Dialogues About Race Training Series
Facilitator Handbook

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Dialogues About Race

TRAINING INTRODUCTION

The *Dialogues About Race* series is a four-part experiential didactic training focused on fostering cultural awareness and humility about race and racism with an emphasis on antiracist clinical practices.

Each 90-minute module is comprised of a didactic presentation (e.g., 30-45 minutes) providing foundational information on the scheduled topic and an experiential component (e.g., 45-60 minutes) focused on process-oriented discussions and skills application.

Guided by the multicultural counseling competency (MCC) model (Sue, 2001; Sue, Arredondo, & McDavis, 1992), the series includes modules on (1) awareness of attitudes and beliefs about race and racism; (2) knowledge about systemic racism, antiracism, and antiracist practices; and (3-4) antiracist skills building.

GROUP GUIDELINES

****Note:** There are several group guidelines – sometimes referred to as community norms – that are important to review with participants at the beginning of the training series and emphasized throughout the training experience. Participants are welcome to review these guiding principles using the provided "Group Guidelines" handout.

Confidentiality

- It is important to maintain privacy and respect for personal disclosures. However, it is certainly acceptable to leave the space and discuss lessons learned from discussions.

Commit to Learning

- Challenge yourself to explore new ideas or actions.

- This training environment is intended to be a space where discomfort, anxiety, ambiguity, and discord is expected, particularly as opposing perspectives are shared.
- This training environment is also intended to be a space to lean into your vulnerability and push the boundaries of surface level, small talk.

Promote Inclusivity & Respect

- We uphold principles of inclusion and respect for one another's fundamental personhood. As we enter this space, we agree to not attack or intentionally inflict harm on one another.

Remain Mindful

- Be mindful of your reactions, emotions, behavioral inclinations, and language.
- It is important for us all to be continuously cognizant of our internal processes. This space will provide opportunities for mindful reflection which enhances our abilities to show up fully, respectfully, and with compassion for self and others.

Consider Assumptions & Generalizations

- Speak from your own experiences and refrain from speaking for others.
- Do not assume that others agree with you merely based on shared background or identities.
- Be mindful of the variability and complexities of experiences and refrain from making generalizations about groups of people or the experiences of others.

Take Space, Make Space

- Be mindful of the amount of time you spend talking or sharing. Encourage and give space for full participation for all present.
- Balance stepping up and stepping back. If you tend to be more talkative, try a stance of active listening and provide room for others to share. If you tend to share very little, challenge yourself to increase your level of engagement.

Cultural Humility

- Cultural humility will be prioritized and emphasized throughout this training experience.
- **Cultural humility** entails a lifelong, aspirational process and commitment towards broadening and deepening one's self-reflection, awareness, understanding, experience, and critical thinking skills with relation to varying cultural perspectives, differences, and cross-cultural relationships.
- The practice of cultural humility also includes an expectation that mistakes will happen, a recognition that impact matters regardless of thought or intent, and necessitates that one be compassionate, open, non-defensive, and humble when giving and receiving feedback.
- It is important that we demonstrate compassion for self and others during this learning process. We will make mistakes and we can recover from them if we are willing to acknowledge their impact, repair the harm, and commit to learning from them.

Dialogues About Race

Week 1: Understanding the Self: Identities of Power, Privilege, & Oppression

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OVERVIEW

Review this week's agenda.

- Self-Reflection: Race & Racism
- Power, Privilege, & Oppression
- Addressing Model (Hays, 2008)
- Self-Reflection: Racial & Intersectional Identities

SELF-REFLECTION: RACE & RACISM

****Note:** Have participants reflect upon the self-reflection questions for a few minutes before discussing their responses within the larger group. Participants may reference the provided "Self-Reflection Questions" handout. Some reflection questions are intended to be intrapersonal reflections. It is important to keep in mind that participants may not feel ready to share these reflections given the level of sensitivity and vulnerability required. It is recommended that facilitators **focus discussions on participants' general knowledge and understanding of race and racism as well as how this knowledge was developed.**

Self-Reflection Questions

- How comfortable do you feel talking explicitly about race and ethnicity?
- How comfortable do you feel talking explicitly about racism?
- How did you learn about race and racism? What messages did you receive? From whom?
- What thoughts and feelings come up for you when thinking about having these discussions with colleagues? Patients? Supervisors?

- Have you avoided having explicit conversations about race and racism and/or stayed silent when it comes to these conversations?

POWER, PRIVILEGE, & OPPRESSION

Power: (systemic, institutional) group access, advantage, and privilege one is afforded based on social identities.

Privilege: a set of advantages, favors, and benefits that are provided to members of dominant groups often at the expense of members of marginalized groups.

- Privilege operates on individual, interpersonal, cultural, and institutional levels.
- American activist and scholar **Peggy McIntosh (1998)** provides additional insights on power and privilege stating,

"Privilege exists when one group has something of value that is denied to others simply because of the groups they belong to, rather than because of anything they've done or failed to do. Access to privilege doesn't determine one's outcomes, but it is definitely an asset that makes it more likely that whatever talent, ability, and aspirations a person with privilege has will result in something positive for them."

