# Centering Cultural Humility in Psychiatric Education

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# Disclosures

The following industry relationships are germane to my presentation:

Oxford University Press (royalties as book editor)

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# Course Objectives

At the end of this presentation, participants will be able to:

1) Define Inequities in Mental Health, Racism, and Anti-Racism;

2) Compare and contrast the concepts of Cultural Competence and Cultural Humility;

3) Identify three ways to incorporate Cultural Humility and Anti-Racist approaches in their clinical practice, education, and workplace.

# Outline

- Coming from “I”:
  - Point of View
- Progressing to “We”:
  - Incorporating Cultural Humility and Anti-Racism Frameworks
- Becoming “Us”:
  - Building a Culturally Humble, Anti-Racist framework in our workplace, clinic, and educational cultures

*Inspiration: Michelle Obama’s Becoming*

# Coming from “I”: A personal journey

# Coming from "I": ADDRESSING Cultural Identity and Intersectionality

## Categories

## Dominant Groups

*Addressing cultural complexities in practice: assessment, diagnosis, and therapy*. Pamela Hays. 3rd edition. Washington DC: American Psychological Association, 2016.

# Coming from "I": ADDRESSING Cultural Identity and Intersectionality

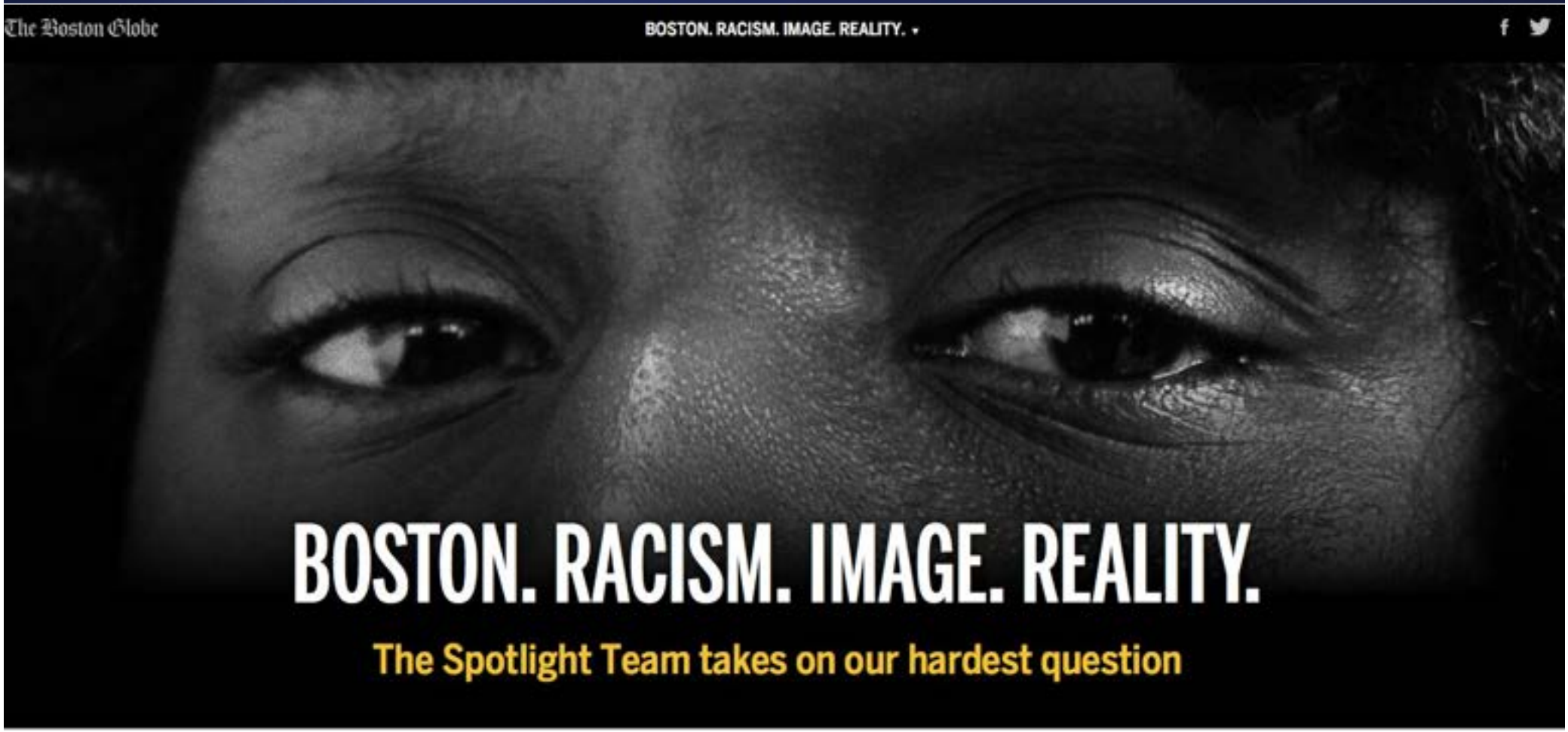
| Categories | Dominant Groups |
| --- | --- |
| **A**ge and Generational Influences | • Adults |
| **D**evelopmental or other **D**isabilities | • No developmental or acquired disabilities |
| **R**eligion and spiritual orientation | • Christian |
| **E**thnicity and Racial Identity | • White |
| **S**ocioeconomic status | • Middle or upper class |
| **S**exual orientation | • Heterosexual |
| **I**ndigenous heritage | • Not of indigenous heritage |
| **N**ational origin | • American |
| **G**ender Identity | • Cisgender Male |

*Addressing cultural complexities in practice: assessment, diagnosis, and therapy*. Pamela Hays. 3rd edition. Washington DC: American Psychological Association, 2016.

Question to ponder:

How do we progress to “We” ?

# Progressing to “We”:
# Boston Globe: Spotlight Series



# Progressing to "We": Racism and Anti-Racism

*"Racism* is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race")

- that unfairly disadvantages some individuals and communities,
- unfairly advantages other individuals and communities,
- and saps the strength of the whole society through the waste of human resources."



Jones CP. *Ethn Dis*. 2018;28

# Progressing to "We": Racism and Anti-Racism

"This definition of racism as a *system* (rather than an individual character flaw, personal moral failing, or psychiatric illness) helps start conversations because we are no longer trying to divide the room into who is racist and who is not.

By acknowledging that racism saps the strength of the whole society, we recognize that we all have "skin" in the game to dismantle this system and put in its place a system in which all people can know and develop to their full potentials."

Jones CP. *Ethn Dis*. 2018;28

# Progressing to “We”:
# Boston Globe: Spotlight Series

# Progressing to "We": Disparities In Mental Health

"Disparities are differences in health care services received by two groups that are **not due to differences in underlying health care needs or preferences** of members of the groups."

