

Addressing Mistrust: Treatment In Practice (TIP)



***“RACISM ANOTHER KIND
OF PANDEMIC” (Catagnus,
Griffith, & Umphrey, 2022).***

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Disclosure

I disclose that I am currently employed by John's Hopkins Medical Group, and the owner of C&B Well. This speaker has no conflict of interest regarding this presentation.

This disclosure is made to ensure transparency and to avoid any potential conflicts of interest that may arise due to my dual roles. I acknowledge my responsibility to uphold ethical standards and to maintain the confidentiality and integrity of both organizations.

Should any situation arise where my affiliations may pose a conflict of interest, I am committed to addressing it promptly and appropriately, adhering to the policies and guidelines set forth by both entities.



Introduction

Dr. Carlos Brown, an esteemed licensed independent clinical social worker, holds recognition in both Michigan and the District of Columbia. With a Ph.D. in Advanced Clinical Social Work, he brings forth a wealth of experience spanning over a decade, dedicated to collaborating with diverse populations and championing systemic changes within the realms of healthcare, child welfare, and behavioral health. Presently, Dr. Brown assumes the role of Behavioral Health Manager for the Department of Psychiatry within the Johns Hopkins Medical Group, showing a comprehensive professional background. His previous roles include serving as a Grant Manager for Suicide Prevention Programs at a community health authority, funded by SAMHSA, acted as the Chair of the DEI/ITB committee, and a clinician. Moreover, Dr. Brown is the owner and practitioner of C&B Well, a mental telehealth practice.

His versatile career has involved engagement in various capacities, such as residential care settings, refugee services, foster care, behavioral health case management, home-based intervention, senior services, program management, and diversity and inclusion work.

Motivated by an unwavering passion for mental health and wellness, Dr. Brown actively endeavors to demystify the stigma surrounding mental health and substance use disorders. Advocating for symptom management, healthy living, and resiliency as essential pillars of wellness, he champions a holistic approach to treatment. Dr. Brown seamlessly collaborates with fellow professionals to ensure individuals under his care receive optimal treatment and support on their journey to wellness.



Learning Objectives

Practice Cultural Humility

- Participants will gain a comprehensive understanding of cultural humility in mental health, including the ability to recognize and address cultural factors that may impact the therapeutic process.

Implement Inclusive Therapeutic Practices

- Participants will acquire practical skills in employing inclusive therapeutic practices, ensuring that their approach considers the unique needs of individuals from diverse backgrounds.

Address Antiracial Mental Health Practices

- Participants will explore antiracial mental health practices, gaining insights into dismantling systemic racism within mental health care settings.

Case Scenarios

Keep In Mind

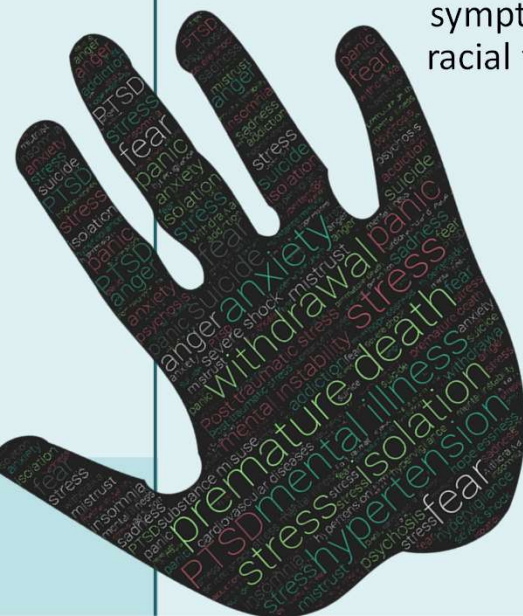
What is clinically significant?
What is culturally significant moving forward in treatment?
What is my typical behavior?
What can I do differently after this training?

Mistrust

Medical mistrust—distrust of medical personnel and organizations [1]—has been found to be negatively associated with a variety of health-related behaviors including clinical trial participation, cancer screenings, organ donation, and utilization of healthcare services (Williamson & Bingman, 2018).

Racism

US research suggests an emerging “racial battle fatigue” among African Americans in direct correlation to chronic encounters of racism and microaggressions. This results in anxiety, hyper-vigilance, blood pressure and cardiovascular irregularities and myriad other physiological symptoms of distress. Now, leading experts are arguing for the recognition and inclusion of racial trauma as a direct cause of PTSD in the American Diagnostic and Statistical Manual of Mental Disorders (DSM-5).



Cultural Adaptions in Treatment

This is a powerful tool as a practitioner is understanding that importance of collaboration from your patient to implement appropriate interventions.

- Evidence Based Implications
- E/Impirical Evidence
- Customary Interventions

Assessment Tools

- RBTSS/RBTSSS
- The African American Adolescent Respect Scale (AAARS)
- CARS-S
- Uconn UnRESTS/UnRESTS-Short
- BAT (Bruh Approach To Therapy) - Bonding through Recognition to promote Understanding and Healing (BRuH) Dr. Lipscomb
- Patterns of coping by self and loved ones.
 - How do you manage hardship?
 - How were you taught to manage?
 - What examples can you recall?

