A photograph of two women in a professional setting. The woman on the left has curly hair and is smiling while looking towards the woman on the right. The woman on the right has her hair pulled back and is wearing large hoop earrings. They appear to be in a meeting or collaborative discussion. The background is bright and out of focus, suggesting an indoor office or meeting space with plants.

**5-Part Learning Series
Improving Cultural Competency for Behavioral Health
Professionals Serving Public Housing Residents**

Learning Collaborative
Session 3
November 18, 2021

NCHPA
National Center for Health in Public Housing

Introductions in the chat

- Name
- Title
- Organization



Welcome



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National Center for Health in Public Housing

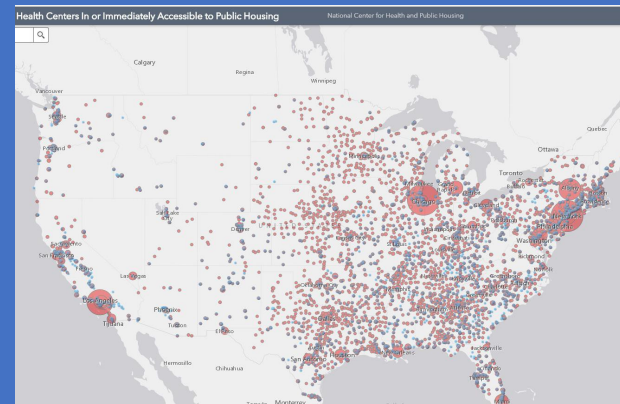
Strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees.

Training and Technical Assistance

Research and Evaluation

Outreach and Collaboration

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- **Webinars**
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- **Interactive Maps**
- **Training Manuals**
- **Newsletters**
- **Collaboration Guides**
- **One-on-One Matching**