- Privilege does not mean your life is easy or that you did not work hard. It simply means that you do not have to face the obstacles others have to endure because of a marginalized identity.
- In the United States, privilege is granted to people who have membership in one or more of these social identity groups:
    - White people
    - Able-bodied people
    - Heterosexuals
    - Cis men
    - Christians
    - Middle or owning class people
    - Individuals born in the U.S.
    - English-speaking people

Oppression: a combination of prejudice and institutional power which creates a system that discriminates against some groups and benefits other groups.

- Society is affected by a number of different oppressive, power systems: racism, patriarchy, heterosexism, cisnormativity, classism, etc. These systems are dynamic, transactional, and intersectional, thus creating multidimensional social structures of privilege and oppression.
- These systems enable those with institutional power to exert control over marginalized groups by limiting their rights, freedom, and access to basic resources such as healthcare, education, employment, and housing.

ADDRESSING MODEL (HAYS, 2008)

****Note:** Participants may reference the "ADDRESSING model (Hays, 2008)" handout.

The **ADDRESSING model** is a framework providers can utilize to identify and understand the various multicultural identity factors that may impact their patients' experiences of privilege and marginalization, as well as their own.

The ADDRESSING model lists various cultural identity factors and identifies groups with privilege and marginalized groups within each identity category. It is important to note that these categories and designations are centered on U.S. cultural dynamics and systems; this is in no way an exhaustive list of cultural factors.

- **ADDRESSING Model Overview**
  - Age
  - Developmental & Acquired Disability
  - Religion or Spirituality
  - Ethnicity & Race
  - Socioeconomic Status or Social Class
  - Sexual Orientation
  - Indigenous Heritage
  - National Origin
  - Gender

SELF-REFLECTION: RACIAL & INTERSECTIONAL IDENTITIES

****Note:** Have participants reflect upon the ADDRESSING model and self-reflection questions for a few minutes before discussing their responses within the larger group. Participants may reference the "Self-Reflection Questions" handout. It is recommended that facilitators **focus discussions on participants' understanding of privileged and marginalized identities, (e.g., self and others), as well as how this understanding or lack thereof may impact their professional work.** It is also recommended that these discussions primarily **focus on intrapersonal and interpersonal dynamics.**

Self-Reflection Questions

- What does it mean to be part of a dominant group? A marginalized group?
- What thoughts and feelings emerge as you reflect upon your own privileged and/or marginalized identities?
- Which aspects of your identity do you resonate with the most?
- How does your understanding of identity impact your work with patients or your professional interactions?

WRAP-UP

****Note:** During the last few minutes of the training module, facilitators should wrap-up any additional thoughts and/or answer participants' questions about this week's topic and training logistics.

Week 1: Understanding the Self: Identities of Power, Privilege, & Oppression

References & Additional Resources

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Dialogues About Race

Week 2: Understanding Systems, Systemic Racism, & Intersectionality

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OVERVIEW

Review this week's agenda.

- Biases, Prejudice, Discrimination, & Racism
- Multi-Level Approach to Addressing Racism
- Discussion: Systemic Racism
- Intersectionality
- Discussion: Intersectional Identities

BIASES, PREJUDICE, DISCRIMINATION, & RACISM

Biases: inclinations or preferences in favor or against a group, idea, thing, etc.

- Biases can be explicit/conscious or implicit/unconscious.
    - Implicit biases are often unexamined and can be automatic, but nonetheless have real consequences. They can lead us to make biased and unfair decisions.
- Biases not only affect our perceptions and actions, but also our policies and institutional systems. Accordingly, our antiracist efforts will necessitate us to address our own biases **and** to make changes to inequitable systems.

Prejudice: thoughts or emotions towards people based on their group membership(s).

- Prejudices can be favorable or unfavorable opinions or attitudes about a person or group. Often, prejudices can emerge as stereotypes and other representational schemas. They can be based on a single or multiple experiences and examples, which are then utilized as a frame of reference for all potential experiences.

Discrimination: biased behavior or treatment toward a group or its members.

- Although discrimination has several definitions and applications, within the context of intergroup relations and for the purpose of our training, discrimination will refer to inappropriate and potentially unfair treatment of individuals due to group membership.
- Discrimination can also describe behavior that creates, maintains, or reinforces advantages for some groups and disadvantages for other groups.

Racism: the merging of racist ideas and racist policies which produces and normalizes racial oppression and inequities**.**

- Racism is a system of power that organizes, informs, influences, and carries out racial biases, prejudice, and discrimination.

MULTI-LEVEL APPROACHES TO ADDRESSING RACISM

****Note:** Participants may reference the "Lens of Systemic Oppression" handout.

Understanding and addressing racism requires a multisystem, multidimensional lens and approach. The **Lens of Systemic Oppression Diagram** highlights all the levels that racism and other types of oppression can manifest and intersect.