Appendix A

RBTSSS SHORT FORM (RBTSSS-SF)

Robert T. Carter, Alex L. Pieterse,
Carrie Muchow, Veronica E. Johnson, Corrine E. Galgay,
and Dakota Clintron

REACTION SURVEY

In the lines below, please list and briefly describe up to three of the most memorable events of racism you have experienced in your life, the setting where the event(s) occurred (e.g., school, work, store), the location where the event(s) occurred (e.g., city, state, or country), and when in your life the event took place (e.g., childhood, adolescence, adulthood, later adulthood).

Event #1: _____

Setting: _____

Location (city/state): _____

Period of Life: _____

Event #2: _____

Setting: _____

Location (city/state): _____

Period of Life: _____

Event #3: _____

Setting: _____

Location (city/state): _____

Period of Life: _____

Appendix B

CARTER-VINSON RACE-BASED TRAUMATIC STRESS INTERVIEW SCHEDULE

BACKGROUND INFORMATION

1. What is your age?
2. What is your gender?
3. What is your religious affiliation?
4. What is your highest level of education, in years? (*Translate to years.*)
5. What is your annual income? You may provide me a range. (*E.g., \$0–\$5,000; \$5,001–\$10,000*)
6. How many people live in your household, including yourself?
7. What is your country of origin?
If you were born outside of the U.S., how many years have you lived in the U.S.?
8. What is your ethnicity? (*E.g., American, Japanese*)
9. How would you describe your race? (*E.g., Black, White, Asian, Native American, biracial, other*)
10. How has your race affected you? For example, . . . (*E.g., positively, negatively*)
11. Have you ever been treated in a way that was upsetting because of your race?

(If participant responds NO to question 11, skip interview.)

Respect has been an essential part of African and African American culture. The African American Adolescent Respect Scale has been developed to assess youths' attitudes toward respect. * The original study looked at the relationship of respect and the use of violence among young African American males.

The AAARS instrument was developed using four groups of items that dealt with 'prosocial' attitudes towards respect. The four areas included:

- Family
- Peer Group
- Society (part 1) Institutions
- Society (part 2) Culture

Family

The items developed to address the family sphere of influence looks at the issue of esteem as it relates to membership within the family.

Peer Group

These set of items reflect how a youth might assert a need to demand respect inclusive of the use of aggression or intimidation. The Peer Respect scale items are reverse scored to reflect the lack of perceived respect resulting in readiness to act aggressively towards peers in an effort to control their potential disrespectful behavior.

Societal (part 1)

This domain measures the degree to which the adolescent felt respected when integrating with institutions such as businesses and public and private agencies or organizations.

Societal (part 2)

This domain measures the degree to which the adolescent felt respected as an African American within the general culture.

African American Respect Scale – Male Adolescent Version

Variable

1. I admire my family
 2. **People treat me well because they are afraid of me***
 3. **It is difficult to get appreciation as a black man***
 4. The police trust and appreciate me
 5. I listen and appreciate the guidance my parents give me
 6. **No one will respect you unless you demand it***
 7. African Americans are highly regarded in America
 8. I am valued and appreciated by my teachers
 9. I am proud of my family's achievements
 10. **A girl appreciates a young man that takes control***
 11. **People will admire me if I have expensive things***
 12. Sales people are happy to assist me in department stores
 13. My father is a good role model
 14. **I may hurt someone if they try to embarrass me in front of people***
 15. **If someone curses at a member of my family I might hurt them***
 16. I have a good chance of getting good jobs that I qualify for
 17. My family admires and appreciates me
 18. **Someone can offend me by the way they look at me***
 19. **You can get respect if you are in a gang***
 20. When I am in a bank or other places of business people are helpful and pleasant towards me
-

SCORING

Responses range from 0 = "strongly disagree" to 3 = "Strongly agree." Possible scores therefore range from 0 to 60.

The 20 item AAARS includes 9 reverse scored items (where agree represents an anti-social attitude or belief about respect). They are highlighted above with an asterisk.
2, 3, 6, 10, 11, 14, 15, 18, 19.

This instrument was used in a study about the use of violence among African American male youth where the results of a linear regression analysis confirmed the prediction that the more prosocial the attitudes toward respect of the African American male youth in this sample of 200, the less use of violence they reported.

Trauma from Discrimination Interview

Discrimination can be defined as the unfair treatment of individuals based on socially marginalized aspects of their identities, such as race, ethnicity, sexual orientation, gender, immigration status, or ability.

Use the questions below (as applicable) to discuss potential trauma resulting from discrimination. Boldface text is for the interviewer to read. This sheet is a tool; you do not have to read the questions verbatim. Notes for interviewer are italicized throughout.

