Maryland Behavioral Health Integration in Pediatric Primary Care (MD BHIPP)

1-855-MD-BHIP (632-4477)
www.mdbhipp.org
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Who We Are – Maryland BHIPP

Offering support to pediatric primary care providers through free:

- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & education
- Regionally specific social work co-location (Salisbury University and Morgan State University)
- Project ECHO®
- Direct Telespsychiatry & Telecounseling Services
- Care coordination
Partners & Funding

- BHIPP is supported by funding from the **Maryland Department of Health, Behavioral Health Administration** and operates as a collaboration between the **University of Maryland School of Medicine**, the **Johns Hopkins University School of Medicine**, **Salisbury University** and **Morgan State University**.

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Dr. Beason is a licensed clinical and community psychologist at the National Center for School Mental Health and an Assistant Professor in the Division of Child and Adolescent Psychiatry at the University of Maryland School of Medicine. Dr. Beason has served as a school mental health clinician in the Baltimore City Public School System for several years. Dr. Beason serves as the director of Cultural Responsiveness, Anti-Racism and Equity within the National Center for Safe Supportive Schools. Dr. Beason is also a co-developer of a national curriculum for educators to promote culturally responsive and equitable mental health support in classrooms.
Disclosures

- Dr. Beason has no financial relationships with ineligible companies (either individually or as a group)
BHIPP Resilience Break: Culturally Responsive, Trauma-Informed Practices for Pediatric Primary Care Providers
What is one of your favorite spring self-care/well-being activities? Share your response in the chat box!
Learning Objectives

The learner will be able to...

1. Define key concepts and principles related to culturally responsive and trauma informed care.

2. Understand how to apply several culturally responsive and trauma-informed clinical practices and strategies with youth and families.

3. Name 2-3 resources to further understand and apply culturally responsive and trauma-informed practices.
All children should be safe and supported...
Defining CARE

Cultural Responsiveness
Culturally responsive care is about intentionally honoring and integrating the child and family’s cultural and identity-based values, beliefs, strengths, needs and expectations into healthcare services.

Anti-Racism
Actively and intentionally promoting school policies and practices that lead to equity and oppose racism and other forms of oppression.

Equity
Ensuring that every child and family has what they need to achieve academically and experience positive mental health and well-being.
Why is CARE Important?

- Cultural sensitivity and responsiveness in healthcare positively influences patient adherence to treatment and health outcomes (Lukoschek, 2003; Rose, Kim, Dennison & Hill, 2000)

- When clinicians are less culturally sensitive and responsive, patients experience lower adherence to recommended treatment behaviors (Lukoschek, 2003; Rose, Kim, Dennison & Hill, 2000)

- Practices that are not culturally responsive, anti-racism or equitable contribute to health and mental health disparities that harm individuals and communities from historically marginalized groups. And inequities can cause significant distress and can be experienced as traumatic.

- Conversely, practices that are culturally-responsive, anti-racist and equitable are more trauma-informed.
Foster Cultural Humility (Tervalon & Murray-Garcia, 1998)

Seek to **learn about diverse cultures**

**Lifelong commitment** to self-evaluation and critique

**Limit power imbalances**

Work in partnership with others to **dismantle systems of injustice**
Understand and manage implicit biases

perceptions of others + lack of conscious awareness = IMPLICIT BIAS
Reflection Question

• What is one biased perception (or stereotype) that other people may have about youth and families you work with?

