

Diversity Uplifts, Inc.

Strengthening Cultural Humility Dismantling Implicit Bias

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1

WHO IS IN THE ROOM TODAY?

Diversity Uplifts, Inc.

2

KEEP CALM
WE'RE
IN IT
TOGETHER

Diversity Uplifts, Inc.

3

RELEVANCE

Cultural Safety, Cultural Congruence and Implicit Bias:

- Affects Impact
 - Relationships between Provider and Clients (ex. consistency, engagement)
 - Services/Care of Clients
 - Effectiveness, Help vs. Harm (from microaggressions- abuse)
- Affects Morale- Relationships between Staff and Coworkers
- Affects Productivity- Relationships between Staff and Management/Supervisors



4

RELEVANCE

American Psychology Association (APA)
RESOLUTION AGAINST RACISM

- ...racism has been shown to have negative cognitive, behavioral, affective, and relational effects... to increase anxiety, depression, self-defeating thoughts and avoidance behaviors, and is linked to a host of medical complications in ethnic minority individuals...
- ...racism negatively affects the cognitive and affective development of members of the dominant group by perpetuating distorted thinking... can promote anxiety and fear in the dominant group members whenever they are in the presence of, or anticipating the presence of, marginalized group members, often leading to acts of hostility and aggression toward ethnic minority individuals;
- ... the American Psychological Association... will call upon all psychologists to speak out against racism, and take proactive steps to prevent the occurrence of intolerant or racist acts...


5

CONTINUUM OF CULTURAL COMPETENCY

Continuum of Cultural Competency

Cultural Destructiveness	Cultural Incapacity	Cultural Blindness	Cultural Pre-Competence	Cultural Competence	Cultural Proficiency
Forced assimilation, subjugation, rights and privileges for dominant groups only.	Racism, maintain stereotypes, unfair hiring practices.	Differences ignored, "treat everyone the same", only meet needs of dominant groups.	Explore cultural issues, are committed, assess needs of organization and individuals.	Recognize individual and cultural differences, seek advice from diverse groups, hire culturally unbiased staff.	Implement changes to improve services based upon cultural needs.


*Stages of Cultural Competence. T. Cross et al. Towards a Culturally Competent System of Care Washington, DC: Georgetown U., 1989

Cultural Humility


6

CULTURAL HUMILITY

- Knowing that your worldview is not the norm or “right”
- A perpetual state of listening, learning, adjusting to others in order to be as congruent as possible
- Allowing other’s culture to lead/guide/dictate how you engage
- Seeking to understand the client/patient’s perspective of their needs, their problem(s)
- Assuming that your client/patient has important knowledge to share with you, about their needs, symptoms, care plan, treatment, interventions
- A practice of tuning into your client/patient, as an individual, to help assess what they need, before making decisions



7

CULTURALLY SAFE SPACE

- Creating cultural safety requires:
 - Intentionality
 - Time to get to know and understand others
 - Trust/Rapport Building
 - Self-awareness
 - Cross-cultural knowledge
 - The ability to check in about how everyone is feeling, ongoing...



8

CULTURALLY BRAVE SPACES

Require:

- Intentionality
- Humility
 - There are no norms or right ways, just yours and others
 - Seeking to understand other’s worldview
 - Assuming that others know more about their own experiences and can teach you
- Vulnerability
 - To tell the true about what you’ve experienced
 - To share your feelings honestly
 - To acknowledge your mistakes or ignorance
- Willingness
 - To listen to other’s perspectives without defending against them
 - To share without projecting onto others
 - To be at times uncomfortable




9

AGREEMENTS

I Agree To:

- Listen and seek to understand other participant's worldview
- Seek to see from other participant's eyes, try to stand in their shoes
- Use reflective listening
- Speak honestly and focus on my own experiences
- Use "I" statements
- No blaming, no judging, no attacking of others
- Remember that everyone's exposure to topics varies, so it's expected that we won't all have the same understanding



10

HOW WOULD YOU DESCRIBE YOURSELF?

What's the most important aspect of yourself?




11

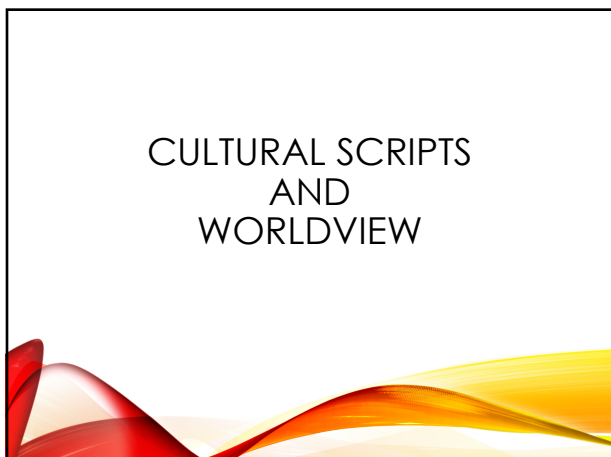
WHO YOU ARE VS. WHO PEOPLE PERCEIVE YOU TO BE

