of their white counterparts. (Mende-Siedlecki, Qu-Lee, Backer, & Bavel, 2019).
 - Black patients were 22% less likely than white patients to receive any pain medication when seeking care for traumatic as well as non-traumatic pain (Meghani, Byun, & Gallagher, 2012).
 - This holds for kids too ... when presenting to the ED for an appendectomy, Black kids are 1/5 as likely to receive opioids for their pain as their white counterparts even after controlling for age, sex, pain intensity, and insurance status (Cleary, Teach, & Chamberlain, 2015).

IMPLICIT BIASES

Individual implicit bias trainings CAN help people put under more conscious control their behavior.



These intervention are based on the premise that unintentional bias is like a habit that can be broken with sufficient motivation, awareness, and effort.

IMPLICIT BIAS INTERVENTIONS

- Devine and colleagues developed a habit-breaking intervention based on the prejudice habit model (Devine, 1989), which proposes that enduring change in biases, such as implicit bias, that occur unintentionally can be achieved by treating unintentional bias as an unwanted habit that can be broken through a combination of motivation, awareness, and effort.
- The prejudice habit-breaking intervention designed by Devine and colleagues contrasts with many of these other interventions in that it was explicitly developed to produce enduring change. And, it does!

IMPLICIT BIAS INTERVENTIONS – YOU CAN CHANGE!

You need the following (4) factors to change implicit bias habits:

1. Awareness of your biases

1. Take the implicit association test, reflect on stereotypes, explore biases with colleagues

2. Motivation to change your biases

3. Strategies to change (empirically supported ones)

1. Stereotype replacement
2. Counter-stereotypic imaging
3. Individuating
4. Perspective taking
5. Increasing contact

6. Effort - you will need to applying the above strategies overtime, again and again.

STRATEGIES TO CHANGE STEREOTYPES

I. Stereotype replacement

- Recognize that a response is based on stereotypes
- Label the response as stereotypical
- Reflect on why that response occurred.
- Consider how the biased response could be avoided in the future
- Replace it with an unbiased response.

STRATEGIES TO CHANGE STEREOTYPES

2. Counter-stereotypic imaging:

- Imagine in detail counter-stereotypic others – friends, co-workers, respected community members, even celebrities.
- This makes positive images more available and begins the process of replacing the negative, often inaccurate stereotypes.

STRATEGIES TO CHANGE STEREOTYPES

3. Individuation:

- Prevent stereotypic inferences by gathering specific information about group members.
- Using this strategy helps people evaluate members of the target group based on personal rather than group-based attributes.

STRATEGIES TO CHANGE STEREOTYPES

4. Perspective taking:

- Imagine yourself to be a member of a stereotyped group.
- This increases psychological closeness to the stereotyped group, which ameliorates automatic group-based evaluation.

STRATEGIES TO CHANGE STEREOTYPES

5. Increase opportunities for contact:

- Increase contact between members of groups of which you are not a part.
- This can reduce implicit bias through a wide variety of mechanisms, including altering images of other groups or by directly improving evaluation of other groups.
- Learn about other cultures by attending community events and other public educational opportunities like exhibits, media, etc.

IMPLICIT BIAS INTERVENTIONS - RESOURCES

Devine's Prejudice breaking intervention information:

<https://devinelab.psych.wisc.edu/the-prejudice-habit-breaking-intervention/>

Cox research lab

<https://coxlab.psych.wisc.edu/staff/cox-william/>

Expanding the Table for Racial Equity #4: Implicit Bias - Dr. Patricia Devine & Dr. Will Cox

<https://www.youtube.com/watch?v=VhsPLXt5y2Q>

Is This How Discrimination Ends?

https://www.theatlantic.com/science/archive/2017/05/unconscious-bias-training/525405/?utm_source=atfb

Invisibilia: The Culture inside podcast

<http://www.npr.org/programs/invisibilia/532950995/the-culture-inside>

IMPLICIT BIASES

- Individual unconscious bias trainings will NOT change broader social structures.
- We must recognize racism is not just an individual problem requiring an individual intervention.
- Racism is a structural and organizational problem that requires consistent and persistent work to change.

PRACTICES INSTITUTIONS CAN ESTABLISH TO PREVENT BIASES FROM SEEPING INTO DECISION MAKING

1. Doubt Objectivity:

- Presuming oneself to be objective tends to increase the role of implicit bias.
- Teaching people about non-conscious thought processes will lead people to be skeptical of their own objectivity and better able to guard against biased evaluations.

2. Increase Motivation to be Fair:

- Increases in internal motivations to be fair rather than fear of external judgments tend to decrease biased actions.

PRACTICES INSTITUTIONS CAN ESTABLISH TO PREVENT BIASES FROM SEEPING INTO DECISION MAKING

3, Improve Conditions of Decision-Making:

- Implicit biases are a function of automaticity.
- Think slowly by engaging in mindful, deliberate processing, not in the throes of emotions, prevents our implicit biases from kicking in and determining our behaviors.

4. Count:

- Implicitly biased behavior is best detected by using data to determine whether patterns of behavior are leading to racially disparate outcomes.
- Once one is aware that decisions or behavior are having disparate outcomes, it is then possible to consider whether the outcomes are linked to bias.

