

Dialogues About Race Training Series

Participant Handbook

Delmira Monteiro, Psy.D.

November 2021

Supported by an “APPIC Call to Action on Equity, Inclusion, Diversity, Justice, and Social Responsivity” grant awarded to VA Northern California’s Psychology Training Program; Co-PIs: Delmira Monteiro, Psy.D., Larry E. Burrell II, Ph.D., & Matthew J. Cordova, Ph.D.

Dialogues About Race

Participant Resources Overview

Week 1 Resources

- Group Guidelines
- Self-Reflection Questions: Race & Racism
- Addressing Model (Hays, 2008) Graph
- Self-Reflection Questions: Racial & Intersectional Identities
- References & Additional Resources

Week 2 Resources

- Lens of Systemic Oppression
- Discussion Questions: Systemic Racism
- Intersectionality Graph
- Discussion Questions: Intersectional Identities
- References & Additional Resources

Week 3 Resources

- Key Reflection Questions

- Case Scenarios
- References & Additional Resources

Week 4 Resources

- Self-Reflection Questions: Cancel Culture
- Cancel Culture vs. Accountability & Redemption Culture Graph
- Engaging in Effective Dialogue Handout
- Case Scenarios
- References & Additional Resources

Dialogues About Race

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

Overview

- Training Introduction: *Dialogues About Race* Series
- Group Guidelines
- Self-Reflection: Race & Racism
- Power, Privilege, & Oppression
- ADDRESSING Model (Hays, 2008)
- Self-Reflection: Racial & Intersectional Identities
- Wrap-Up

Dialogues About Race

Group Guidelines

- **Confidentiality**
- **Commit to Learning**
 - Challenge yourself to explore new ideas or actions
 - Recognize impact of mistakes, practice providing skillful feedback, and practice humility
- **Promote Inclusivity & Respect**
- **Remain Mindful**
 - Be aware and in touch with internal experiences
 - Utilize active listening
 - Be mindful of language
- **Consider Assumptions & Generalizations**
- **Take Space, Make Space**
- **Cultural Humility**
 - Remember, cultural humility is a lifelong, aspirational process

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

Self-Reflection Questions: Race & Racism

- 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?

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

ADDRESSING MODEL (Hays, 2008)

Cultural Characteristic	Dominant Groups	Marginalized Groups
Age	Adults	Children, adolescents, older adults
Developmental/ Acquired Disability	Able-Bodied	Individuals with developmental disabilities or acquired disabilities
Religion/Spirituality	Christians	Muslims, Jews, Non-Christians
Ethnicity/Race	White/European Folx	BIPOC
Socioeconomic Status/Social Class	Middle & owning class; individuals with higher education	Poor & working class; people of lower status by education, income, occupation, or geographical habitat
Sexual Orientation	Heterosexuals	Queer, gay, lesbian, bisexual, pansexual, asexual folx
Indigenous Heritage	Non-Indigenous/Non-Native	Indigenous/Native
National Origin	U.S. born	Immigrants, refugees
Gender	Cis men	Trans folx, intersex folx, cis women, non-binary/gender non-conforming folx

****Veteran/Military Status**

**Not originally included in the ADDRESSING model yet serves as an important cultural identity and consideration. Remember, this model serves as a guide to understanding many intersectional identities but is by no means an exhaustive list.

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

Self-Reflection Questions: Racial & Intersectional Identities

- 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?

