

# Addressing Ethno-Racial Trauma through a Cultural Humility Lens in Primary Care

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Nov. 2023 @DrStacyOgbeide

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## Objectives

- At the end of this workshop, participants will be able to:
  - Describe the impact of racial/ethnic trauma on health outcomes;
  - Define cultural humility;
  - Distinguish between cultural competence and cultural humility;
  - Describe at least one (1) approach to build cultural humility in practice

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## Plan for today

- 8:30am-8:40am: Introductions/Implicit Bias
- 8:40am-9:10am: Overview of Ethno-Racial Trauma, Ethno-Racial Trauma versus PTSD/PTSS, impact of Ethno-Racial Trauma on Health Outcomes
- 9:10am-9:50am: Microaggressions in Healthcare
- 9:50am-10:00am: Stretch Break!
- 10:00am-10:20am: Alternations in Assessment and Treatment
- 10:20am-11:00am: Cultural Humility Practice in PC
- 11:20am-11:40am: Small Group Discussion
- 11:40am-11:55am: Debrief/Questions
- 11:55am-12pm: Wrap-Up/Evaluations/Adjournment

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## Introductions!

- Who are you?
- Training Location?
- Home program?
- Have you attended a training on cultural humility and/or ethno-racial trauma in the past?



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## Who Am I?

- Dr. Stacy Ogbeide, PsyD, ABPP, CSOWM
- Clinical Health Psychologist (Board Certified)
- First generation Nigerian American
- Associate Professor (Tenure Track) of Family & Community Medicine and Psychiatry & Behavioral Sciences, Long School of Medicine
- Assistant Dean for Faculty – Long School of Medicine
- PCBH Lead, Family Health Center
- Psychology Internship – PC Track Coordinator
- **Technical Assistance Consultant on all things Primary Care Behavioral Health**
- Passion for faculty and professional development in primary care



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## Ground Rules and Disclosures

- When making reflections use "I" statements
- Listen carefully to what others say
- Non-judgmental (even with ourselves)
- Commit to having a conversation with each other

Disclosures:

- We are human beings and we have biases of our own that we are working on daily to mitigate
- Confidentiality is expected

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# Why is this important?



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Implicit Association Tests (IATs)

- Have you taken any of these before?



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Racism is a trauma (AND a public health issue)



National Child Traumatic Stress Network, Justice Consortium, Schools Committee, and Culture Consortium. (2017). Addressing Race and Trauma in the Classroom: A Resource for Educators. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress

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Overview of Ethno-Racial Trauma (ERT)

- Definition:
  - Individual and/or collective psychological distress and fear of danger that results from experiencing or witnessing discrimination, threats of harm, violence, and intimidation directed at ethno-racial minoritized groups

Akerele, McCall, & Aragam, 2021

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Overview of ERT

- Some features of ERT are not only consequences of traumatic stress but also survival responses characteristic of people living in communities with inequitable social conditions.
- Consequently, symptoms may persist because of ongoing racial trauma on the individual and systemic levels, as well as because of the brain's natural tendency to protect itself from potential future trauma.
- Include systemic racism and historical trauma as well

Akerele, McCall, & Aragam, 2021; Nadal, Erazo, & King, 2019

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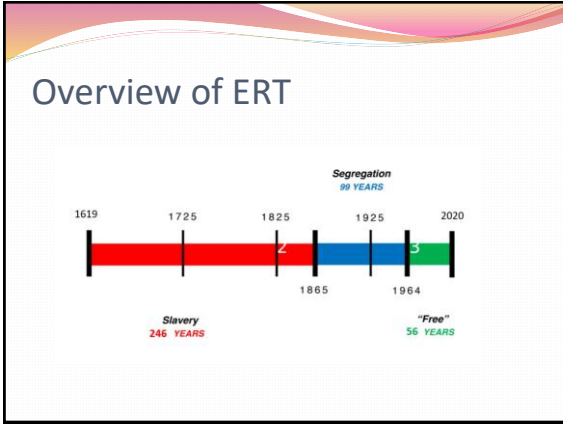
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### Impact of ERT on Health Outcomes

- If ERT symptoms persist without intervention, the associated chronic stress can increase later risk of physical illnesses, like hypertension, obesity, and cardiovascular disease—some of the leading factors associated with COVID-19 death.
- Without intervention, this cycle can continue indefinitely. Repeated exposure to traumatic stressors is likely to lead to an increase in the prevalence of ERT symptoms in the Black community (specifically), as well as long-lasting effects that further widen health disparities.

Akerele, McCall, & Aragam, 2021

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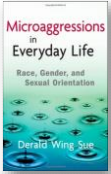

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### Overview of ERT – Microaggressions

- Microaggressions are brief and commonplace verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group.