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MUTE



CHAT



RAISE HAND



Q&A

Engaging participants through multiple platforms



- **Zoom**
 - Session lecture slides
 - Chat
 - Post – evaluation surveys

- **Moodle**
 - Handouts
 - Power point slides
 - Recordings



- **Mentimeter**
 - Polls
 - Quizzes
 - Videos
 - Case studies videos and audio

- **Breakout Rooms**
 - Group discussions



Session 3 Modules

1

Increasing awareness of our biases

2

Understanding power and privilege

3

Practicing cultural humility

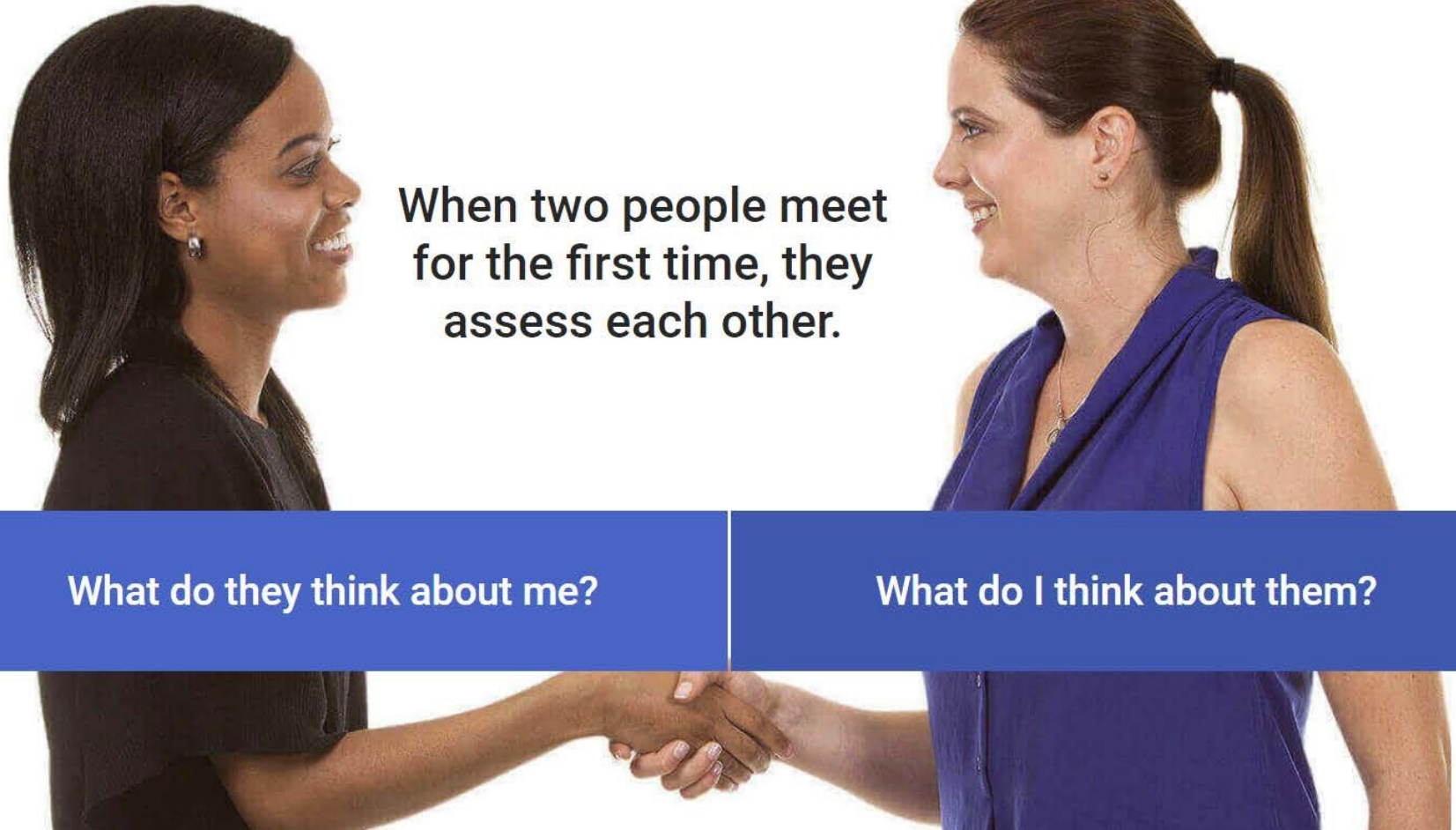
How will this material benefit or impact your work?



Video: Examining bias and practicing cultural humility (Introduction)



1 Increasing awareness of our biases



When two people meet for the first time, they assess each other.

What do they think about me?

What do I think about them?

Case study – Joseph and Tonya



Joseph is a 20-year-old white American college student. He was arrested for driving under the influence. Joseph is struggling with the pressures of college and uses alcohol to cope with an anxiety disorder.



Tonya is a 45-year-old white American counselor.



Bias

Conscious or unconscious judgments we make in our daily life. Everyone has biases, and they impact all aspects of our lives. Biases are often based on our cultural beliefs, attitudes, or opinions that we are typically not aware of.

national bias

– Ross, H. (2014).

sexual orientation bias

racial bias size/weight bias

gender bias disability bias

age bias religious bias

class bias

Implicit bias

The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

– Kirwan Institute for the Study of Race and Ethnicity at the Ohio State University. (2015)

Implicit Association Tests (IATs) can assess the strength of implicit biases. Visit <https://implicit.harvard.edu/>.

Positive bias

Patronization – Offering inappropriate or unneeded help

Overidentification – Denying or minimizing bias because of assumed similarity

Idealization – Overestimating desirable qualities and underestimating undesirable qualities

Failure to challenge and accept less-than-optimal behaviors because of one's cultural group



Which scenarios show a harmful use of bias?

1. A trans woman sees an ad for a women's group therapy session. Upon arrival, the therapist says that the class is full but an alternative is to attend the men's session.
2. A non-Jewish woman meets with a Jewish counselor to seek guidance on dealing with her future Jewish in-laws. The Jewish counselor has strong personal beliefs against interfaith marriages. At the end of the third session, the counselor recommends that the client reconsider marrying her fiancé.
3. A case worker enjoys working with refugee populations. The case worker's supervisor assigns them to a community agency to work primarily with Syrian refugees. The case worker asks to attend additional educational and training opportunities to enhance their understanding of the needs of this refugee population more appropriately.
4. A counselor is treating a client with a co-occurring disorder. The counselor strongly identifies as a devout Christian and is an active member of their church. Recently, the client has relapsed due to their lack of a strong support system. During the fifth session, the counselor focuses questioning on the client's lack of a religious life as a source of problems, even though the client said in the first session that they are agnostic and that religion is not an important part of their identity.
5. A therapist is treating a major depressive disorder in a client who is from a low socioeconomic background and whose highest education was the eighth grade. The client is interested in receiving psychotherapy for depression. The therapist believes the client would have a hard time understanding, adhering to, and paying for any psychotherapy and decides to refer the client for psychotropic medications only.