Institute of Medicine: *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (2003)

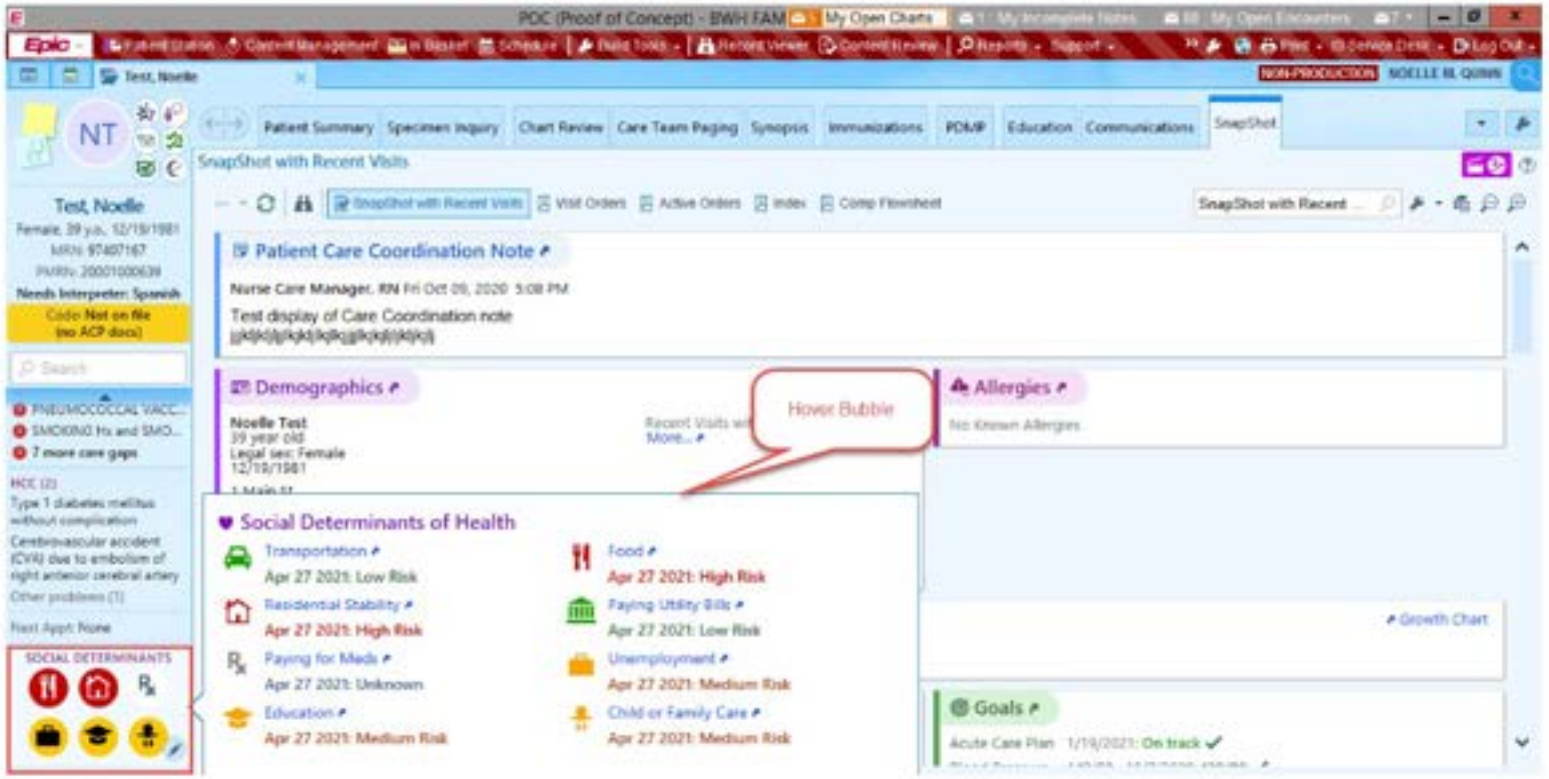
# Progressing to "We": Time to talk about Mental Health Inequities