• What is an impact of this bias on youth and families?
Manage and address implicit bias

- Strategies for clinicians:
  - Individual reflection
  - Clinical supervision
  - Peer consultation
  - Independent study
  - Continuing education

Resource:
Harvard Implicit Association Task
https://implicit.harvard.edu/implicit/takeatest.html
Explore identity using ADDRESSING Model (Hayes, 2007)

<table>
<thead>
<tr>
<th>Cultural Self-Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>A    Age &amp; Generational Influences</td>
</tr>
<tr>
<td>D    Developmental / Acquired Disabilities</td>
</tr>
<tr>
<td>R    Religion &amp; Spiritual Orientation</td>
</tr>
<tr>
<td>E    Ethnicity</td>
</tr>
<tr>
<td>S    Socio-economic status</td>
</tr>
<tr>
<td>S    Sexual Orientation</td>
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<tr>
<td>I    Indigenous heritage</td>
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<td>N    National origin</td>
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<tr>
<td>G    Gender Identity</td>
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Defining Power and Privilege

**Power** is the ability to influence and make decisions that impact others.

**Privilege** refers to advantages and benefits that individuals receive because of social groups they are (or are perceived to be) a part of. Privilege is often a result of marginalization of another group.
### Consider Identity & Power

<table>
<thead>
<tr>
<th>Identity Characteristic</th>
<th>Power</th>
<th>Less Power/Oppression</th>
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<tbody>
<tr>
<td>Age</td>
<td>Adult</td>
<td>Child and Senior</td>
</tr>
<tr>
<td>Disability status (physical)</td>
<td>People without a disability</td>
<td>Person with disabilities</td>
</tr>
<tr>
<td>Disability status (mental)</td>
<td>Person without a mental health disorder</td>
<td>Person with a mental health disorder</td>
</tr>
<tr>
<td>Religion</td>
<td>Christian</td>
<td>Anything else</td>
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<tr>
<td>Sexual Orientation</td>
<td>Heterosexual</td>
<td>Anything else</td>
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<tr>
<td>Socioeconomic Status</td>
<td>Owning and middle class</td>
<td>Lower- and working- class</td>
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<tr>
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<td>Non-native/Settler</td>
<td>Native or Indigenous</td>
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<tr>
<td>National origin</td>
<td>US Born</td>
<td>Non-US Born</td>
</tr>
<tr>
<td>Gender Identity</td>
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<td>Anything else</td>
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### Moment for Reflection

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How do your personal characteristics relate to:

...more power/privilege?

...less power/privilege?
Reflection Question

• What issues related to power, oppression and identity impact the youth and families you work with?
Why Reflect?
Sample questions for individual reflection

What social cultural groups do I identify with?

How might my beliefs, values and biases impact my clinical practices?

What are the identities of my patients and the histories of these groups?
Understand racism and oppression (Jones, 2000)

**Institutionalized**: system that results in differential access to goods, services, and opportunities in society by race

**Personally-mediated**: the differential assumptions about the abilities, motives and intentions of others by race and the differential actions based on those assumptions

**Internalized**: the stigmatized races accept falsehoods about their own inferior abilities and intrinsic worth
Broaden our understanding of trauma (BraveHeart et al., 2011)

**Traumatic Event**
An event that involved the actual or possible threat of death, violence or serious injury

**Historical Trauma**
Cumulative harm to a group caused by an historical event whose effects impact multiple generations

**Racial Trauma**
Traumatization due to experiences of racism
Utilize best practices for doing trauma/ACEs assessment

✓ Utilize best practices for doing trauma-informed screening and assessment
  ✓ Before using screening tools, discuss what child and family needs to feel safe
  ✓ Provide rationale for why you are screening for trauma
  ✓ Monitor how youth/families are doing during the process by providing opportunities for emotional check-ins
  ✓ Take time to explain how the information will be used
  ✓ Do appropriate follow-ups on questions related to safety (i.e., suicidal ideation)
  ✓ Make appropriate referrals to a behavioral health services when applicable

Screen/assess for exposures to social injustices

Utilize assessment processes that ask about exposures to social injustices

- Trauma Symptoms of Discrimination Scale: [https://www.mentalhealthdisparities.org/docs/TraumaSymptomsDiscriminationScale.pdf](https://www.mentalhealthdisparities.org/docs/TraumaSymptomsDiscriminationScale.pdf)