- These levels include individual factors, interpersonal factors, and systemic factors (i.e., institutional, structural).

As we center our focus within the healthcare systems and on health and mental health disparities, we must recognize that various levels of oppression disproportionately impact marginalized patient populations.

Furthermore, racism operating at one level reinforces and derives from racism operating at other levels. Accordingly, it is increasingly important for providers to consider not only their individual and interpersonal beliefs and actions, but also their power and influence as part of larger systems.

From a systemic perspective, in identifying the policies and ideologies shaping patient experience, diagnosis, treatment, and care providers are better equipped to

navigate racial bias, provide just and high-quality care, and to advocate for systemic change and the promotion of antiracism.

DISCUSSION: SYSTEMIC RACISM

****Note:** Have participants reflect upon the discussion questions for a few minutes before discussing their responses within the larger group. Participants may reference the "Discussion Questions" handout. It is recommended that facilitators **focus discussions on the participants' general understanding of systemic racism as well as the manifestations and impact of racism in the healthcare system.** It is also recommended that these discussions **focus on a multi-level (e.g., individual, interpersonal, systemic) considerations about race and racism.** Additionally, **facilitators may focus discussions on ways in which providers can challenge, disrupt, dismantle, and hold accountable manifestations of racism (e.g., principles, ideas, behaviors, policies, systems).**

Discussion Questions

- What messages were you taught about race and racism?
- In what ways can racist biases and prejudices impact patient care?
- How does your understanding of systemic racism impact your work with patients?

INTERSECTIONALITY

Lawyer, civil rights advocate, and critical race theory scholar Kimberlé Crenshaw is credited for coining the term intersectionality.

Intersectionality: a framework that considers the compounding and interconnected nature of cultural identities and systems of oppression, as well as the power, privilege, and marginalization that may result.

- Intersectionality challenges one-dimensional approaches to identity.

- Each person has many identities that inform their experiences. Thus, it is limiting and insufficient to focus on one aspect of identity to the exclusion of another.
- A person may have privileges based on some identities while also experiencing marginalization based on other identities.
- It is also important to understand that one's identities are linked to existing systems of power and are manifested in relationships of power, privilege, and oppression at both macro and micro levels.

Intersectionality Framework

****Note:** The presented model on intersectionality is one of many utilized in educational, research, and activist spaces to describe intersectionality theory. The model reviewed in this training series is adapted from the Canadian Research Institute for the Advancement of Women (CRIAW-ICREF) and emphasizes a systems-based perspective.

Intersectionality in the Context of Individual Identities

Keep in mind, when engaging in antiracist clinical practices the goal is to **center race and ethnicity** while maintaining an intersectional lens.

Innermost Circle

- Represents a person's unique circumstances of privilege and power that come with one's personal identity (e.g., opportunities, experiences, exposures, resources).

Second Layer

- Represents various characteristics of identity (e.g., multicultural characteristics, factors, or identities).

Intersectionality in the Context of Systems & Systemic Oppression

Once again, it is important to recognize that identities are linked to existing systems of power and oppression. Intersectionality is vital in understanding and dismantling inequities perpetuated by oppressive power structures.

Third Layer

- Represents various types of discrimination, attitudes, and ideologies that can impact one's experiences based on one's identities (e.g., racism, ableism, ageism, heterosexism).

Final Layer

- Represents larger systems that can perpetuate or reinforce exclusion, discrimination, and/or oppression (e.g., economy, education system, healthcare system).

DISCUSSION: INTERSECTIONAL IDENTITIES

****Note:** Have participants reflect upon the discussion questions for a few minutes before discussing their responses within the larger group. Participants may reference the "Discussion Questions" handout. It is recommended that facilitators **focus discussions on the participants' general understanding of intersectional identities as well as intersectional-informed care.**

Discussion Questions

Consider the following: "There is no such thing as a single-issue struggle because we do not live single-issue lives." – Audre Lorde

- In what ways does this quote speak to the concept of intersectionality?
- From an intersectional framework, how can we as providers treat our patients in a culturally sensitive and informed manner?

WRAP-UP

****Note:** During the last few minutes of the training module, facilitators should wrap-up any additional thoughts and/or answer participants' questions about this week's topic and training logistics.

Week 2: Understanding Systems, Systemic Racism, & Intersectionality

References & Additional Resources

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Dialogues About Race

Week 3: Antiracist Clinical Practices

OVERVIEW

Review this week's agenda.

- What is Antiracism?
- Why is Antiracist Clinical Care Important?
- Antiracist Clinical Practices
- Mistakes & Repair
- Case Scenarios

WHAT IS ANTIRACISM?

Over the last few years, there has been increased consideration and emphasis on antiracism across various organizations, disciplines, and social spaces as a means to combat racism.

Racism: the merging of racist ideas and racist policies which produces and normalizes racial oppression and inequities.

- The opposite of racist is not "not racist" – the opposite of racist is antiracist.