# Progressing to "We": Time to talk about Social Determinants of Mental Health

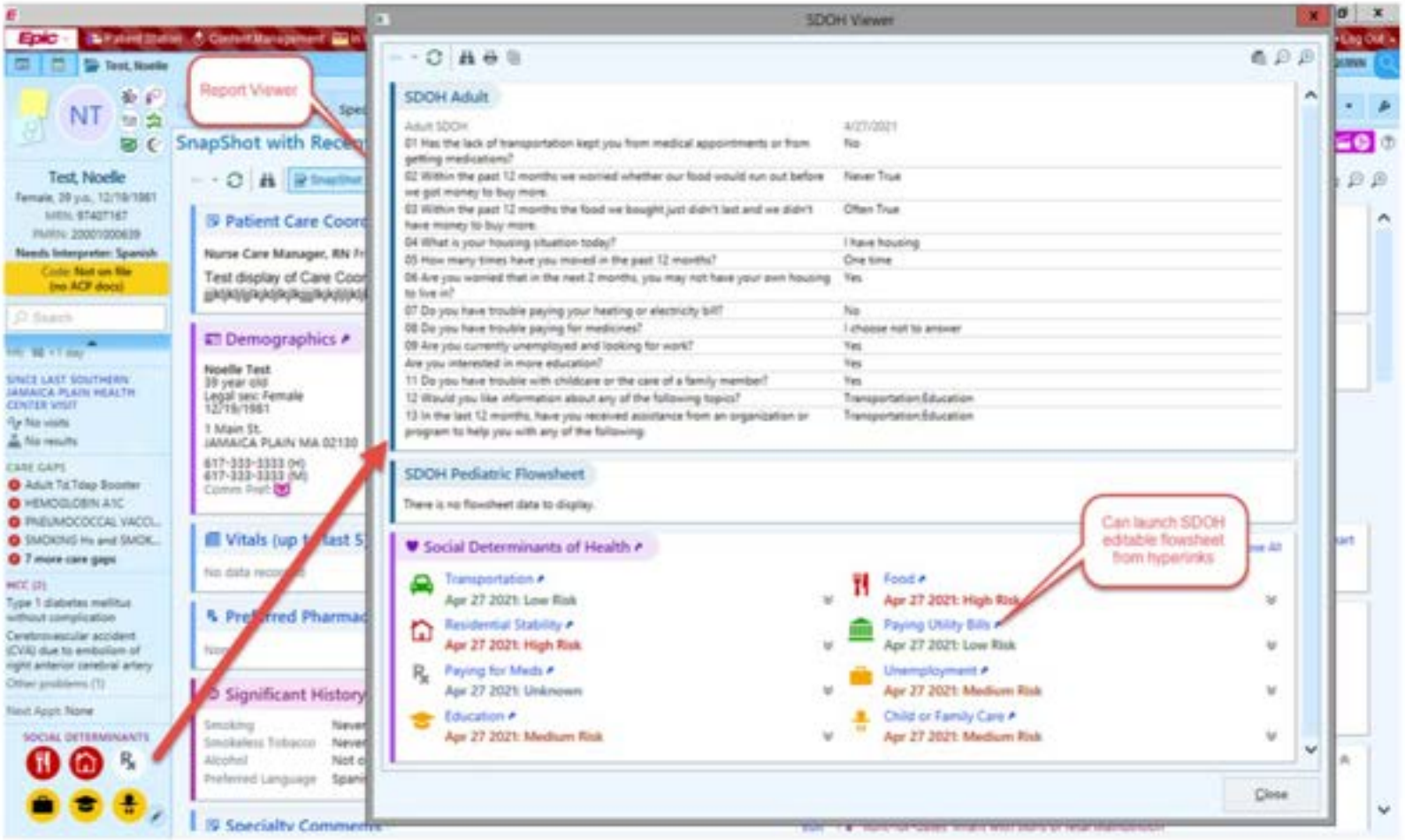

Shim RS, Compton MT. The social determinants of mental health: psychiatrists' roles in addressing discrimination and food insecurity. Focus. 2020 Jan;18(1):25-30.

# Progressing to “We”: Time to talk about Social Determinants of Mental Health

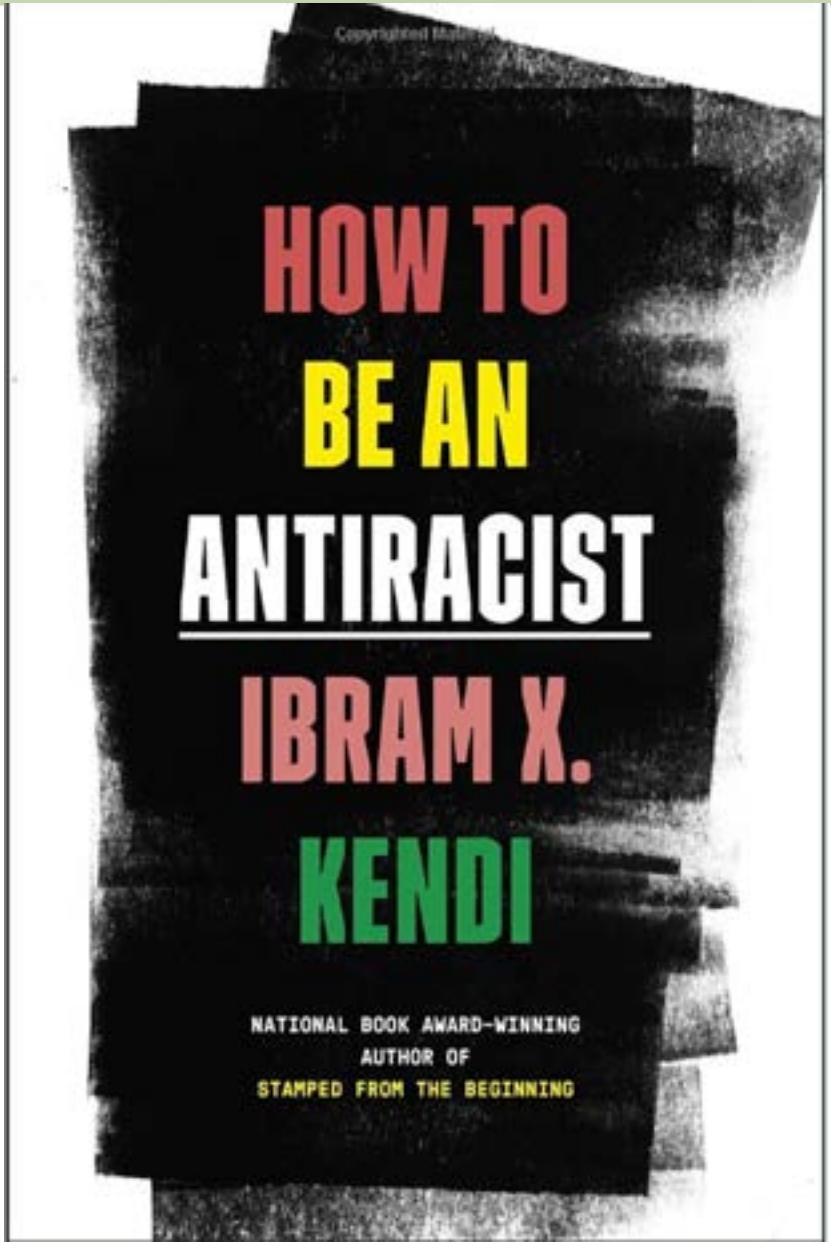
## Social Determinants Of Health (SDOH) Storyboard