Definitions. Race: A group society puts a person in based on their appearance; Ethnicity: A person's culture based on their heritage; Gender: The cultural norms and expectations associated with biological sex; LGBTQ: A broad term encompassing individuals with marginalized sexual orientations and gender identities and expressions (i.e. gay, transgender, pansexual).

Some people have difficult experiences over a lifetime that are manageable individually, but together they lead to feelings of stress or trauma. I want to talk to you about some of your experiences of stress or trauma as it relates to your race or ethnicity (racism). You may have been discriminated against or mistreated for other reasons, such as your sexual orientation, gender, disability, faith, or a combination of reasons.

Experiences of Overt Racism/Discrimination

Can you share with me a time you were impacted by racism or other forms of discrimination? This could be something that someone else either said or did to you. I am especially interested in any experiences where you were concerned about your safety or the event was very upsetting.

If yes, describe below. If needed, examples could include harassment at work/school, victimization by law enforcement, incarceration, assault, medical issue, torture, etc. For multiple events, use another copy of this page.

 YES

 NO

Description of Event:

How old were you when this happened? _____

How did you know this event happened due to your _____ <race/ethnicity, gender, sexual orientation, other aspect of identity>? Be careful to not communicate doubt that this was in fact a racist/discriminatory event.

How upset were you by this experience? If distress was present: Are you still upset by it? Assess for degree and type of distress experienced (e.g., anger, depression, anxiety).

Did you fear for your life, health, or safety? If yes: In what way? Determine if experience was a trauma.

How did you cope with this experience? Assess for adaptive vs. maladaptive coping strategies.

Navigating Therapy Sessions

1. Know your material in advance
2. Anticipate common questions
3. Rehearse your responses and reactions to information
4. Remain inquisitive
5. Understand the impact chronic social and environmental stressors have on mental health for at-risk/underserved populations.

Maintaining composure during session(s) is essential for projecting confidence and facilitating a safe space.

Consider the following tips for staying composed:

- Stay calm
- Actively listen
- Pause and reflect
- Maintain eye contact



Case Scenario

Keep In Mind

What is clinically significant?
What is culturally significant moving forward in treatment?
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Patient Impact



Your ability to communicate, engage, and support will leave a lasting impact on your patients.

Effective interventions involve merging the experiences, values, and emotions of patients into treatment.

Which will promote change that increases help-seeking behavior and resiliency.



Self Awareness

Before you can engage in anti-racist practices you must first self assess and engage in regular professional and personal development that encourages:

- Self Reflection
 - Complex conversations
 - Behavioral Change
 - Advocacy
 - Unlearn unhelpful professional bias/practices – reduce assumption, general population standards.
- Implicit and Explicit Bias Self Eval
 - Harvard University - [Project Implicit \(harvard.edu\)](https://www.harvard.edu) - **Take the Implicit Association Test (IAT)**
 - Ohio State University - Kirwan Institute Implicit Bias Resources – Learning Modules and Resources

Final Tips & Takeaways

- Stop racist and oppressive practices
- Be considerate
- Remain Innovative
- Seek feedback
- Reflect on performance
- Explore new techniques
- Set personal development/education goals
- Iterate and adapt
- Continue to practice self awareness as a practitioner
- Strengthen your awareness cultural experiences
- Practice
 - Enlist peers, supervisors, etc., to listen & provide feedback on dialogue
- Refine patient engagement
 - Pacing, tone, inquiry vs accusation
- Timing and transitions
 - Aim for seamless, professional delivery



7 Steps

Steps You Can Take to Dismantle Racial Trauma

1. Create Courageous Conversations with Co-workers, Friends, and Family.
2. Speak out against racism and injustice in your life.
3. Commit to learning more.
4. Support specific initiatives publicly and share them with your networks.
5. Give, whether it is monetary support, your time, or your talents, to organizations and causes that work to end racial disparity.
6. Be intentional to include diversity across all phases of collaborative approaches.
7. Be part of the change you are trying to create.

*“Our lives begin to end the day
we become silent about things
that matter.”*

- Dr. Martin Luther King, Jr



Four Questions to Ask

1. How do we start productive, effective conversations about race?
2. How should we respond to resistance to these conversations?
3. Why do we need to talk about racism and racial trauma in 2024?
4. Who should be involved in these conversations? Should it be a diverse group? Which voices should lead?



Scholarly Resources

- R.L. Street et al. (2009). [How does communication heal? Pathways linking clinician–patient communication to health outcomes](#). Patient Educ. Couns.
- C. Shoff et al. (2012). [Untangling the associations among distrust, race, and neighborhood social environment: a social disorganization perspective](#). Soc. Sci. Med.
- G. Corbie-Smith et al. (2002). Distrust, race, and research. Arch. Intern. Med.
- W.P. Hammond et al. (2012). Masculinity, medical mistrust, and preventive health services delays among community-dwelling African-American men. J. Gen. Intern. Med.
- H.A. Washington. (2006). Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present, Doubleday Books.



Thank You

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