Antiracism: a state of mind, feeling, political commitment, and set of actions aimed at eradicating racial oppression and inequities.

- Antiracism can represent a social movement as well as a set of practices and dialogue aimed at addressing a whole range of ways and areas where racism is embodied.
- A foundational principle of antiracism is that there is no neutrality in racism.
    - There is no in-between safe space of "not racist" or impartiality when it comes to addressing racism.
- **Antiracist**: someone who is supporting antiracist policy and systems through their actions and expression of antiracist ideas.

- **Important to note:** Racist and antiracist are not fixed identities.
    - What we say and do about race in each moment determines what, not who, we are.

WHY IS ANTIRACIST CLINICAL CARE IMPORTANT?

Racism is an important social determinant of health and mental health disparities.

- A large body of research has documented significant racial and ethnic disparities in health care and health outcomes, with individuals from marginalized racial/ethnic groups generally receiving lower quality health care and suffering worse health than their White counterparts.
- Research has shown racial health disparities occur among a broad range of health conditions and persist even when other social factors and differences are considered.
- **Important to note:** Our focus on race is not to the exclusion of other social determinants of health or other types of inequities. Rather, focusing on race highlights ways in which race intersects with other social determinants of health.

Health and health care disparities adversely impact population health.

- Health and health care disparities not only affect marginalized racial/ethnic groups, but also limit overall improvements in quality of care and health for the broader population. Addressing racial/ethnic health disparities is important from an equity, as well as a population health, standpoint.
- Health disparities are costly. Recent estimates indicate that disparities amount to approximately $93 billion in excess medical care costs and $42 billion in lost productivity per year (Turner, 2018).

Clinical care interactions are vulnerable to racial bias and discrimination.

- Multiple studies have shown pro-White implicit bias as well as racial discrimination among healthcare providers.

- Bias and discriminatory actions significantly influence patient-provider interactions, treatment decisions, treatment adherence, and patient health outcomes.

Healthcare providers are more likely to do harm when they deny or are unaware of their racial biases.

- Various studies have suggested that although many providers believe that health care disparities exist, they also tend to view these disparities as unlikely to occur in their individual practices.
- Every clinical interaction either perpetuates racism in healthcare or advocates against it.
- Identifying and acknowledging racism creates the opportunity to challenge it with antiracist clinical interventions.

ANTIRACIST CLINICAL PRACTICES

The following information provides foundational information and key skills necessary for antiracist clinical care. Please note that this information is intended to be introductory and is not an exhaustive set of practices.

PRIOR TO PATIENT INTERACTIONS

Commit to Continuous Education & Learning

Antiracism emphasizes a commitment to educating oneself about race and racism on a continual basis to increase cultural awareness, cultural humility, and effectiveness in our clinical practices.

- Education includes an examination of individual and institutional racism by learning historical roots of racism, its definitions, its manifestations within/across institutions, and its impacts on the current sociopolitical realties of marginalized racial/ethnic groups.
- This translates to a commitment to an evolving knowledge of various cultures and populations as well as reviewing and discussing our patients' specific and salient cultural identities.

Education and insight are important; however, knowledge and awareness without action cannot in themselves be considered antiracist.

Engage in Self-Reflection & Build Self-Awareness

A vital component of antiracism is building self-awareness and acknowledging one's own belief system and internalized racism.

- We cannot learn and grow if we do not engage in ongoing, intentional self-talk and self-reflection to understand our values, beliefs, assumptions, biases, and judgments.
- We are striving for a deep understanding of cultural identities for self and others rather than just simple recognition.
- The goal is to understand how our own cultural identities influence our perspectives, worldviews, and lived experiences, as well as how these identities and perspectives can affect our patients and their care.

Consider Systemic Manifestations of Racism

Move beyond intrapersonal and individual reflections about race and racism. Identify and reflect upon broader manifestations of racism within/between systems and organizations.

- This includes identifying racist policies and ideologies influencing patient experiences, diagnosis, treatment, and care.

DURING PATIENT INTERACTIONS

Build Alliances

Establishing and developing collaborations and partnerships with our Black, Indigenous, and People of Color (BIPOC) patients is an important element of antiracism. It is also essential and necessary to enhance cross-cultural understanding.

How do we develop trust and meaningful cross-cultural relationships?

- **Understand historical reasons why there may be a lack of trust.**
    - Our clinical interactions are not blank slates; they are influenced by past and contemporary systems and oppression. Accordingly, our

BIPOC patients may have profound distrust of the healthcare system and its providers.
    - It is important not to assume that there is trust during initial attempts at building alliances. Start slowly. Trust is built one interaction at a time.
- **Demonstrate humility, authenticity, and empathy.**
    - Show patients you care about them and their interests.
    - Demonstrate a willingness to listen.
    - Express your professional opinions with compassion and understanding.
- **Be mindful and intentional about integrating culture into treatment.**
    - Communicating to patients, both implicitly and explicitly, that their cultural identities are important and will be respected within clinical encounters is a key part in building alliances and setting stage for effective care.
    - Engaging in cross-cultural dialogue with patients allows providers to enter into a patient's lived experience, helps patients join in the treatment process, and helps align treatment goals.
- **Be mindful and respect if BIPOC patients decline to engage in dialogue about race/ethnicity and related experiences when queried.**
    - There may be many reasons why BIPOC patients choose not to engage in discussions about race or racism during a particular moment, if at all.
    - Our role is simply to cultivate an evolving, ongoing, supportive environment for our patients to engage in these conversations if they so choose. We aim to create these opportunities with each and every clinical interaction.