# Progressing to “We”: Time to talk about Social Determinants of Mental Health



# Progressing to "We": Anti-Racism



# Progressing to "We": Anti-Racism

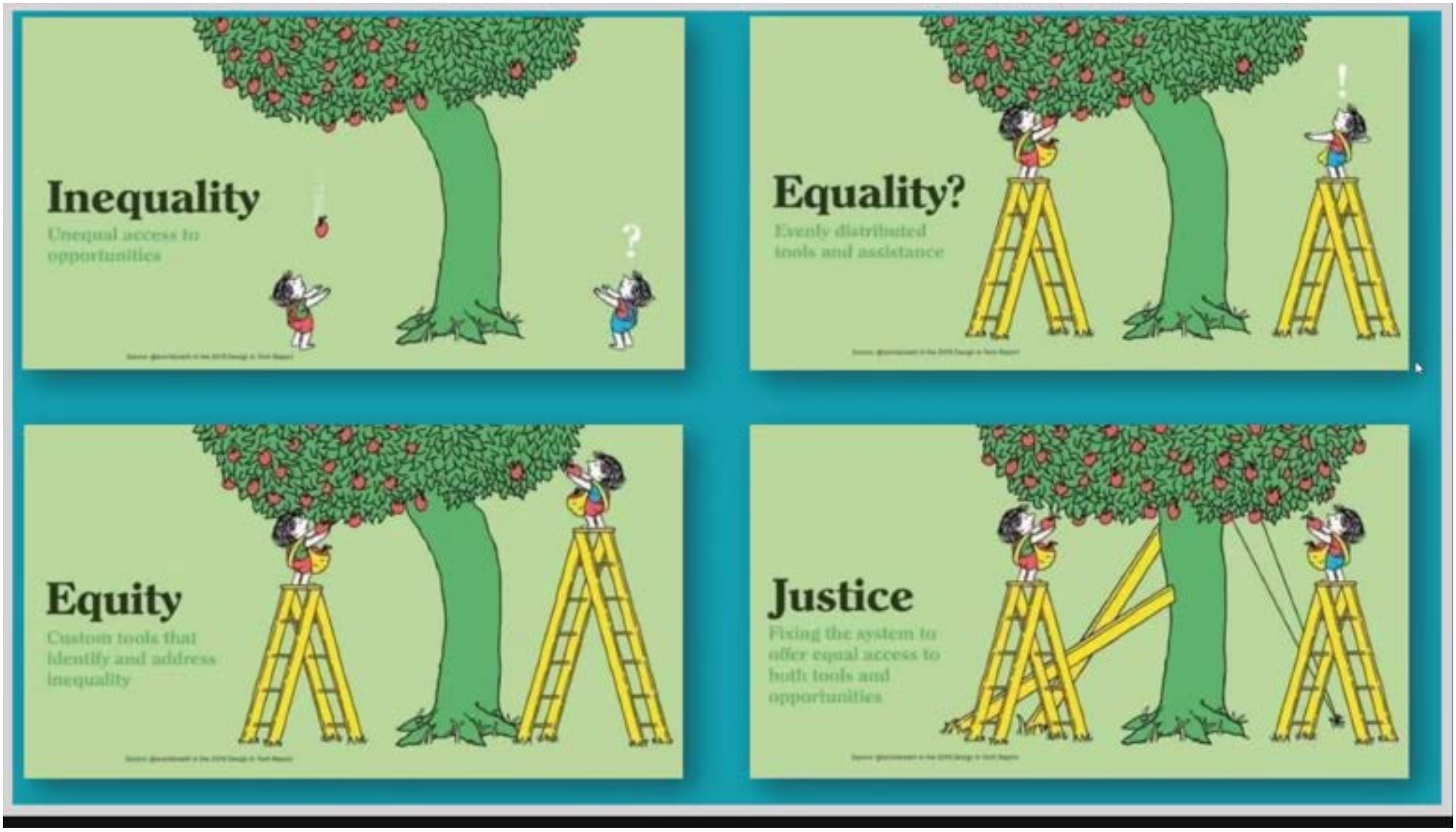
"*Antiracism* is a powerful collection of *antiracist policies* that lead to racial equity and are substantiated by antiracist ideas…

An *antiracist idea* is any idea that suggests the racial groups are equals in all their apparent differences—that there is nothing right or wrong with any racial group…

*Racism* is a powerful collection of racist policies that lead to racial inequity and are substantiated by racist ideas."

https://www.penguin.co.uk/articles/2020/june/ibram-x-kendi-definition-of-antiracist/

# Progressing to "We": Diversity, Equity, and Inclusion



Question to ponder:

What can we do to reduce inequities in mental health?

# Progressing to “We”:
# What can we do to reduce inequities in Mental Heath?

## Clinical Practice

## Education

## Research

## Advocacy

# Progressing to "We": From Cultural Competence to Cultural Humility

Cultural competency:

"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."

https://nccc.georgetown.edu/curricula/culturalcompetence.html

# Progressing to "We": From Cultural Competence to Cultural Humility

Limits to cultural competency:

- Knowledge-based vs attitude-based
- Can lead to stereotyping
- Ignores power dynamics between clinician and patient
- "Othering" of patients with marginalized identities.



Trinh et al, 2020. *Psychosomatics.*

# Progressing to "We": From Cultural Competence to Cultural Humility

What do we need?

"…a more nuanced perspective, which includes a focus on multiple intersecting identities and an acknowledgment of intrapersonal, interpersonal, and societal influences on the lives of our patients."

Sue DW, *J Couns Psychol 1994*.

# Progressing to "We": From Cultural Competence to Cultural Humility



## CULTURAL HUMILITY VERSUS CULTURAL COMPETENCE: A CRITICAL DISTINCTION IN DEFINING PHYSICIAN TRAINING OUTCOMES IN MULTICULTURAL EDUCATION

**MELANIE TERVALON,** MD, MPH
*Children's Hospital Oakland*
**JANN MURRAY-GARCÍA,** MD, MPH
*University of California, San Francisco*

*Abstract: Researchers and program developers in medical education presently face the challenge of implementing and evaluating curricula that teach medical students and house staff how to effectively and respectfully deliver health care to the increasingly diverse populations of the United States. Inherent in this challenge is clearly defining educational and training outcomes consistent with this imperative. The traditional notion of competence in clinical training as a detached mastery of a theoretically finite body of knowledge may not be appropriate for this area of physician education. Cultural humility is proposed as a more suitable goal in multicultural medical education. Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations.*

*Key words: Medical education, minority populations, multicultural, racism, underserved populations.*

The increasing cultural, racial, and ethnic diversity of the United States compels medical educators to train physicians who will skillfully and respectfully negotiate the implications of this diversity in their clinical practice. Simultaneously, increasing attention is being paid to nonfinancial barriers that operate at the level of the physician/patient dynamic. This dynamic is often compromised by various sociocultural mismatches between patients and providers, including providers' lack of knowledge regarding patients'

*Received December 13, 1996; revised June 26, 1997; accepted June 26, 1997.*

# Progressing to "We": From Cultural Competence to Cultural Humility

*Cultural humility* expands on cultural competence and is defined as the "ability to maintain an interpersonal stance that is open in relation to aspects of cultural identity that are most important to the patient."

Hook et al, *J Couns Psychol* 2013.

# Progressing to "We": From Cultural Competence to Cultural Humility

Cultural Humility:

- Attitude-based vs. knowledge-based;
- Focused on respect and a lack of superiority with regards to the patient's culture;
- Minimizes power imbalances AND patient-focused.

Trinh et al, 2020. *Psychosomatics.*

# Progressing to "We": Clinical Strategies: DSM 5

- Outline for Cultural Formulation (OCF)

APA 2000, 2013

- Cultural Formulation Interview (CFI)

APA 2013

# Progressing to "We": DSM 5 Outline for Cultural Formulation

## Overall cultural assessment (for diagnosis and care)

"Summarize the implications of the components of the cultural formulation...for diagnosis...as well as appropriate management and treatment intervention."

- *Process*:

  Negotiate and manage a treatment plan to maximize adherence

- *Content:*

  Biological (western treatments, "alternative" therapies)
  Psychological (including treatment expectations)
  Sociocultural
  (Family, Community, Spiritual/religious beliefs/practices)

# Progressing to ”We”: MGH/McLean Sociocultural Series

Academic Psychiatry
https://doi.org/10.1007/s40596-021-01491-2

EDUCATIONAL CASE REPORT

## Sociocultural Psychiatry: Developing and Implementing a Residency Curriculum

Justin A. Chen[1] · Christine Crawford[2] · Micaela Owusu[2] · Aava Bushra Jahan[1] · Veronica Faller[1] · Christopher Palmer[3] · Nhi-Ha Trinh[1]

Received: 22 December 2020 / Accepted: 13 May 2021


The USA continues to grow more diverse. Racial and ethnic minorities are projected to contribute to a 90% increase in population by 2050 [1]. Growing diversity provides the opportunity to develop greater understanding regarding the nu-

population is necessarily limited. This understanding has resulted in a shift toward more attitudinally based concepts such as “cultural humility” [6]. Cultural humility emphasizes intercultural communication skills, respect, and lack of superiority re-



Chen JA et al. Acad Psychiatry 2021.