IMPLICIT BIAS SUMMARY

- **Implicit biases are:**
 - Innate, everyone groups things unconsciously, including babies and young kids.
 - Groupings based on stereotypes and prejudged ideas are learned.
 - Individual unconscious bias trainings **CAN** help people pause and put under more conscious control their behavior. **YOU can break the bias habit.**
 - Institutions must also work to prevent implicit biases from impacting decision making.

HOW DO I WORK WITH PEOPLE WITH
VARIED BACKGROUNDS AND
EXPERIENCES?

YOU PRACTICE --- CULTURAL HUMILITY!

HISTORY OF CULTURAL HUMILITY – CULTURAL COMPETENCY

1980s Cultural competency is introduced

- Appears first in the fields of Social Work and Counseling Psychology (Sue et al, 1982; Gallagher, 1982)
- Spreads to Education, Business, Medicine
- A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professions to work effectively in cross-cultural situations.” (Cross et al., 1989)

National Center for Cultural Competence. Available from: <https://nccc.Georgetown.edu/curricula/culturalcompetence.html>

Cultural Humility: People, Principles and Practices <http://www.youtube.com/watch?v=SaSHLbSIV4w>

Cultural Competency Dr Orlando Sanchez 10/23/20 <https://www.youtube.com/watch?v=EzuvwWAIyzo&feature=youtu.be>

LIMITS TO CULTURAL COMPETENCY

- Knowledge based versus attitude based
- Can lead to stereotyping
- Ignores power dynamics between providers, staff, and patients
- It may contribute to the “othering” of patients with marginalized identities

WHAT DO WE NEED?

“...A more nuanced perspective, which includes a focus on multiple intersecting identities and an acknowledgement of *intrapersonal*, *interpersonal*, and societal influences on the lives of our patients.”

CULTURAL HUMILITY

The ability to maintain *an interpersonal stance that is other-oriented, or open to the other, in relation to aspects of cultural identity that are most important to the person. It focuses on self-humility instead of focusing on a state of knowledge, or competency.*

3 FACTORS GUIDE THE PROCESS OF CULTURAL HUMILITY

- I. **A lifelong commitment to self-evaluation and self-critique.**
 - Cultural humility is a process NOT an endpoint.
 - We never arrive at a point where we are done learning.
 - We must be humble and flexible, bold enough to look at ourselves critically and desire to learn more.
 - Understanding is only as powerful as the action that follows.

3 FACTORS GUIDE THE PROCESS OF CULTURAL HUMILITY

- 2. A recognition of and challenge of power imbalances where none ought to exist.**
 - We recognize each person has different experiences and each person has value.
 - When practitioners interview patients, the patient is the expert on his or her own life, symptoms and strengths.
 - The practitioner holds a body of knowledge that the client does not; however, the client also has understanding outside the scope of the practitioner.
 - Both people must collaborate and learn from each other for the best outcomes.
 - One holds power in scientific knowledge, the other holds power in personal history and preferences.

3 FACTORS GUIDE THE PROCESS OF CULTURAL HUMILITY

3. Institutional accountability.

- Developing partnerships with people and groups who advocate for others.
- Though individuals can create positive change, communities and groups can also have a profound impact on systems. We cannot individually commit to self-evaluation and fixing power imbalances without advocating within the larger organizations in which we participate.
- Cultural humility, by definition, is larger than our individual selves — we must advocate for it systemically.