Respect Patient Self-Determination

Antiracist approaches to care aim to build equitable relationships with patients by minimizing patient-provider power imbalances. This is accomplished by involving patients in decisions for all components of care and by validating their life experience, belief systems, and strengths.

- It requires effort on the provider's part to understand the patient's perspective, to ask for clarity, and to offer guidance while understanding that patient expectations or decisions will not always align with provider's values or professional advice.
- An antiracist approach acknowledges that there are multiple cultural lenses through which individuals and groups view world.
    - When struggling to navigate value differences, providers should remain patient-oriented, focus on patients' values more than their own agendas, and embrace a collaborative partnership.

Engage in Self-Reflection

****Note:** Participants may reference the "Key Reflection Questions" handout.

In the moment self-reflection is critical part of antiracist practice.

- We must continually strive to be reflective of the cultural impact of our values, beliefs, assumptions, biases, and perspectives on our clinical encounters.

During patient interactions, key self-reflective questions include:

- How well am I practicing inclusion in this conversation?
- Am I keeping an open mind, or am I being judgmental?
- Am I really listening to understand?
- Should I be asking more clarifying questions?
- Are we still having a dialogue, or are we having a debate?
- Are there things being said that are causing me to become defensive?

Following patient interactions, key self-reflective questions include:

- How did I do? What could I have done differently?
- What biases did I notice in my thinking? What made me say X, Y, Z?
- How did I interpret the patient's response?
- Why did I interpret that situation so differently from the patient?

- What do I need to learn for these types of conversations to go better next time?

MISTAKES & REPAIR

Mistakes will happen!

- Despite a provider's best efforts to create culturally safe environments, cultural mistakes can still occur.

Prioritize acknowledging and correcting mistake or repairing the harm.

- After a making mistake, the goal is to acknowledge our limited knowledge of a patient's culture or cultural experience and work to rebuild the relationship whether through an apology, owning our biases, or asking the patient for corrective feedback if appropriate.
- In these circumstances, providers can indicate that they welcome feedback, but they should not make this a requirement or burden for the patient.

Respond from place a of humility.

- If and when a patient chooses to let you know that you have made a mistake, respond from a place of humility.
- Emphasis should be on validating the patient and the harm they experienced as result of your mistake.
- Important not to overemphasize or require acknowledgment of intentions as a means to minimize harm or impact. Good intentions will not lessen the harm.

It is also important to seek consultation or support to process challenging feelings you may experience.

CASE SCENARIOS

****Note:** Have participants reflect upon each case scenario within the larger group. If the group size is larger than 8-10 participants, consider breaking the groups up into teams of 3-4 participants for discussion of case scenarios 2-4. In these situations, it is recommended that time is set aside for smaller groups to reconvene as one group to provide a summary of reflections. Within each scenario, there are multiple factors participants may consider. Participants may reference the "Case Scenarios" handout to help guide their considerations.

Case #1: Integrating Culture into Treatment & Care

As we have discussed, knowledge and awareness of cultural identities is important when it comes to antiracist clinical practices. Accordingly, it is important for providers to incorporate conversations and questions about cultural identities as well as the saliency of such identities in their clinical practices.

Discussion Question

- What are some ways that we can ask our patients about aspects of their culture and identities?

****Note:** The facilitator may choose to play the pre-recorded "Clinical Demonstration" video for participants as an example on how one can ask patients about their cultural identities.

****Thoughts & Considerations:** There are various approaches providers may utilize when determining when to ask patients about their various cultural identities. Generally, it is recommended that providers query and discuss a patient's identity factors during the first meeting or clinical interview. Providers may begin the appointment or session by asking about background and demographic information or can incorporate such queries after a brief introduction and discussion about the referral question.

Providers may have a preestablished list of identity factors they inquire about (e.g., race/ethnicity, gender identity, sexual orientation, disability); however, it is also

important for providers to ask patient's an open ended question similar to the one in the demonstration video, which can allow for the patient to identify for themselves cultural factors that are most salient for them and that are relevant to their presenting concerns. Lastly, it is important for providers to respect a patient's level of comfort in discussing various aspects of their identities.

Case #2: Attending to Rupture & Respecting Patient Self-Determination

- **Scenario**: You are treating a 57-year-old, Black, cis man (he/him pronouns), Army Veteran with a history of PTSD, Type II Diabetes, and headaches. You are discussing treatment recommendations with the patient and the conversation starts to become tense due to disagreements. The patient begins to shut down stating that he does not feel you are hearing or understanding him and his experience.