# Progressing to ”We”: MGH/McLean Sociocultural Series

Longitudinal Series for Adult Psychiatric Trainees:

- PGY1: Cultural Self-Assessment
- PGY2: Foundations of Sociocultural Psychiatry
- PGY3: Ethical and Clinical Dilemmas in Psychiatry



Chen JA et al. Acad Psychiatry 2021.

# Progressing to ”We”: MGH/McLean Sociocultural Series

Results from 2020 PGY1 Survey:



**Table 2** Sociocultural series: resident evaluations

| Question number | Question text (note: numerical results are from PGY-1s only) | Pre-survey average | Post-survey average | *P* value |
|---|---|---|---|---|
| 1 | How confident are you in your ability to define the concepts of culture, minority status, and privilege? | 3.50 | 3.94 | 0.168 |
| 2 | How confident are you in your ability to describe your own cultural identity? | 4.06 | 4.38 | 0.173 |
| 3 | How confident are you in your ability to feel comfortable interacting with people of diverse backgrounds (e.g., different ages, gender identity, ethnicities, sexual orientation, English language skills, socioeconomic statuses)? | 3.69 | 4.13 | 0.130 |
| 4 | How confident are you in your ability to recognize the assumptions you have or make about different groups of people? | 3.38 | 3.94 | 0.0575 |
| 5 | How confident are you in your ability to identify the influence of stereotypes on your thoughts, feelings, and behaviors toward different groups of people while providing patient care or education? | 3.44 | 3.81 | 0.232 |
| 6 | How confident are you in your ability to elicit a patient's perspectives of illness, healing, and medication therapy during a patient encounter? | 3.06 | 3.63 | 0.00742 |

Chen JA et al. Acad Psychiatry 2021.

# Progressing to ”We”: Teaching Sociocultural Psychiatry

# Progressing to ”We”: Cultural Sensitivity 101

CULTURE & MENTAL HEALTH SERVICES

## Lessons Learned: Developing an Online Training Program for Cultural Sensitivity in an Academic Psychiatry Department

Nhi-Ha Trinh, M.D., M.P.H., Cayla O'Hair, B.A., Shubh Agrawal, M.Ed., C.A.S., Taquesha Dean, B.A., Anne Emmerich, M.D., David Rubin, M.D., Janet Wozniak, M.D.

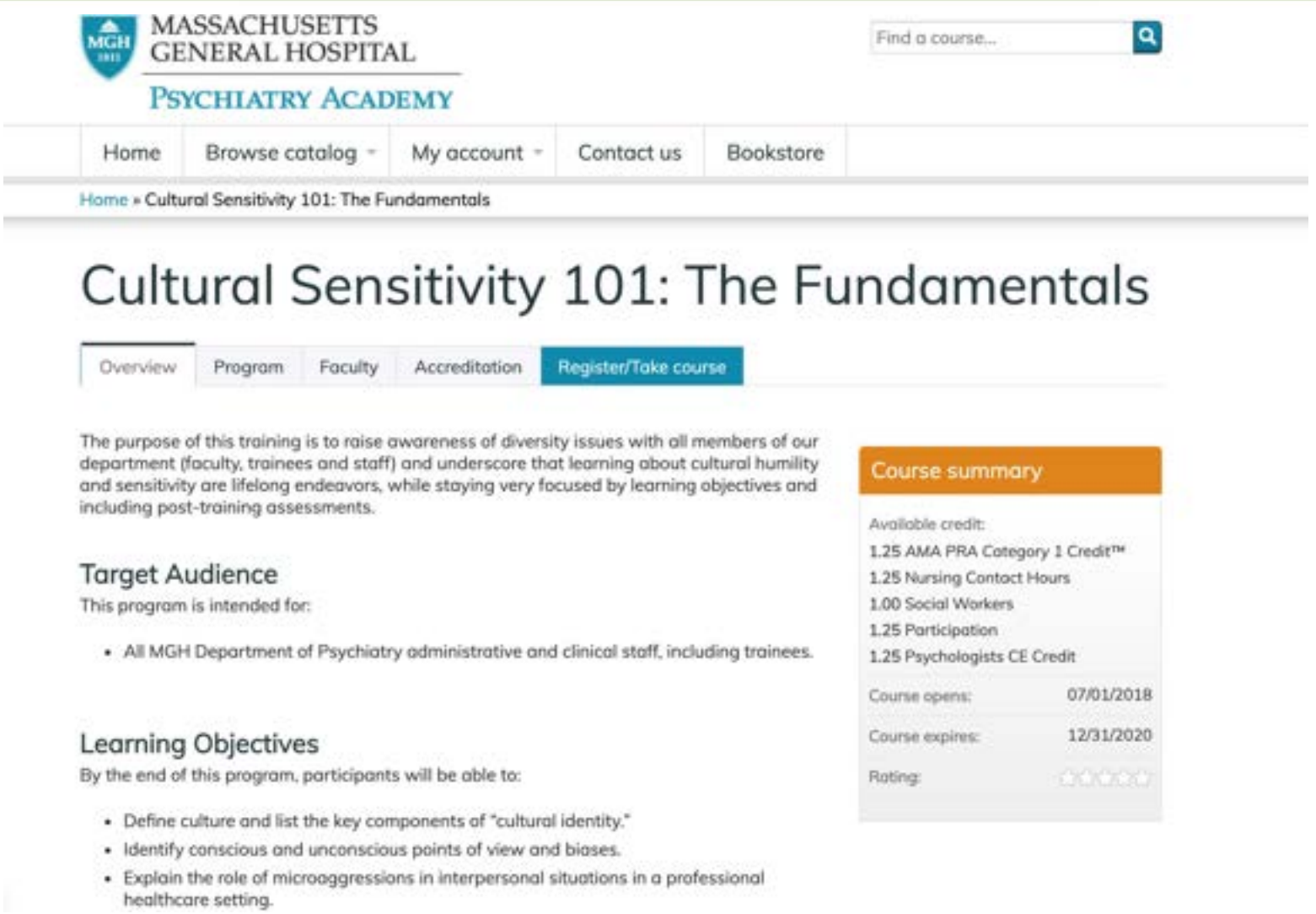
This column describes the development and impact of an innovative three-part online cultural sensitivity training program for faculty and staff of an academic medical center's psychiatry department. The goal of the training was to equip faculty and staff with skills to address issues of diversity in their clinical practice. Three online modules were offered. Evaluations after the second module suggested that participants felt most comfortable interacting with people of diverse backgrounds and least comfortable intervening after witnessing a microaggression. Participants found the modules to meet the learning objectives and the technology to be user friendly. Future directions include embedding cultural humility and antiracism frameworks within department practices and policies.