Dr. Derald Wing Sue, Columbia University

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### Three Types of Microaggressions

- **Microassault:** Verbal attack, name calling, avoidant behavior purposeful discriminatory actions
- **Microinsult:** An unconscious insult demeaning a marginalized person's heritage or identity
- **Microinvalidation:** Communication that excludes, negate, or nullify a marginalized person's thoughts, feelings or experiential reality

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### Microaggressions in Healthcare

- Common microaggressions reported in healthcare settings: mistaken identity, mistaken relationships, and pervasive stereotypes
- Of the 150 American Indian patients surveyed by the University of Minnesota, **over 36 percent** reported experiencing microaggressions in health clinics.
- A study from the University of Colorado Boulder finds that "clinicians' implicit bias may **jeopardize their clinical relationships** with black patients, which could have **negative effects on other care processes**. As such, clinician bias may **contribute to health disparities.**"
- A 2014 study in the *American Journal of Preventive Medicine* found that racial microaggressions **accelerate aging at the cellular level.**
- In 2015, researchers from the University of Tennessee "found that microaggressions can trigger intrusive memories of traumatic racially related incidents. This supports that for some, microaggressions are experienced as traumatic events, which is of serious concern. **Many of the same principles used to care for survivors of abusive trauma might be adapted to explore and intervene on effects of racial microaggressions**, referred to as trauma-informed care."

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### An Example...

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What do you do when you see this?



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**2-Minute Think & Ink**  
WRITE DOWN AN EXAMPLE OF A MICROAGGRESSION YOU OBSERVED OR EXPERIENCED.

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Stretch Break!



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## Alterations in Focused Assessment

- Contextual-Based Interviewing in PC
  - University of Connecticut Racial/Ethnic Stress & Trauma Scale (UnRESTS)
  - May need an add an additional scale to examine discrimination
  - E.g., modified version of the Discrimination in Medical Settings scale (DMS; Peek, Nunez-Smith, Drum, & Lewis, 2011), which is based on the Everyday Discrimination Scale (EDS)



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## Alterations in Treatment

- Pay attention to self-esteem:** may provide important information regarding the internalization of negative racial messages and vulnerability to depression (may be a precursor to depression)
- Anger:** an expected reaction to experiencing injustice; difficulty managing anger in everyday life may represent a reaction to racial stress
- Consider how microaggressions and microaggressive trauma manifest on all levels and negatively impact health
- Clinicians should **NOT** pathologize reactions resulting from racial/ethnic discrimination, but instead seek to highlight reactions which may indicate distress (context, context, context)

Nadal, Erazo, & King, 2019;  
Roberson & Carter, 2021

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## Alterations in Treatment

Conceptualizing Racism Through a Systemic Trauma Lens: Impacts on Black College Students

Tiffany R. Williams<sup>1</sup>, Tanesha L. Walker<sup>2</sup>, and Whitney N. Wyatt<sup>1</sup>  
<sup>1</sup> Department of Psychology, Tennessee State University  
<sup>2</sup> College of Health and Human Services, University of Toledo

- 1: Assessment and Stabilization:** Culturally-Informed, Contextual Interview, assessing racial/ethnic stress/trauma
- 2: Desensitization:** CBT, PE-PC, fACT, Exposure-Based approaches
- 3: Reprocessing:** Meaning making, Post-traumatic Growth
- 4: Psychological Decolonization:** Addressing Colonial Mentality (e.g., internalization of racism impacting trauma response; consider stereotype threat)
- 5: Social Action:** range of strategies or activities that are of interest to the pt, such as activism, sharing trauma stories, community involvement, or connecting with spiritual or religious practices

Williams, Walker, & Wyatt, 2021

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## Let us not forget

- Change at the clinician level is a start but not enough
- Organization AND system level change needed
- At the clinician level, one approach = cultural humility
  - Facilitate dialogue about the impact of race and racism on a person's health
  - Examine their (clinician) own biases, assumptions, and role in perpetuating racist behaviors and narratives
  - Develop comprehensive case conceptualizations and needs assessments that more accurately reflect individual experiences and acknowledge the diversity within a community
- Can facilitate an anti-racist framework
  - Ensures that clinicians do not dismiss, negate, or intellectualize patients' experience of racism

Akerele, McCall, & Aragam, 2021

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## Putting Knowledge/Awareness into Practice...