2 Understanding power and privilege

Power: A person or institution's ability to exert influence over others.

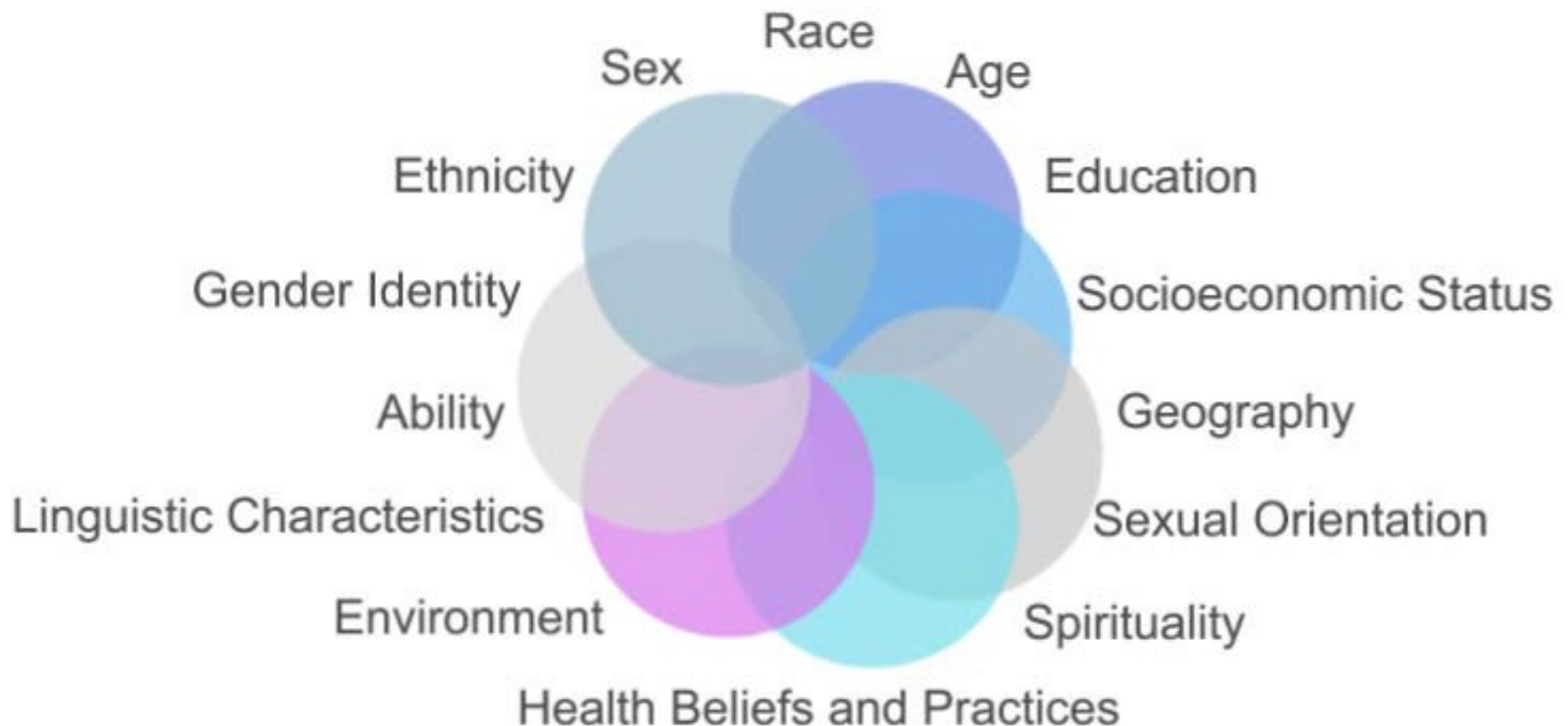
– GoodTherapy.org. (2015).

Privilege: Greater support for one's perspective, interests, and beliefs, along with greater access to information, resources, and opportunities, due to one's membership in a dominant group.