*Psychiatric Services 2021; 00:1–4; doi: 10.1176/appi.ps.202000015*



Trinh NH et al, Psychtr Serv 2021

# Progressing to ”We”: Cultural Sensitivity 101






Trinh NH et al, Psychtr Serv 2021.

# Progressing to ”We”: Cultural Sensitivity 101

**BOX 1. CULTURAL SENSITIVITY 101: ONLINE MODULES**

**Module 1: Introduction to Cultural and Ethnic Assessment**

Introduction to cultural history and assessment
Introduction to *DSM–5* tools: Outline for Cultural Formulation (OCF) and Cultural Formulation Interview (CFI)

**Module 2: Cultural Sensitivity 101**

Cultural identity as a multidimensional construct
Implicit biases in interactions
Addressing microaggressions in the workplace
Case vignette reviewing the *DSM–5* OCF and CFI

**Module 3: Cultural Assessment and Clinical Considerations**

Two case vignettes to provide practice in taking a cultural history using the *DSM–5* OCF and CFI



Trinh NH et al, Psychtr Serv 2021

# Progressing to ”We”: Cultural Sensitivity 101

- Participants:
  - 271 participants (clinical faculty) completed the first module
  - 333 participants (clinical faculty and staff) logged into the second module
  - 106 (clinical faculty) logged into the third module.

- At the end of the second module, 304 of the 333 participants completed the voluntary program evaluation.
  - 304 (93% faculty, 6% staff) participants
  - 77% identified as White, 12% as Asian, 4% as Black, 6% as Latinx.



Trinh NH et al, Psychtr Serv 2021.

# Progressing to ”We”: Cultural Sensitivity 101

After second module:

- Respondents endorsed the module as useful and the learning objectives as met;

  (n=304, 4.29 +/- 1.10, 5-point Likert scale)

- Participants rated the technology as user friendly;

  (n=304, mean +/- SD 4.16 +/- 1.20 on a 5-point Likert scale)

- A majority (n=271 or 89%) of participants reported they would change their practice based on these modules.



Trinh NH et al, Psychtr Serv 2021.

# Progressing to ”We”: Cultural Sensitivity 101

- Participants felt most confident in their ability to interact with people from diverse populations, but they felt least comfortable with how to intervene when witnessing a microaggression.
- In free-response feedback, participants indicated that they appreciated the focus on defining the terms “implicit bias,” “microaggressions,” and “microinvalidations.”

Clinical faculty (n=246) who completed the second module case vignette indicated:

- Moderate comfort with eliciting a patient’s perspective of illness (mean 67.7 +/-15.49 on a 100-point scale);
- Moderate comfort with eliciting patient’s perspective on healing, medication, and therapy during a patient encounter or consultation (mean 67.35 +/-15.38 on 0–100 scale).



Trinh NH et al, Psychtr Serv 2021

# Progressing to ”We”: Bias At the Bedside

- Hour-long workshop using ERASE framework:

**E**xpect mistreatment will happen;
**R**ecognize when mistreatment occurs;
**A**ddress the situation in real time;
**S**upport the trainee after the event;
**E**stablish a positive culture.

- Pre-work, facilitated breakouts with role-plays

- Large group discussion

Goldenberg et al, Acad Psych. 2019;
Faller V, Gerken AT et al (in prep)

Question to ponder:

How do we become “Us” ?

# Becoming "Us": What can we do to reduce Inequities in Mental Heath?

## Clinical Practice

Culturally Humble practices

DSM-5 OCF and CFI with *every* patient

## Education

Sociocultural Series for Trainees
Faculty Development: Cultural Sensitivity 101
Bias at the Bedside Workshops

## Research

Program evaluation

## Advocacy

Anti-Racism Strategic Planning

# Becoming "Us": Embarking on an Anti-Racism Strategic Plan

# Becoming "Us"

AMERICAN PSYCHIATRIC ASSOCIATION | ONLINE, MAY 1-3, 2021

APA DAILY

Reports on Annual Meeting sessions by the *Psychiatric News* team

MAY 3 | PSYCHIATRIC NEWS

## Incoming APA President Outlines Specific Plan to Address Social Determinants of Mental Health

**By Mark Moran**

The "normal" we left behind in March 2020 cannot be the world we return to when the COVID-19 pandemic subsides, said incoming APA President Vivian Pender, M.D., at the closing session of APA's online 2021 Annual Meeting.

"I begin my presidency amid multiple ongoing crises that have been exposed by a global pandemic—social, economic, environmental, and political," said Pender, who is focusing her presidential year on the social determinants of mental health. "[W]ith the slowing of the pandemic and increasing talk of 'getting back to normal,' there is another danger lurking—that we lose the perspective and vision that this pandemic has afforded us. This pandemic has revealed that previous ideas of normal were unacceptable for many people in this country. In too many places, what was considered normal fell far short of decent or adequate."

So what can individual psychiatrists and APA do to bring about meaningful change?

"We ask our patients to speak openly and honestly. Psychiatry also has to speak the truth. Psychiatrists must address the systemic disparities so that meaningful empathy and treatment are possible," said Pender.

"Psychiatrists are not economists, not politicians, nor Wall Street power brokers. But we do have collective experience and knowledge—as an organization of psychiatric physicians, we are experts in mental health and mental illness. And so we have the ability to focus our efforts where we can have the greatest impact—on population health and systems of care."

# Becoming "Us": Cultural Humility as lifelong work

- *Self assessment* about one's own cultural identity, values, prejudices, biases, etc.
- *Humility* about the limits of one's assessment and treatment knowledge/skills
- *Valuing diversity* via awareness of and sensitivity to cultural differences
- *Vigilance* towards the power dynamics that result from cultural differences
- *Responsiveness* to cultural differences via adaptation of assessment and treatment