Projections vs. Reality and More

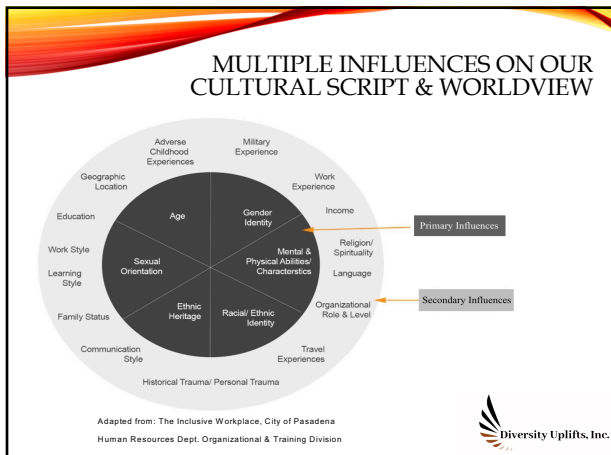
• Race and Ethnicity	• Sexual Orientation
• Religious/Spiritual Affiliation	• Age
• Political orientation	• Social class
• Biological sex	• Parental status
• Gender identity	• Education level



12



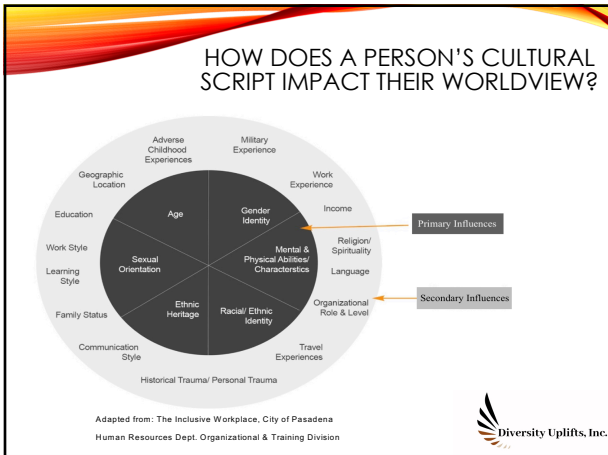
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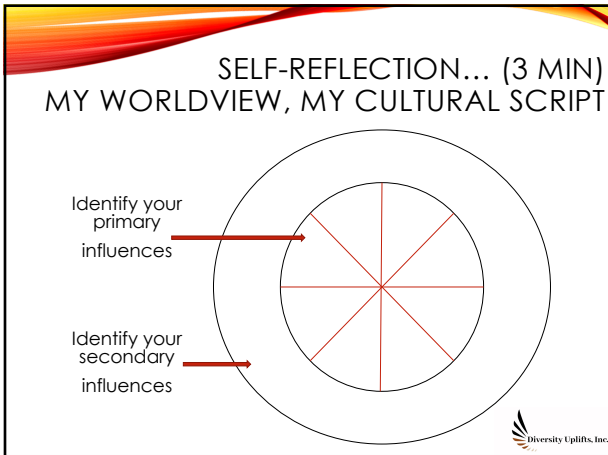
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15



16



17


DISCUSSION

Partner up. Identify 3 ways that your cultural script impacts your perceptions of others?
3 min each

18

**THE PSYCHOLOGY BEHIND
PREJUDICE, STEREOTYPING, BIAS**


- Schemas- mental process of organizing and categorizing new information based on previous knowledge
 - Ex. A car- it has 4 wheels, doors, seats, a steering wheel
 - Ex. Pregnant person is female, partnered...
- A normal mental process, helpful and essential
- Problem in social/human relations, categorization may be inaccurate and paired with value judgments
 - Ex. Men are rough, aggressive i.e. not nurturing parents



19

IMPLICIT VS. EXPLICIT BIAS


<p>Implicit Bias</p> <ul style="list-style-type: none"> • + or – • Subtle assumptions • Subconscious • Often favor our own ingroup or the dominant group • Don't necessarily align with our professed beliefs • Often developed in childhood 	<p>Impacts</p> <ul style="list-style-type: none"> • Eye contact • Physical proximity • Name judgements • Care decisions based on perceived competency • Often Microaggressions
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20

IMPLICIT VS. EXPLICIT BIAS


<p>Explicit Bias</p> <ul style="list-style-type: none"> • + or – • Gross assumptions • Overgeneralizations • Conscious 	<p>Impacts</p> <ul style="list-style-type: none"> • Harsh looks/Rolling eyes • Refusing to shake hands • Mocking names • Differential care • Micro & Macroaggressions
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21