– Hays, P. A. (2008); Israel, T. (2012); McIntosh, P. (1989).

Dominant and nondominant groups

Our cultural identity is a combination of both dominant (privileged) and nondominant (marginalized) social identities.



| Social Identity | Dominant Group | Nondominant Group |
|-------------------------------|--------------------------|--|
| Age | Young/middle-aged adults | Children, older adults |
| Physical and mental abilities | Nondisabled people | People with cognitive, sensory, physical, and/or psychiatric disabilities |
| Religion and spirituality | Christian and secular | Muslim, Jewish, Hindu, Buddhist, and other minority religions |
| Ethnic and racial identity | European Americans | Asian, South Asian, Latinx, Pacific Island, African, Arab, African American, and Middle Eastern people |
| Socioeconomic status | Upper and middle class | People of lower SES by occupation, education, income, and/or inner-city or rural settings |
| Sexual orientation | Heterosexual | People who identify as gay, lesbian, bisexual, or other minority sexual orientations |
| Indigenous heritage | European Americans | American Indians, Inuit, Alaska Natives, Metis, Native Hawaiians, Mayan, Taíno |
| National origin | U.S.-born people | Immigrants, refugees, and international students |
| Gender | Cis-men | Women and people who identify as transgender, genderqueer, or gender nonconforming |
| Size/weight | Thin | Overweight, obese |

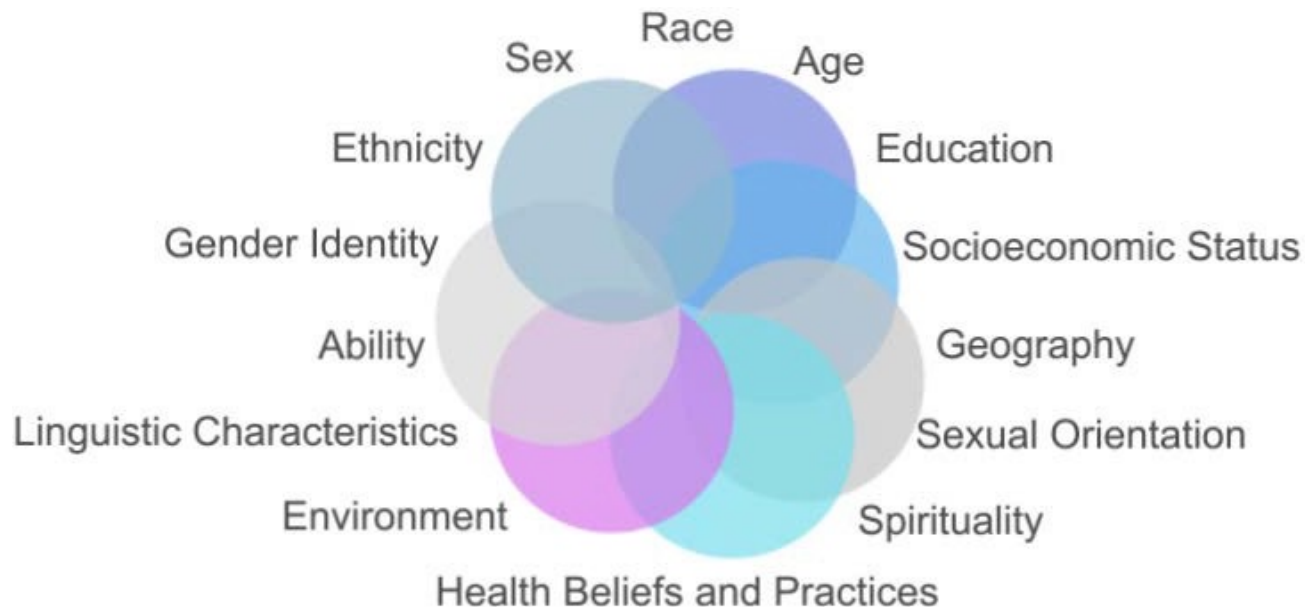
What dominant and nondominant groups do you belong to?

Which social identities are most important to you?

Which are most visible to others?

How does all this influence your life experiences?

Your work?



What privileges do you have?