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

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Dialogues About Race

Week 2: Understanding Systems, Systemic Racism, & Intersectionality

Overview

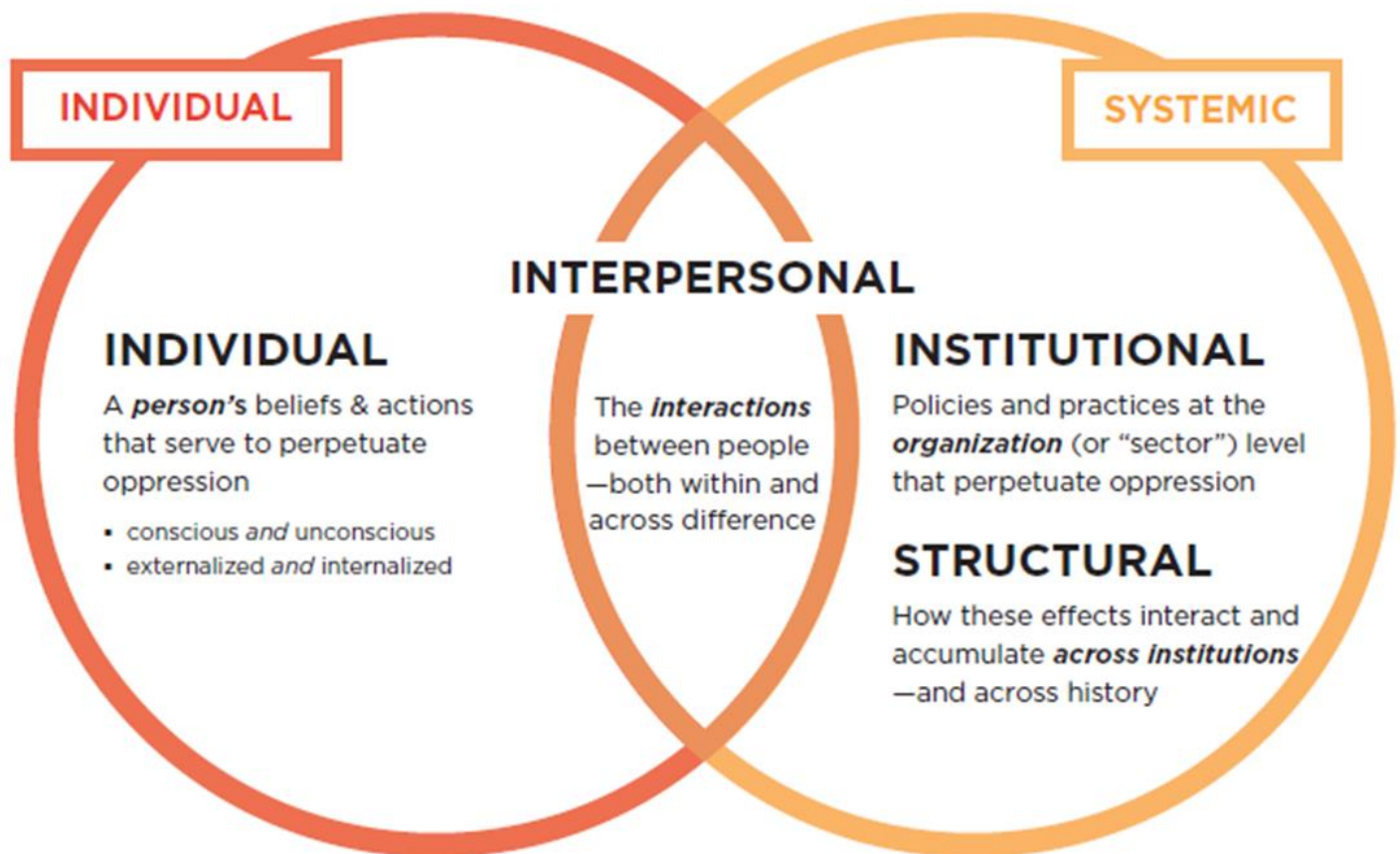
- Biases, Prejudice, Discrimination, & Racism
- Multi-Level Approaches to Addressing Racism
- Discussion: Systemic Racism
- Intersectionality
- Discussion: Intersectional Identities
- Wrap-Up