DEFINITIONS


- **Prejudice**
 - Adverse, preconceived opinion of a group formed without sufficient knowledge or grounds.
 - Ex. Mothers w/ Medicaid more likely to use drugs
- **Stereotypes**
 - An often unfair and untrue belief that many people have about all people or things with a particular characteristic, such as gender, race, religion.
 - Asians are better parents than other groups
 - Men don't have the patience to care for babies
 - African Americans women are hostile and guarded
 - Teen mothers are truant and generally irresponsible



22

TYPES OF BIASES


- **Ethnocentrism**
 - Belief that one's own culture is the norm, evaluating other cultures based on your culture's values, standards, norms.
- **Bigotry**
 - Very strong opinions/beliefs on matters of religion, politics, ethnicity, sexual orientation; refusal to accept differing views.
- **Chauvinism**
 - Belief in the superiority of one's own gender, group, or kind.



23

TYPES OF BIASES

- **Ableism**- discrimination or prejudice against individuals with disabilities
- **Ageism**- prejudice or discrimination against a particular age-group and especially the elderly
- **Sizeism**- discrimination or prejudice directed against people because of their size and especially because of their weight
- **Heterosexism**- an ideological system which believes that heterosexuality is the "normal" sexual orientation
- **Homophobia**- an irrational fear of or aversion to homosexual individuals and lifestyles.




24

COMMON BIASES IN THE WORKPLACE

According to Raza (2016):

- **Halo Effect-** Allowing your judgment to be influenced by a particular trait (either positive or negative)
- **Affinity Bias-** The preference for those similar to ourselves or those perceived as part of our 'in-group'
- **Confirmation Bias-** When people tend to favor information that confirms their already established beliefs



25


IMPLICIT BIAS EXPERIMENT



26

REACTIONS TO THE VIDEO

- In your small group
- Discuss the following:
 - How you felt watching the video?
 - How does one's cultural/learned perspective influence how they might have reacted in the scenarios?
 - Identify/list the types of biases you observed.



27




BRINGING IT HOME

Examples from the Field ...



28

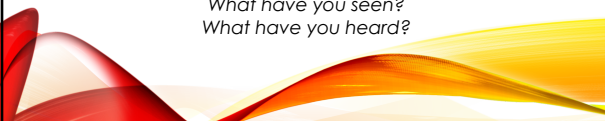


GROUP DISCUSSION


Think about the families and environments you work in.
How does implicit and/or explicit bias show up?
Consider various types of families and children.

DCFS involved, Incarcerated parent(s), Single parents, Teen mothers, families that are Black, Latinx, Indigenous/Native, LGBTQ+, Differently abled...

What have you seen?
What have you heard?

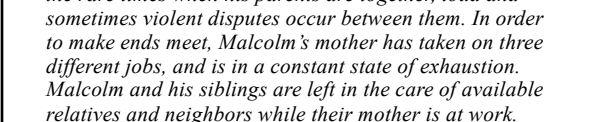


29



CASE STUDY #1

Malcolm (age 4) has been referred due to his emotional lability in pre-school including crying excessively, throwing food and toys, and frequent urinary accidents. Malcolm lives with his mother, his 8- and 6-year-old sisters, and his 10-month-old baby brother. His home life is turbulent, with a father who has not been a constant figure in his life, and a mother who struggles with depression but doesn't have the resources available to seek help. During the rare times when his parents are together, loud and sometimes violent disputes occur between them. In order to make ends meet, Malcolm's mother has taken on three different jobs, and is in a constant state of exhaustion. Malcolm and his siblings are left in the care of available relatives and neighbors while their mother is at work.



30

GROUP ACTIVITY/ DISCUSS

- What are your immediate concerns and/or assessments of Malcolm?
- What are your immediate concerns and/or assessments of the family?
- What interventions would you consider?
- What additional questions come up for you?

31

ADDITIONAL QUESTIONS


- What support for this child/family would change everything?
- How is the problem/issue an attempt at coping/resilience/survival?

32

CASE STUDY #2

Miguel (age 4) has been referred due to his emotional lability in pre-school including crying excessively, throwing food and toys, and frequent urinary accidents. Miguel lives with his mother, his 8- and 6-year-old sisters, and his 10-month-old baby brother. His home life is turbulent, with a father who has not been a constant figure in his life, and a mother who struggles with depression but doesn't have the resources available to seek help. During the rare times when his parents are together, loud and sometimes violent disputes occur between them. In order to make ends meet, Miguel's mother has taken on three different jobs, and is in a constant state of exhaustion. Miguel and his siblings are left in the care of available relatives and neighbors while their mother is at work.