- You do not have a foreign accent.
- You are not followed when you enter a store.
- You have never gone homeless or hungry for a day or more out of necessity.
- You don't face catcalls because of your gender.
- It was assumed from a young age that you would go to college.
- You can be pretty sure that if you go into a business and ask to speak to the "person in charge," you will be facing a person of your race.
- You never think twice about calling the police when trouble occurs.
- You get time off for your religious holidays.
- You can go to a doctor whenever you feel the need.
- You have never been diagnosed as having a physical or mental illness or disability.
- You were born in the United States.
- You have never been the only person of your race, gender, socioeconomic status, or sexual orientation in a workplace setting.



Case study – Pilar and Dr. Reyes (Part 1)



Pilar is a 25-year-old black and Latina woman. She is of Puerto Rican descent, and she identifies herself as LatiNegra, a term that encompasses her Latinx and black identities. She is a graduate student in anthropology. Her internist diagnosed her with panic disorder and referred her to a Latina psychologist, Dr. Reyes.



Dr. Reyes is a 40-year-old white and Latina woman. Dr. Reyes is of Mexican descent. Dr. Reyes is a psychologist at a public university who has worked with students for the last 10 years.



Power differential analysis

A clinical multicultural tool that helps behavioral health providers examine areas of power and oppression compared to their client's areas. It increases behavioral health providers' awareness of oppression and privilege, as well as the internalization of these areas.

-- Comas-Diaz, L. (2012).

Case study – Pilar and Dr. Reyes (Part 2)



Pilar is a 25-year-old black and Latina woman. She is of Puerto Rican descent, and she identifies herself as LatiNegra, a term that encompasses her Latinx and black identities. She is a graduate student in anthropology. Her internist diagnosed her with panic disorder and referred her to a Latina psychologist, Dr. Reyes.



Dr. Reyes is a 40-year-old white and Latina woman. Dr. Reyes is of Mexican descent. Dr. Reyes is a psychologist at a public university who has worked with students for the last 10 years.



3

Practicing cultural humility

A continuous process of self-reflection examining one's biases and stereotypes



An openness to learning more about clients' cultures, perspectives, beliefs, values, and worldview



Prioritizing the client's culture, perspective, beliefs, values, and worldview



Acknowledging one's limitations



Continued growth and development over time



In what ways do you practice cultural humility?

- I understand my cultural identity.
- I have a secure belief that I can explore different values without losing a sense of integrity.
- I am always open to explore a client's cultural identity, and I ask questions when I'm uncertain.
- I express curiosity and interest about a client's beliefs, values, and worldview.
- I am committed to learning and growing from interactions with individuals whose beliefs, values, and worldviews differ from mine.
- I always pursue further training or seek consultation from experts when needed.



Case study – The Usmani’s and Ms. Patrick

(Parts 1-3)



Ms. Patrick is a 30-year-old Filipino American woman who is a marriage and family therapist in Chicago. Ms. Patrick was raised in a conservative Catholic family but is now an atheist. She also strongly identifies as a feminist. Ms. Patrick has been practicing for 3 years and enjoys counseling families dealing with intergenerational conflict.



Mr. Usmani and Mrs. Usmani are in their mid-50s and emigrated together from Pakistan to Chicago 20 years ago. Mr. Usmani and Mrs. Usmani both identify as devout Muslims. They have tried to maintain their cultural traditions, but this is now causing tension with their two teenage daughters. This is the first time the Usmanis have sought professional counseling.



Amira and Aneesa, the Usmani daughters, are 15 and 13 years old. They were both born and raised in Chicago. Amira and Aneesa are nearly inseparable because they are so close in age. They are both doing well in high school and look forward to attending the same university. Amira and Aneesa tend to shy away from the cultural traditions of their parents.



Video: Examining bias and practicing cultural humility



Course 2 Summary

1

Increasing awareness of our biases

2

Understanding power and privilege

3

Practicing cultural humility

How will you put this information into practice?



Earn your credits

1. Log into the participant's website at <https://www.thinkculturalhealth.hhs.gov/Behavioral-Health/SmallGroup/>
2. Complete the post-Course activities:
 - Confidence scale
 - Test
 - Survey

You will receive your certificate (or statement of participation) by email

Questions?

Evaluation Survey

Next Session: December 9th 12pmET-1:30pmET



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