# Becoming “Us”: Anti-Racism as lifelong work

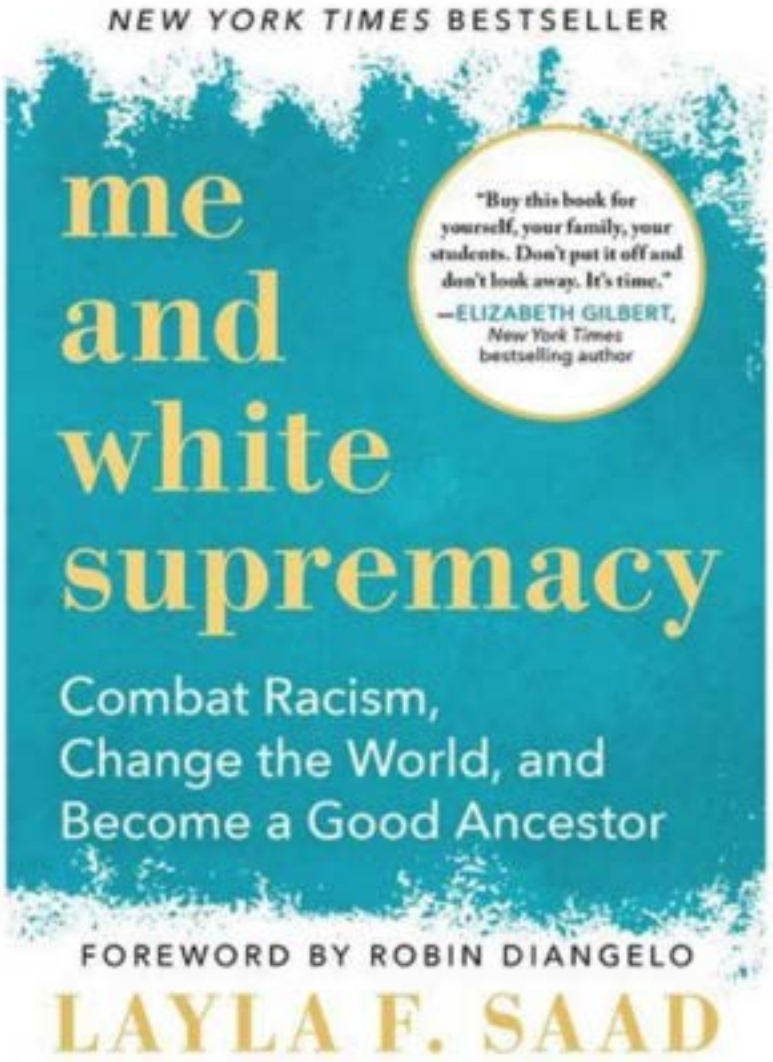
“Being antiracist results from a conscious decision to make frequent, consistent, equitable choices daily. These choices require ongoing self-awareness and self-reflection as we move through life.

In the absence of making antiracist choices, we (un)consciously uphold aspects of white supremacy and unequal institutions and society. Being racist or antiracist is not about who you *are*; it is about what you *do*."

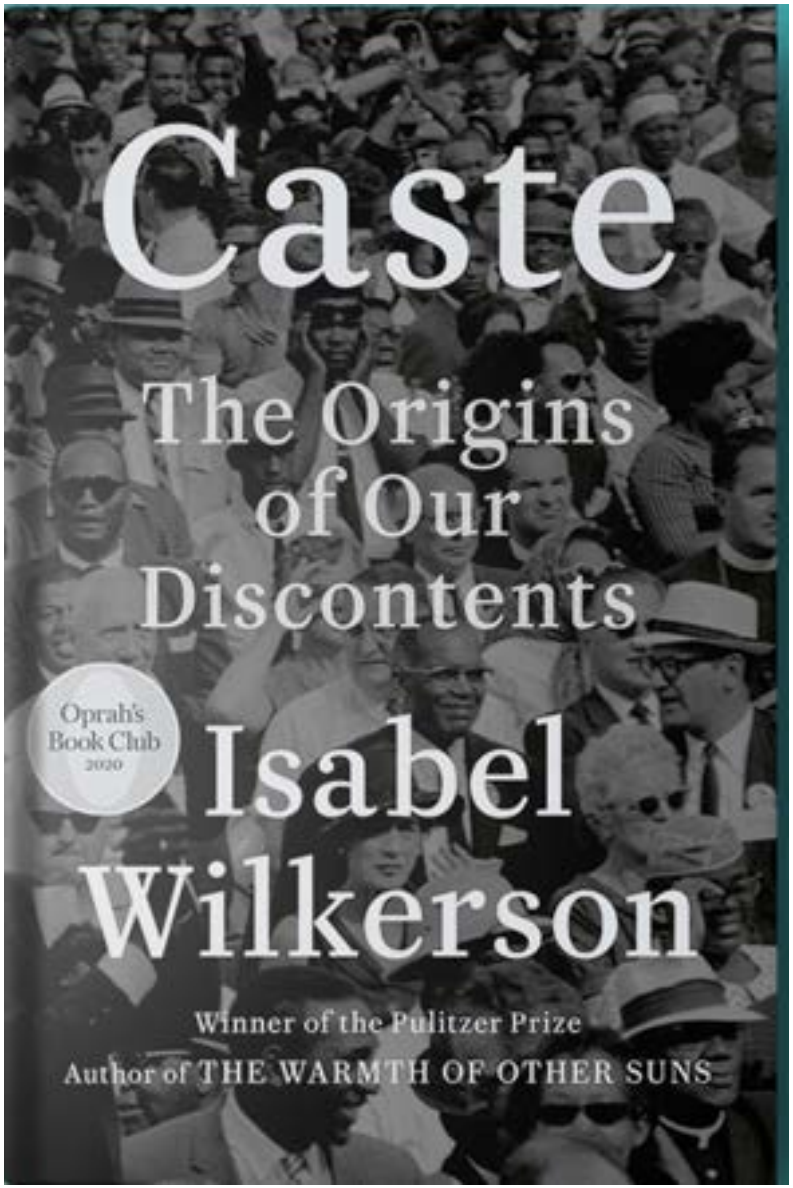
https://nmaahc.si.edu/learn/talking-about-race/topics/being-antiracist