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- “We look for medicine to be an orderly field of knowledge and procedure. But it is not. It is an imperfect science, an enterprise of constantly changing knowledge, uncertain information, fallible individuals, and at the same time lives on the line. There is science in what we do, yes, but also habit, intuition, and sometimes plain old guessing. The gap between what we know and what we aim for persists. And this gap complicates everything we do.”  
— Atul Gawande, MD, MPH



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**21<sup>st</sup> Century Healthcare**

**Consider these statistics from the U.S. Census Bureau:**

- In 2043, the so-called “minority” (minoritized) populations will become the majority in the United States.
- By 2060, nearly one in three Americans will be Hispanic (the term used by the U.S. Census), up from one in six today. The Hispanic population will more than double, to 128.8 million.

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**21<sup>st</sup> Century Healthcare**

Consider these statistics from the U.S. Census Bureau:

- The percentage of African Americans will increase to 14.7 percent — 61.8 million — in 2060.
- Asian Americans will double to 34.4 million in 2060, comprising 8.2 percent of the total population.
- The number of international migrants is expected to grow by 41.2 million.
- The U.S. population is aging. By 2060, the number of Americans age 65 and over is expected to double to 92 million. Those 85 and older will make up 4.3 percent — 18.2 million — of the overall population.

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**So what have we been doing?**

- Increase cultural competence to improve health disparities
- Recruit ethnic minority faculty/trainees
- W.K. Kellogg Foundation and U.S. Agency for Healthcare and Research Quality (AHRQ)
  - Report: “Missing Persons: Minorities in the Health Professions” (2003)
    - Health care not keeping up with changing patient demographics

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**Cultural Competence – What is it?**

- Aims to address health disparities in how care is delivered
- Focus is on the acquisition of knowledge, skills and behaviors (assumes lack of this)
- Stakeholder: typically only the clinician
- Cultural competency is a tool for leveling imbalanced patient-provider power dynamics.

Fisher-Borne et al., 2015

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**Cultural Competency and Health Care Training Programs**

Example:

- 1) Self-awareness, which refers to developing an understanding of one's own cultural background and the ways in which it influences personal attitudes, values, and beliefs;
- 2) Knowledge, which refers to learning about the worldviews of individuals from diverse cultural backgrounds, and
- 3) Skills, which refers to utilizing culturally appropriate interventions (Sue, Arredondo, & McDavis, 1992; Sue et al., 1982; Sue & Sue, 2012).

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**Cultural Competency and Health Care Training Programs**

- Focus on mastery – moving through steps
- Completing/doing tasks during a patient visit

**Competence**  
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**Cultural Competence only goes so far...**

- Assumes that healthcare providers can 'learn a quantifiable set of attitudes and communication skills' that will allow them to work effectively within the cultural context of the patients they come across'..
- A series of dos and don'ts
- Checklist of cultural practices
- Reinforces stereotypes rather than going beyond stereotypes

Prasad et al., 2016; Rajaram & Bockrath, 2011

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**Cultural Competence only goes so far...**

- Criticisms:
  - The focus on comfort with others frames as self-awareness
  - The use of 'culture' as ethnic group identity
  - Emphasis on attempting to becoming competent in understanding another's culture
  - Lack of transformative social justice agenda that addresses and challenges social inequalities

Fisher-Borne et al., 2015

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**Let's talk about Cultural Humility**

- What is it? A few definitions...
- *The truly competent provider [physician/BHC/APP] is one who sits down, senses the "mystery" of another human being and offers with an open hand the simple gifts of personal interest and understanding (Maizes et al., 2009, p. 281).*

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### 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 patient” (Hook, Davis, Owen, Worthington, & Utsey, 2013, p. 354).

Hook et al., 2016

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### Cultural Humility

- “...a process of being aware of how people’s culture can impact their health behaviors and in turn using this awareness to cultivate sensitive approaches in treating patients...”

Prasad et al., 2016

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### Lack of Cultural Humility

- Lack of awareness of our cultural perceptions introduces the risk of subconscious imposition of our beliefs during patient interaction

Prasad et al., 2016

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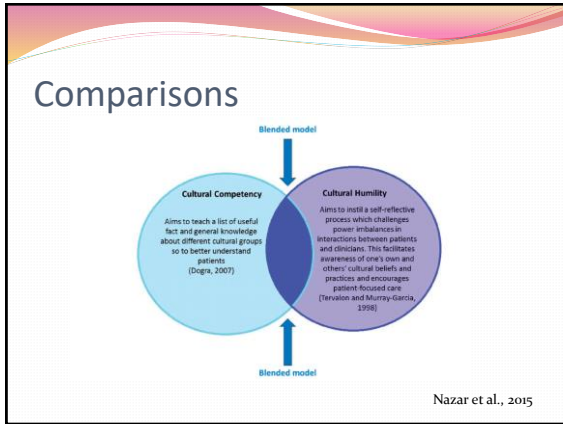
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## How do I do this?