Discussion Question

- What are effective, antiracist ways of responding to this patient's disclosure?

Case #3: Building Trust & Respect for Patient Self-Determination

- **Scenario:** You are treating a 34-year-old, Dominican, trans woman (she/they pronouns) with a history of anxiety and chronic neck/back pain. She is a new patient who is hoping to establish care for chronic pain difficulties. Per your review of the patient's chart, you note that they have had previous difficulties establishing rapport with providers and are reportedly non-adherent with prescribed pain medications. When discussing treatments used for pain, the patient reported that she does not like pain medications and prefers the use of herbal, plant-based remedies, stretching, and prayer.

Discussion Question

- In what ways can you cultivate an environment for effective, cross-cultural dialogue and antiracist care?

Case #4: Acknowledging & Repairing Harm

- **Scenario:** You are treating a 22-year-old, Navajo and White, cis woman (she/her pronouns) with a history of depression. During your third follow-up appointment, she discloses that there has been something on her mind since her last visit with you that she wanted to discuss. She expresses that she felt the previous appointment went well until the end when you two were discussing next steps. The patient recounts, how you stated, "We'll do X, Y, and Z and see what happens, have a pow wow about it, and go from there." The patient shares that your use of this term in this context was disrespectful and disparaging given the cultural significance of these events for Indigenous communities.

Discussion Question

- What are effective, antiracist ways of responding to this patient's disclosure?

****Thoughts & Considerations:** In each case scenario, it is important for providers to listen to and validate the patient's emotions. Antiracist responses in these scenarios include building alliances, minimizing patient-provider power imbalances, prioritizing collaboration, remaining patient-oriented, respecting the patient's right to self-determination, and acknowledging and repairing harm.

Equally important, providers must be mindful and reflective about any defensiveness or biases they may experience during such interactions, remain cognizant of their emotional reactions and their potential impact on the interaction, and demonstrate cultural humility.

The demographic information and cultural factors provided in the case scenarios should also be factored into considerations of interpersonal dynamics and biopsychosocial realities.

WRAP-UP

****Note:** During the last few minutes of the training module, facilitators should wrap-up any additional thoughts and/or answer participants' questions about this week's topic and training logistics.

Week 3: Antiracist Clinical Practices

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Dialogues About Race

Week 4: Cancel Culture vs. Accountability & Redemption Culture

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OVERVIEW

Review this week's agenda.

- Discussion: Cancel Culture
- Cancel Culture vs. Accountability & Redemption Culture
- Engaging in Effective Dialogue
- Call Ins, Call Outs – Leaning into Accountability
- Case Scenarios

DISCUSSION: CANCEL CULTURE

****Note:** Have participants reflect upon the discussion questions for a few minutes before discussing their responses within the larger group. Participants may reference the "Discussion Questions" handout. It is recommended that facilitators **focus discussions on the participants' general thoughts on cancel culture as well as perceived goals and impacts of cancel culture.**

Discussion Questions

- What does it mean to cancel someone, a group, or an organization?
- What thoughts and/or feelings come to mind when you think about cancel culture?
- Have you ever cancelled someone, a group, or an organization?
- Have you ever been cancelled?
- What were those processes like?
- What are the goals of cancel culture?
- What are the outcomes of cancel culture?

CANCEL CULTURE VS. ACCOUNTABILITY & REDEMPTION CULTURE

****Note:** Participants may reference the "Cancel Culture vs. Accountability & Redemption Culture Graph" handout.

There are many ways in which we can address and disrupt systems of oppression. One way is by overtly addressing racist practices, ideas, policies, etc. There has been increasing recognition of the importance of holding those who support or engage in racism accountable. In sociopolitical and activist spaces, cancel culture has previously been viewed as a way of promoting accountability for racism. However, its current utility and impact has become a contentious debate. So, what does cancel culture look like in contemporary society?

Overwhelmingly, we are seeing contemporary uses of cancel culture manifest into the following characteristics:

- **Black and white ways of thinking and responding.**
- **Disregards or minimizes cultural humility.**
- **Reactive. Uses punitive forms of punishment and justice.**
- **Ineffective and unsustainable.**
- **Prevents deeper, meaningful dialogue and change.**

As with any of our behaviors there are effective and not so effective ways of engaging in dialogue about racism and antiracist efforts. There must be a better way for us to hold those who engage in racism accountable and develop space for mistakes, ongoing learning, and growth to occur. Today, we will review an alternative approach to cancel culture which we refer to as accountability and redemption culture.

ACCOUNTABILITY & REDEMPTION CULTURE APPROACH

Embraces multiple, coexisting realities and truths.

- Embraces multiple ways of thinking and responding.

Prioritizes acknowledging and building cultural humility.