# Becoming “Us”: Anti-Racism as lifelong work

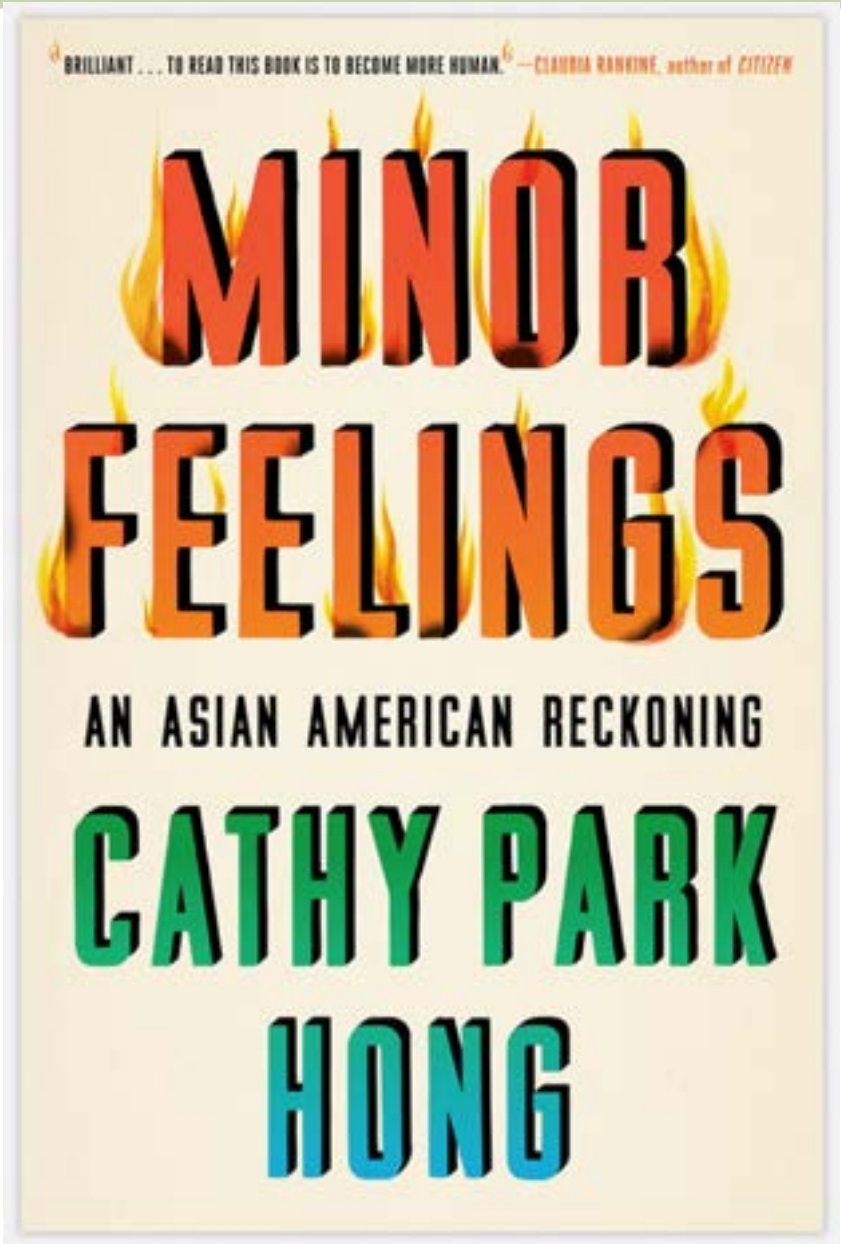
# Becoming “Us”: Start from the “I”



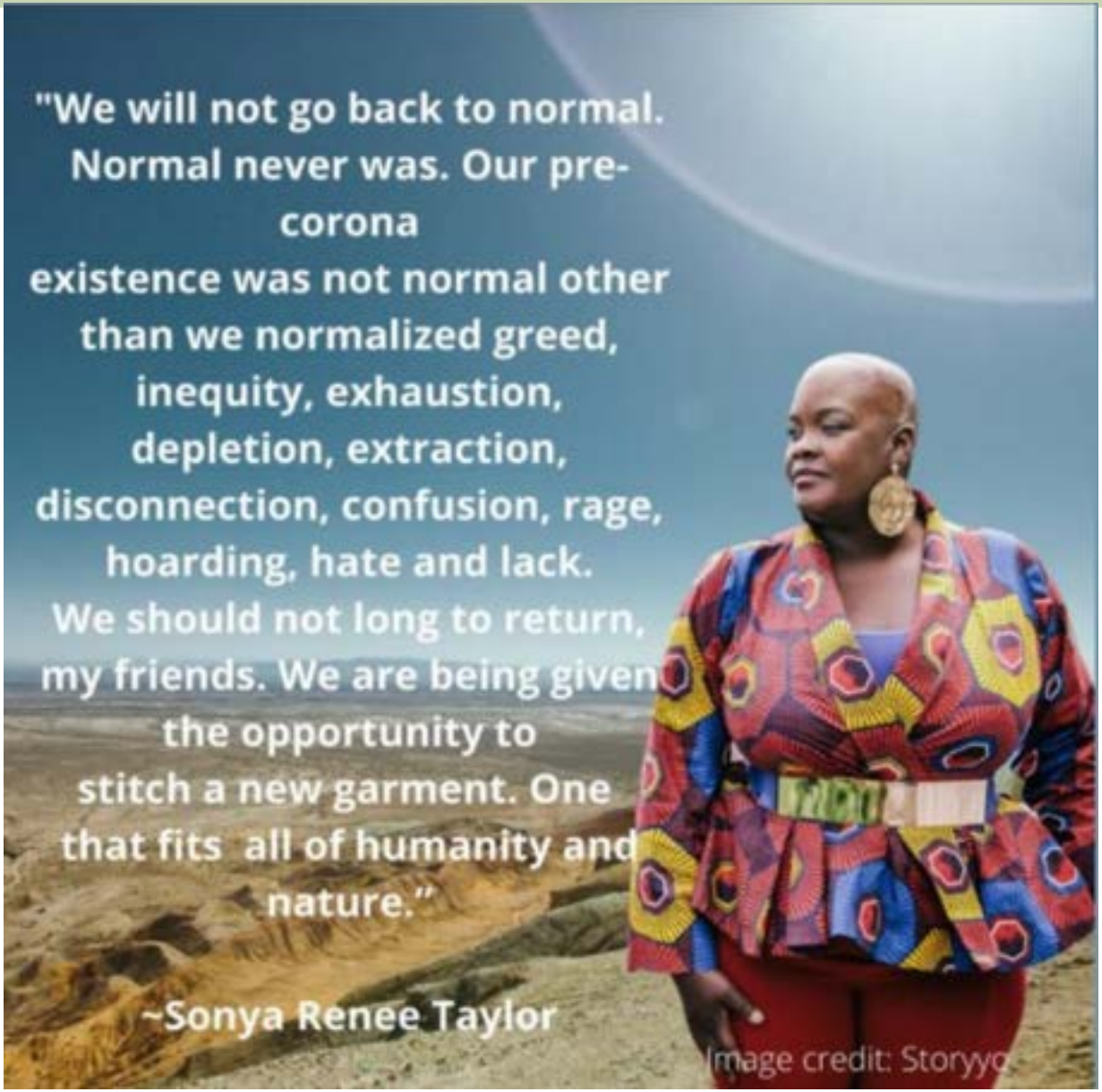
# Becoming “Us”: Start from the “I”



# Becoming “Us”: Start from the “I”



# Becoming “Us”: “A New Garment.”



# Summary

- Coming from the “I”

  *Lifelong process* of self-reflection

- Progressing to the “We”:

  Translating values and goals into action

- **Becoming “Us”:**

  **Golden Rule vs Platinum Rule**

# “What does justice mean to you?”

"Never forget that justice is what love looks like in public."

~ Professor Cornel West

# Thank you!

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