PRACTICING CULTURAL HUMILITY

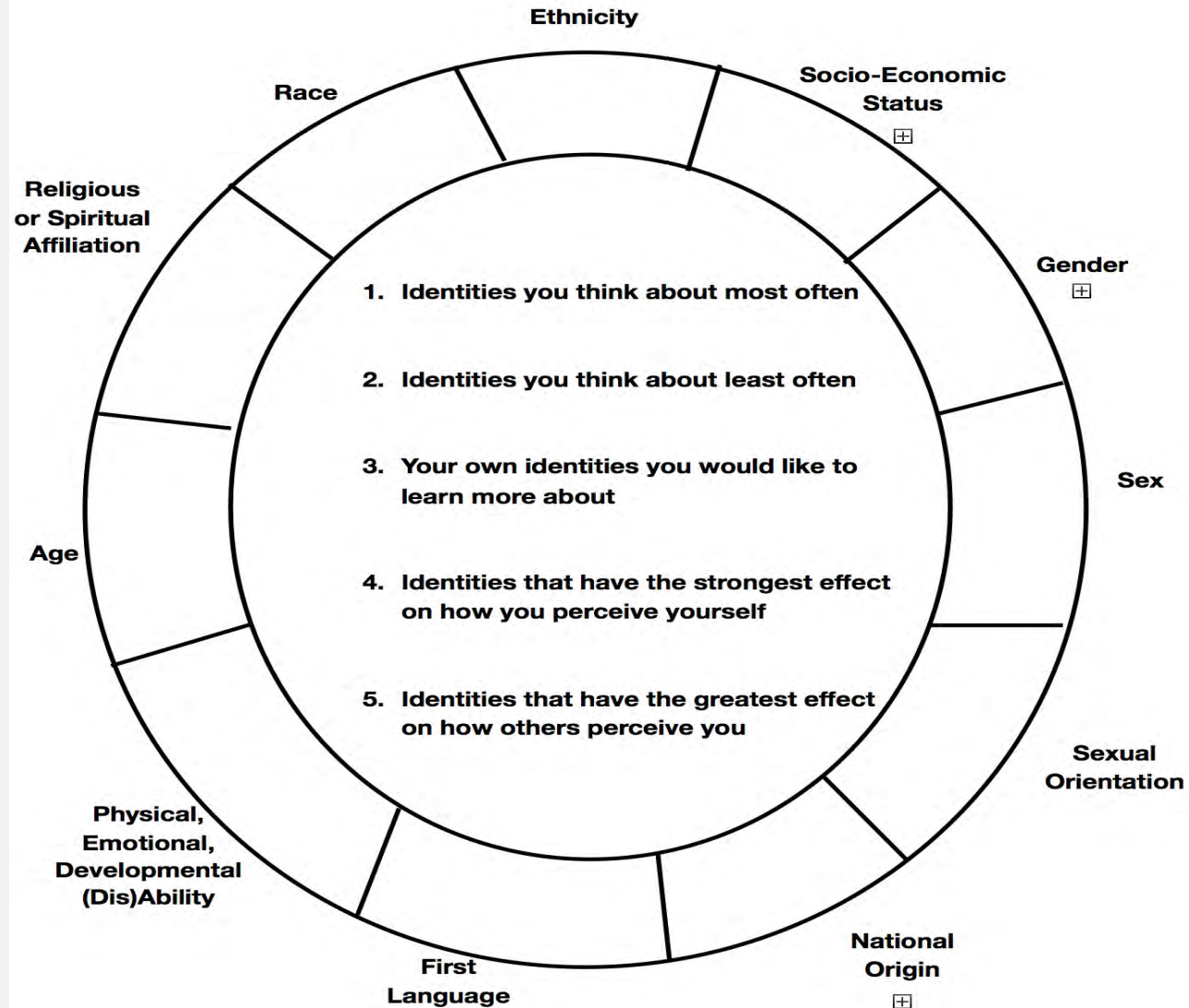
- **Principle #1: A lifelong commitment to self-evaluation and self-critique.**
- **Step #1 Explore you own culture and health.**

The mismatched mentor vignette

- What are your experiences with negative (and positive) emotions?
- What are your beliefs about emotional expression and control?
- What are your feelings how emotions are expressed?
- How does your own health and wellbeing impact your cultural humility?

PRACTICING CULTURAL HUMILITY

Social Identity Wheel Exercise



PRACTICING CULTURAL HUMILITY

- **Principle #2: A recognition of and challenge of power imbalances**
- **Step #2a: Look at the populations you are serving and the structural contexts in which they live.**
- **Step #2b: Consider people's multiple selves.**

Culturally sensitive interventions vignette

- What is the racial, ethnic, language, and socioeconomic composition of the communities with which you are working?
- What are the structural contexts that shape yours and your patients' reality?
- Consider both people's subjugated and privileged selves and how those might manifest in the ways they interact with you and the world around them as well as in their mental health problems.
 - What are patient's strengths, problem areas, and goals?
 - When are patients feeling healthy? Un-healthy?

PRACTICING CULTURAL HUMILITY

- **Principle #3. Institutional accountability.**
- **Step #3 Develop partnerships with people and groups who advocate for others.**

Seminar vignette

- Talk with your colleagues.
- Reach out to people who are in power.
- Join groups.
- Take risks.

CULTURAL HUMILITY - SUMMARY

- A process NOT an end-point.
- Attitude-based versus knowledge-based
- Focused on respect and lack of superiority with regard to patient's culture.
- Minimizes power imbalances and is patient focused
- Includes advocacy at systems level

LEARN AND DO MORE.

UW PSYCHIATRY DIVERSITY WEBSITE
[HTTPS://ANTIRACISM.PSYCHIATRY.WISC.EDU/](https://antiracism.psychiatry.wisc.edu/)

UW MADISON DIVERSITY HUB
[WWW.DIVERSITY.WISC.EDU](http://www.diversity.wisc.edu)

**DIVERSITY, EQUITY, & INCLUSION RESOURCES THROUGH
EBLING LIBRARY**

[HTTPS://RESEARCHGUIDES.LIBRARY.WISC.EDU/DIVERSITY-EQUITY-INCLUSION](https://researchguides.library.wisc.edu/diversity-equity-inclusion)

**SMPH SPRING 2021 INITIATIVE: ADVANCE HEALTH BY
ACTING AGAINST RACISM**

[WWW.INTRANET.MED.WISC.EDU/ADVANCE-HEALTH-BY-ACTING-AGAINST-RACISM](http://www.intranet.med.wisc.edu/advance-health-by-acting-against-racism)

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LEARN AND DO MORE.

ANTIRACISM.PSYCHIATRY.WISC.EDU
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