- Even the most well-informed people will make mistakes when it comes to race and culture. None of us are born with or currently possess complete cultural awareness or humility.
- When we are not mindful of cultural humility, the lifelong aspirational process of this journey, and the varying levels of awareness and knowledge for each individual, it can result in black and white thinking that escalates or heightens conflict in cases of disagreement and difference. This leads us to cancel and dispose of others rather than moving towards accountability, repair, redemption, and growth in response to harm.

Embraces mindful dialogue, accountability, repair, and growth.

- Many people struggle with addressing conflict in healthy and adaptive ways.
- Conflict and difference can be healthy, productive, and necessary and we need to develop effective skills to resolve them; otherwise, tensions and harm are likely to continue.
- Learning how to effectively engage in healthy conflict provides opportunities for us to move towards accountability.

More effective and sustainable.

- We will not end racism and systemic oppression by isolating and cancelling people.
- If we do not provide opportunities for continual learning and development, it makes progress toward equity, empathy, and inclusion difficult.
- Furthermore, if people fear being punished for saying or doing something wrong, chances are they will just remain silent and/or disengaged from these efforts.

Provides opportunities for deeper, meaningful dialogue and change.

- Reactive call outs and calls for cancellation keep everything at a surface level and prevent deeper, meaningful conversations and change.
- Learning to “call people in” to conversation creates a more solid foundation for antiracist efforts rather than “calling out” as a way to embarrass, shame, or punish.

- Calling people in does not mean that racist microaggressions or actions are acceptable or that we cannot hold those who engage in racism accountable.
    - It simply means that by calling people in, we are creating opportunities to provide feedback and inform, to better understand their actions, and to share the impact of their behavior and create a path for transformative antiracist actions.

ENGAGING IN EFFECTIVE DIALOGUE

Understanding ways one can promote and engage in effective dialogue about race and racism is important. Particularly in situations where we are calling others in or are being called in to address racism and promote accountability. We will review some key steps to consider as you prepare to engage in conversations about race and racism.

PLANNING AHEAD

Research & Information Gathering

When you are planning on discussing race, racism, and other cultural identities, it is important to be prepared and have a general understanding of the topic of conversation.

- If you are going to be speaking about an issue you are not familiar with, at minimum, complete a Google search for articles, resources, standards of practice, etc.

Self-Reflection

In anticipation of the conversation, reflect upon your own cultural identities and knowledge and how they have influenced your lived experiences and points of view.

- Reflect on the potential influence of previous experiences with similar conversations (e.g., bad, good, neutral).
- Understand what emotions, triggers, fears, comfort, or discomfort, etc. the particular topic may elicit for you and determine how to acknowledge and navigate such feelings and thoughts during the conversation.

- Seek consultation to address difficult or ambiguous feelings and thoughts prior to the conversation.

Goals & Objectives

Clarifying your goals and objectives will promote more effective dialogue about race and racism.

- Specifically, identify immediate and long term antiracist goals and efforts. Immediate goals are for the current or upcoming encounters and long term goals correspond to overarching antiracist efforts and development of cultural humility for self and others.

IN THE MOMENT

Reflect upon internal and external processes.

- Reflect and understand your thoughts and feelings in the moment and how they are impacting your engagement in the conversation.
- Conversations about race and racism can be emotionally sensitive or activating in various ways. When emotionally and/or physically activated, pause or slow down if needed.
- If you start to feel defensive, stop and ask yourself "why?" and lean into identifying an antiracist response, one that is aligned with your predetermined goals and objectives.

Balance goals, the relationship, and dignity & self-respect.

- **Goals & Objectives**
    - In the moment, remind yourself of the goals for this conversation. Assess how realistic and attainable your pre-identified goals are and adjust your expectations or approach to achieving those goals.
        - **Questions you may ask yourself:** What specific result or change do I want from this interaction? What do I have to do to get the results? What will work?

- **Relationship**
    - Assess your relationship with the individual(s) with whom you will be conversing. The types of relationships and associations that exist or lack thereof will influence your conversations.
        - **Questions you may ask yourself:** What is the context of this relationship? Is there rapport or lack of rapport? Given the type of relationship I have with this person, what expectations or goals do I have for this conversation?
    - Be mindful of relationships of power, privilege, and marginalization that are at play both interpersonally and systemically.
        - **Questions you may ask yourself:** What power dynamics and systems of inequity need to be considered in this particular context? Who holds power or privilege in this relationship? What considerations and steps need to be taken in order for this conversation or interaction to be equitable?
- **Dignity & Respect**
    - Prioritize and balance respect and dignity for self and others.
    - Engaging in such efforts involves determining how you and those involved can collaborate and communicate in a manner that respects the boundaries and needs of self and others from an equity and antiracist lens.

Every situation varies. Accordingly, all three components of engaging in effective dialogue need to be considered, balanced, and prioritized based on the specific conversation, context, and individuals involved.

Determine when to effectively disengage.