- Requires self-reflection, self-questioning, and self-critique to confront biases and assumptions
- Allows room to appreciate someone's culture
- Individualized patient care
  - Consider a patient's personal beliefs rather than attempting to place them under a cultural label
  - A person cannot begin to understand the makeup and context of another person's life without being aware and reflective of their own background and situation first.

Prasad et al., 2016

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## Cultural Humility: How do you start?

1. **Realize we move between several different cultures – often without even thinking about it.**
  - Though the term “culture” is often used when describing different ethnic or religious affiliations, most people experience and participate in different cultures just by moving through their daily lives.
2. **Cultural humility requires historical awareness.**
  - In order to practice true cultural humility, a person must also be aware of and sensitive to historic realities like legacies of violence and oppression against certain groups of people.

Sufirin, 2019

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## Cultural Humility: How do you start?

### Questions to ask yourself

- What are my cultural identities?
- How does my cultural identity shape my worldview?
- What are my initial reactions to patients who are different than me?
- How much do I value input from my patients?
- What do I learn about myself through listening to patients who are different than me?

### Questions to address power imbalances

- What social and economic barriers impact a patient's ability to receive effective care?
- What specific experiences are my patients having that are related to oppression and/or larger systemic issues?
- How do my practice behaviors actively challenge power imbalances and involve marginalized communities?
- How do I extend my responsibility beyond individual patients and advocate for changes in local, state, and national policies and practices?

Fisher-Borne et al., 2015

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## Cultural Humility in Practice

- **3. Engagement in the humanities (e.g., literature, art, or poetry)**
  - Reading a book (or watching a film) that explores another culture may enable us to reflect on our own reactions to the content of the book, rather than simply learning about another culture's practices
  - Reflective writing or group discussions after reading

Prasad et al., 2016

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## Example

- Book: "Just Like Us: The True Story of Four Mexican Girls Coming of Age in America" By Helen Thorpe
- Summary: A powerful and moving account of four young women from Mexico who have lived most of their lives in the United States and attend the same high school. Two of them have legal documentation and two do not. *Just Like Us* is their story.

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## Cultural Humility in Practice

- 4) **Be aware of cultural differences that may exacerbate the existing power differential** of the patient-provider relationship and how those may be accentuated by social identities (e.g., ethnic majority provider working with a racial/ethnic minoritized patient)
- 5) **Regulate one's sense of superiority to avoid assumptions** that may lead to identity offenses. Instead, cultivate an attitude of openness, curiosity, and interest in the patient's perspective including proactively checking in with the patient regarding his or her cultural perspective (not using preconceived cultural identify labels)

Hook et al., 2016

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## H.U.M.B.L.E. Model

- H: Humble about the assumptions you make
- U: Understand your own background and culture
- M: Motivate yourself to learn more about the other person's background
- B: Begin to incorporate this knowledge into your work
- L: Life-long learning
- E: Emphasize respect and negotiate plans

Borkan et al., 2008

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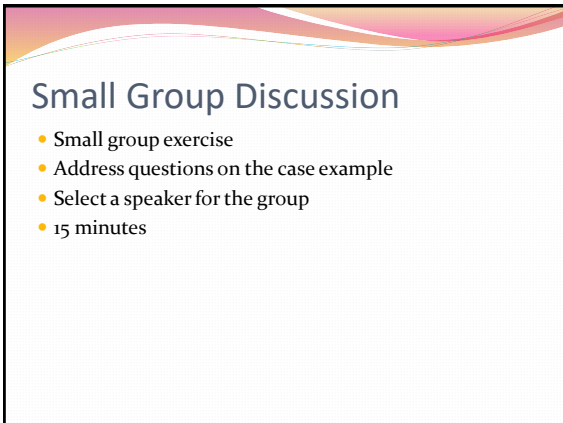
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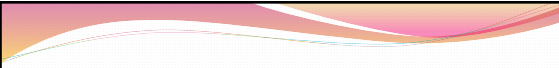
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## Summary

- Inequality and racism is a human generated problem – and can be changed
- One (of many) approaches to address inequality and racism: cultural humility (micro and macro levels)
- Cultural humility is an alternative to cultural competence
- Challenges us to ask the difficult questions rather than reducing people to a set of norms we have learned
- Begin to reflect – incorporate it as part of professional identity and development

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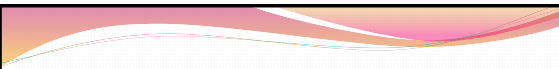
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Please complete your evaluation!

Thank you!

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## References

- Available upon request

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