33



DISCUSSION

- What are your immediate concerns and/or assessments of Malcolm?
- What are your immediate concerns and/or assessments of the family?
- What interventions would you consider?
- What additional questions come up for you?


34



ADDITIONAL QUESTIONS


- What support for this child/family would change everything?
- How is the problem/issue an attempt at coping/resilience/survival?

35



WORKING TOWARD CULTURAL HUMILITY


- Recognize that your worldview is one option of many, "normal" is relative
- Ask "How can I eliminate my bias and identify the client's reality?"
- Combat assumptions from within and from others
- Be curious, learn more from others, listen before you talk
- Engage in immersion/cross-cultural exercises and experiences regularly



36

WORKING TOWARD CULTURAL HUMILITY

- Know your own "cultural script"
 - How does my (nationality, region, heritage, beliefs, values, religion, political orientation, biological sex, gender identity, age group, social class, significant life events, closely held values... affect my perception of others)
- Understand common assumptions/errors you make
- Develop sensitivity, empathy



37

CULTURAL SAFETY IN THERAPY

- Create/maintain culturally affirming/welcoming spaces
- Assess your cultural competence... consult (build cross-cultural knowledge)... refer if necessary...
- Respect client's distrust. It may be a sign of resilience. Build trust, build rapport!
- Minimize/mitigate power differentials
- Seek to see and address "problem(s)" from client's perspective
- Use strength-based-building/resilience-based-building models/interventions
 - What support for this child/family would change everything?
 - How is the problem/issue an attempt at coping/resilience/survival?

38

CULTURAL SAFETY IN DECISION MAKING

- Combat fear-based/implicit bias-based decisions
- Consider just the facts/situation today
- Slow down, don't rush in decision making
- Don't let fear dictate your decisions
- Would my decision/assessment be different/adjusted if the client/family were culturally/SES/lifestyle different
- Consider consultation

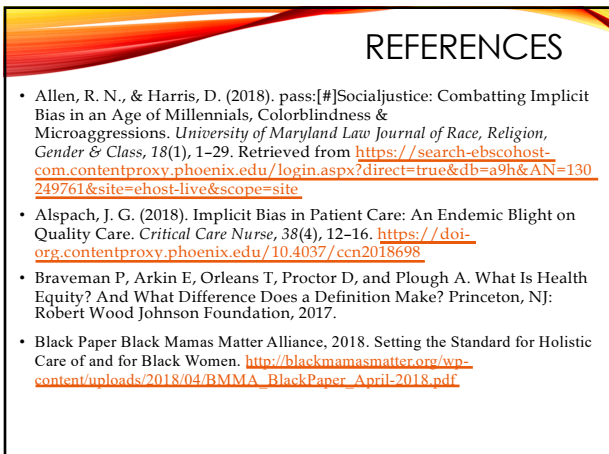
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40



41



42

REFERENCES

- Cross T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a Culturally Competent System of Care, Volume I*. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center. <https://files.eric.ed.gov/fulltext/ED330171.pdf>
- FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: a systematic review. *BMC medical ethics*, 18(1), 19. doi:10.1186/s12910-017-0179-8
- Herek, G.M. (2004). Beyond "homophobia": Thinking about sexual prejudice and stigma in the twenty-first century. *Sexuality Research and Social Policy*, 1(2), 6-24.
- Implicit Bias Review, Ohio State University, 2015. http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/?sm_byp=iVVO5FT2J103vtP7
- MacLeod, K. (2014). *How to do Progressive Muscle Relaxation*. Retrieved from <https://youtu.be/1nZEdqcGVzo>

43

REFERENCES

- Merriam-Webster Dictionary. (2016). Retrieved from <https://www.merriam-webster.com/>
- Oparah, Arega, Hudson, Jones, Oseguera (2017). Battling Over Birth: Black Women and the Maternal Health Care Crisis. www.BWBJ.org
- RAZA, F. (2016). Mitigating unconscious bias, the hidden enemy. *Human Resources Magazine*, 21(3), 16–18. Retrieved from <https://search-ebscohostcom.contentproxy.phoenix.edu/login.aspx?direct=true&db=bth&AN=120339113&site=ehost-live&scope=site>
- Turner, C. (2016). Bias Isn't Just A Police Problem, It's A Preschool Problem. NPR Morning Edition. <https://www.npr.org/sections/ed/2016/09/28/495488716/bias-isnt-just-a-police-problem-its-a-preschool-problem>
- Zebrowitz, L. A., & Franklin, R. G. (2014). The Attractiveness Halo Effect and the Babyface Stereotype in Older and Younger Adults: Similarities, Own-Age Accentuation, and Older Adult Positivity Effects. *Experimental Aging Research*, 40(3), 375–393. <https://doi-org.contentproxy.phoenix.edu/10.1080/0361073X.2014.897151>

44