- As previously discussed, conversations about race, racism, and other culturally centered topics can become tense, combative, or ineffective. Sometimes we are able to troubleshoot the difficulties in the moment and other times it is difficult to do so.
    - **Questions to consider in the moment:** Do I know what I want in this interaction or conversation? Are my emotions getting in the way of responding or communicating effectively? Are worries, assumptions,

or misconceptions getting in the way of effective communication? Do I have the skills or knowledge I need to effectively engage or troubleshoot difficulties? Do I have the mental or emotional bandwidth for this conversation?

- Asking these questions can reduce confusion and provide a pathway for effective conflict resolution. Identify when it may be appropriate for you or others to step away from the conversation for the moment and table it for another time.
- Ultimately, when the conversation or interaction is highly combative or at a standstill and additional attempts to resolve the difficulties escalate the tension or conflict rather than diffusing it or leading those involved to a resolution, then it is best to disengage.
- Following such interactions, process and reflect upon the situation. Review ways the interaction was effective and ineffective and ways you can learn, improve, and grow from the experience and determine whether it is appropriate and possible to try again.

CALL INS, CALL OUTS – LEANING INTO ACCOUNTABILITY

You will be called in or called out as you engage in antiracism work.

- Being called in or called out is not a deterrent to antiracist work. It is part of antiracist work.
- Part of this work includes a willingness to listen to feedback, reflect on your actions and potential biases, educate yourself, apologize, and make amends through changed behavior, and a commitment to engage in antiracist efforts in the future.

These conversations will not be easy, but they will get easier over time.

- Being told that your ideas or actions are racist, biased, or microaggressive never feels good.
- You should feel remorseful when you say or do something that is racist or hurts someone. Those actions and situations should not be brushed aside, **and** such mistakes do not mean you are "bad" or beyond saving.

- We have to commit to the process if we want to address racism and racial oppression within our society, the healthcare system, and other institutions. Remember that antiracist efforts are worth it and commit to trying again.

When called in or called out respond from a place of humility.

As we previously discussed, if and when someone chooses to let you know that you have made a mistake, respond from a place of humility and acknowledge and repair the harm.

- Emphasis should be on validating the person or people and the harm they experienced as a result of your mistake.
- These situations are an invitation to become aware of racist behaviors and beliefs that are hidden to you and are an opportunity for you to do better so that you can stop engaging in harm and make amends for pain caused.

Seek consultation or support in processing challenging feelings you may experience.

CASE SCENARIOS

****Note:** Have participants reflect upon each case scenario within the larger group. If the group size is larger than 8-10 participants, consider breaking the groups up into teams of 3-4 participants for discussion of cases. In these situations, it is recommended that time is set aside for smaller groups to reconvene as one group to provide a summary of reflections. Within each scenario, there are multiple factors participants may consider. Participants may reference the "Case Scenarios" and "Engaging in Effective Dialogue" handouts to help guide their considerations.

Case 1: Calling in Colleagues

- **Scenario:** You are attending a weekly case consultation meeting with a team of providers. The team begins to review the mental and medical care of a 43-year-old, Black, cis woman (she/her pronouns) with a history of fertility difficulties and adjustment disorder with depressed mood and anxiety. During the discussion, one provider states that the patient has been very

vocal in treatment but has been generally nonadherent to recommendations. The provider describes the patient as "difficult, guarded, and aggressive" following their disagreement about treatment approaches. The provider states that they are unable to get on the same page and that "things would go a lot better if she were more pleasant and followed recommendations."

Discussion Questions

- What are effective, antiracist ways of cultivating cross-cultural dialogue in this scenario?
- What are effective ways of calling in this provider?

Case 2: Calling in Patients

- **Scenario:** Your team is treating a 53-year-old, White and Cuban, cis man (he/him pronouns) with history of anxiety and COPD. The patient expresses that he does not want to work with any AAPI providers. The patient states, "This is no offense and I'm not a racist. I just want to be safe from COVID because of my health condition." A number of your treatment team and personnel identify as AAPI.

Discussion Questions

- What are effective, antiracist ways of responding in this scenario?
- What are effective ways of cultivating cross-cultural dialogue?
- What are effective ways of calling in this patient?

****Thoughts & Considerations:** In each case scenario, it is important for providers to identify the racist microaggressions or behaviors that occurred and the impact and harm of such behaviors. Additionally, providers will need to identify and balance the goals and objectives, relationship, and dignity and respect considerations when calling in the individual(s) of interest.

Equally important, providers must be mindful and reflective about any defensiveness or biases they may experience during such interactions, remain

cognizant of their emotional reactions and their potential impact on the interaction, and demonstrate cultural humility.

The demographic information and cultural factors provided in the case scenario should also be factored into considerations of interpersonal dynamics and biopsychosocial realities.

WRAP-UP

****Note:** During the last few minutes of the training module, facilitators should wrap-up any additional thoughts and/or answer participants' questions about this week's topic and training logistics.

Week 4: Cancel Culture vs. Accountability & Redemption Culture

References & Additional Resources

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