- Perceptions of Racism in Children and Youth (PRaCY): [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2891186/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2891186/)

- Expanded ACEs questionnaire: [https://www.philadelphiacces.org/philadelphia-ace-survey](https://www.philadelphiacces.org/philadelphia-ace-survey)

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### Philadelphia Expanded ACE Questions

**Look at Community-Level Adversity**

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
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</thead>
<tbody>
<tr>
<td>Witness Violence</td>
<td>How often, if ever, did you see or hear someone being beaten up, stabbed, or shot in real life?</td>
</tr>
<tr>
<td>Felt Discrimination</td>
<td>While you were growing up...How often did you feel that you were treated badly or unfairly because of your race or ethnicity?</td>
</tr>
<tr>
<td>Adverse Neighborhood Experience</td>
<td>Did you feel safe in your neighborhood? Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted?</td>
</tr>
<tr>
<td>Bullied</td>
<td>How often were you bullied by a peer or classmate?</td>
</tr>
<tr>
<td>Lived in Foster Care</td>
<td>Were you ever in foster care?</td>
</tr>
</tbody>
</table>
Assess for positive childhood experiences

How much or how often during your childhood did you:

1. feel able to talk to your family about feelings;
2. feel your family stood by you during difficult times;
3. enjoy participating in community traditions;
4. feel a sense of belonging in high school;
5. feel supported by friends;
6. have at least two non-parent adults who took genuine interest in you; and
7. feel safe and protected by an adult in your home.

Source: https://acestoohigh.com/got-your-ace-score/
Use a strengths-based approach

- Lead with child/family strengths and skills
- Present challenges as areas for growth
- Mental health services as “additional supports” to help the child meet their goals
- Focus intentionally on promoting positive view of self, healthy relationships, and adaptive skill sets
Promote cultural based strengths

- Safe Spaces
- Demonstrating pride
- Displaying cultural symbols
- Social justice advocacy
- Focusing on exemplars in the community
Reflection Question

• What strategies or practices do you use to promote youth and family cultural-based strengths?
Respect youth and families as the “expert”
Ask directly about aspects of culture and identity

If you had to describe your family using 3 words, what would they be?

How would you describe who you are and where you are from to someone new?

What languages do you speak at home vs. at school or in the community?

Do you have specific religious or spiritual beliefs? What are important things you do or believe related to religion/spirituality?

What are your top 3 goals/values for your child? ...family?

Ask questions concerning health-related beliefs

“How do you/your family/your community members think the problem should be treated?”

“Have you tried remedies like herbs or remedies from your homeland?”

“Who in your family/community/religious group can help you?”

“Are there religious food prescriptions and restrictions that you might follow?”

Resource: https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Professionals/Professionals-Resources/Diversity-Services/Understanding-beliefs-culture.pdf
## Support families with overcoming barriers to access to behavioral health treatment

<table>
<thead>
<tr>
<th>Validate</th>
<th>feelings and concerns about stigma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normalize</td>
<td>childhood mental health needs and helpfulness of seeking support</td>
</tr>
<tr>
<td>Acknowledge</td>
<td>history of unethical practices in healthcare system</td>
</tr>
<tr>
<td>Encourage</td>
<td>families to “interview” their providers to ensure a good fit for their needs</td>
</tr>
<tr>
<td>Facilitate</td>
<td>referral to trusted, culturally responsive service providers</td>
</tr>
</tbody>
</table>
Reflection Question

What are some of the cultural-based strengths of the youth and families in your clinical practice?
Become a systems change agent

01
Serving on social justice organizations and committees

02
Reporting structural concerns to administrators and leadership

03
Spreading social justice awareness through professional and social networks to influence policy

04
Serving as a social justice advocate and champion in your org or community
Selected References


Thank you!

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For resources related to the COVID-19 pandemic, please visit us at BHIPP Covid-19 Resources.