**Week 2: Understanding Systems, Systemic Racism, &
Intersectionality**

Lens of Systemic Oppression



THE LENS OF SYSTEMIC OPPRESSION



Week 2: Understanding Systems, Systemic Racism, & Intersectionality

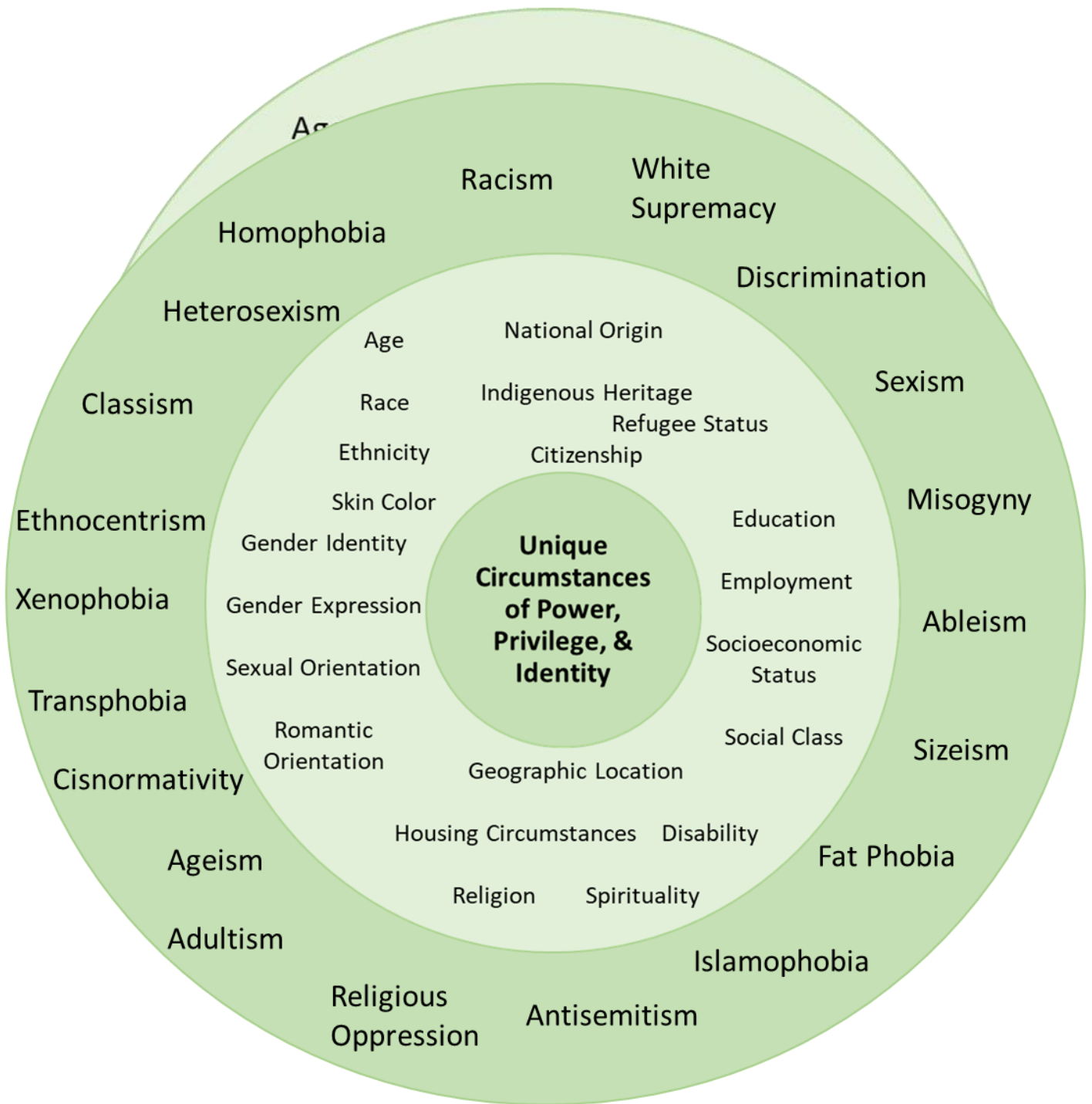
Discussion Questions: Systemic Racism

- 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 our work with patients?

Week 2: Understanding Systems, Systemic Racism, & Intersectionality

Intersectionality Graph

INNERMOST CIRCLE & SECOND LAYER



THIRD LAYER

FINAL LAYER



Week 2: Understanding Systems, Systemic Racism, & Intersectionality

Discussion Questions: Intersectional Identities

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?

Week 2: Understanding Systems, Systemic Racism, & Intersectionality

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Dialogues About Race

Week 3: Antiracist Clinical Practices

Overview

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

Week 3: Antiracist Clinical Practices

Key Reflection Questions

During Patient Interactions

- 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

- How did I do? What could I have done differently?
- What biases did I notice in my thinking?
- What made me say X or Y?
- 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?

Week 3: Antiracist Clinical Practices

Case Scenarios

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?

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 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 ways of responding to this patient’s disclosure?

Week 3: Antiracist Clinical Practices

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Dialogues About Race

Week 4: Cancel Culture vs. Accountability & Redemption Culture

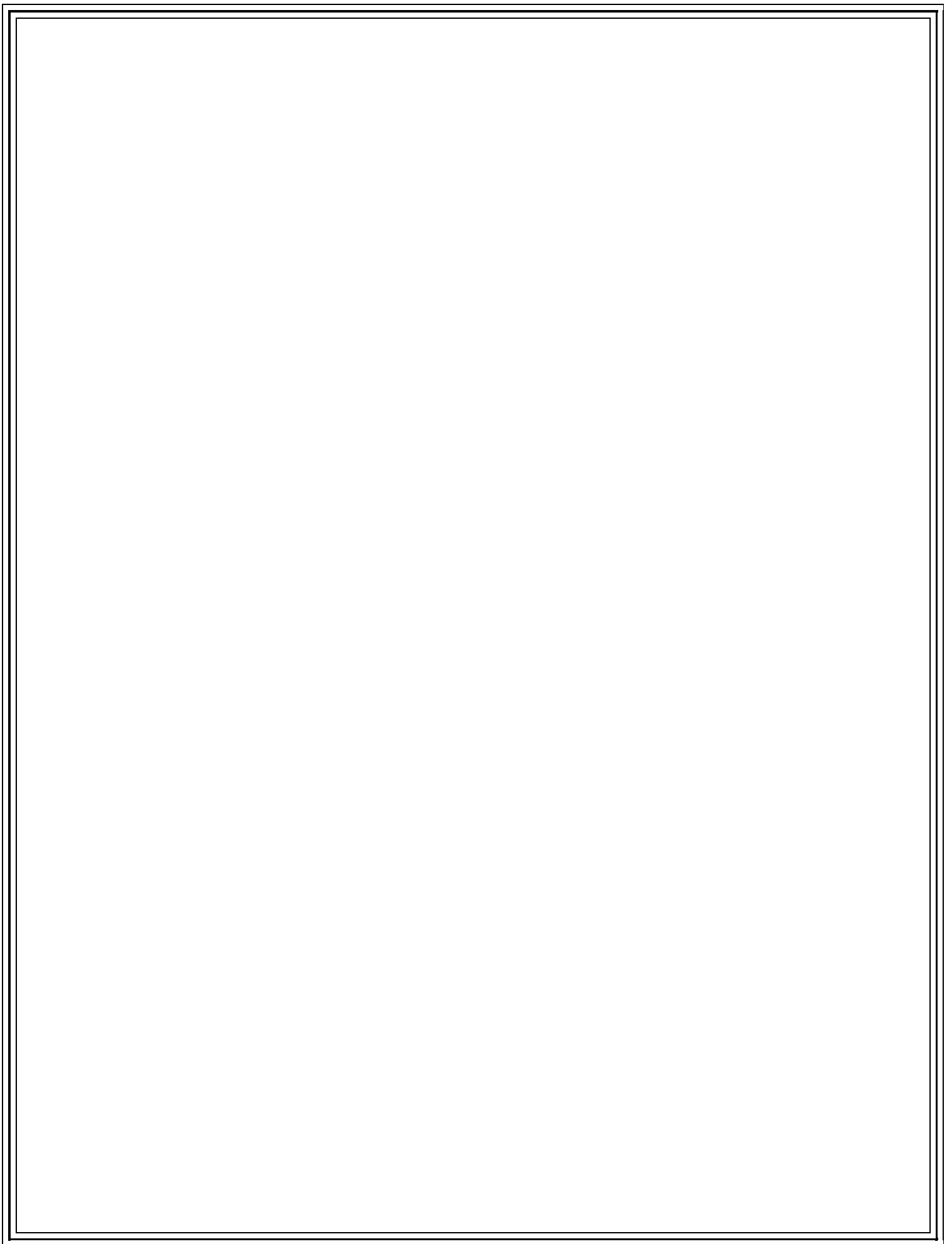
Overview

- Cancel Culture vs. Accountability Redemption Culture
- Engaging in Effective Dialogue
- Mistakes & Repair
- Call Ins, Call Outs – Leaning into Accountability
- Case Scenarios
- Wrap-Up

Week 4: Cancel Culture vs. Accountability & Redemption Culture

Discussion Questions: Cancel Culture

- 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?



Week 4: Cancel Culture vs. Accountability & Redemption Culture

Cancel Culture vs. Accountability & Redemption Culture Graph

CANCEL CULTURE

Utilizes black and white ways of thinking

Undermines cultural humility

Embraces reactive, punitive forms of punishment and justice

Ineffective and unsustainable

Prevents deeper, meaningful conversations and change

ACCOUNTABILITY & REDEMPTION CULTURE

Embraces multiple realities and truths

Prioritizes building cultural humility

Embraces dialogue, accountability, repair, and growth

More effective and sustainable

Provides opportunities for deeper, meaningful conversations and change

Week 4: Cancel Culture vs. Accountability &
Redemption Culture

**Engaging in Effective Dialogue: Goals, Relationship,
Dignity & Respect**

Use this handout as a guide to identify and balance goal, relationship, and dignity and respect considerations. You may use this resource in anticipation of an initial conversation or as a guide for follow up conversations.

Situation or Scenario:

Goals or Objectives for this Situation:

Context & Quality of the Relationship:

Dignity & Self Respect Considerations:

Week 4: Cancel Culture vs. Accountability & Redemption Culture

Case Scenarios

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. 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?

Week 4: Cancel Culture vs. Accountability & Redemption Culture

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