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# I DON'T SEE COLOR

Real Tools for Becoming More Culturally Responsive

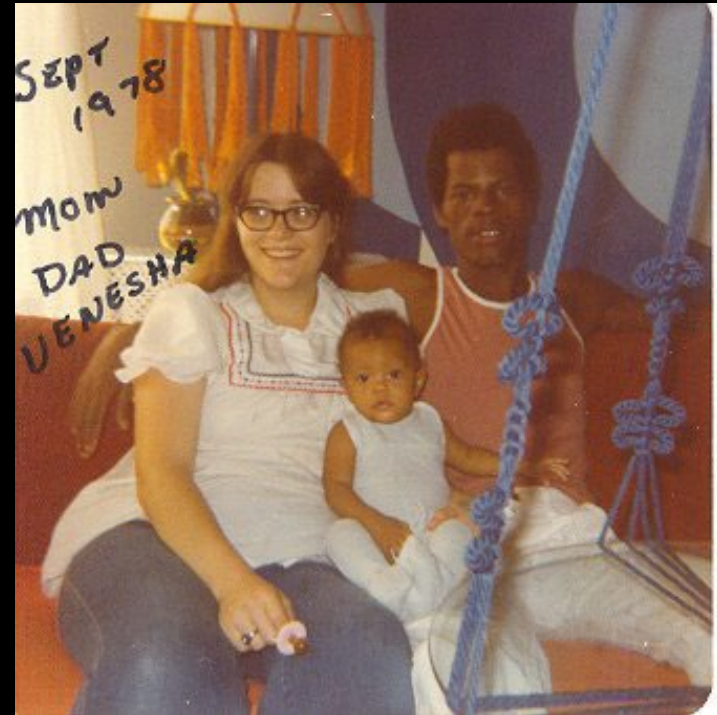
# SAFE SPACE

## Ground Rules

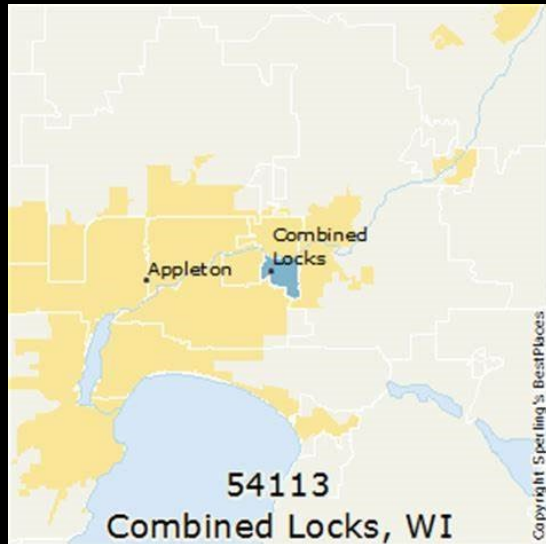
- It is all right to feel embarrassed or not to know answers to everything
- Everyone's opinions are to be respected
- All questions will be addressed appropriately
- Speak for yourself. Use "I statements" to state opinions or feelings
- Respect others' differences

this  
is a  
judgement  
free  
zone

# ABOUT ME



# WHERE IS COMBINED LOCKS, WI?



# SO MANY NEW WORDS... WHAT DO THEY ALL MEAN?

Anti-Racism - Actively identifying and opposing racism, with the goal of changing policies, behaviors, and beliefs that sustain inequality.

BIPOC – Black, Indigenous, People of Color; this term acknowledges the distinct experiences and histories of these groups.

Code-Switching – Changing cultural and linguistic expression based on the social or professional context, adapting language and behavior accordingly.

Color Blind(ness) – Treating people as equal without considering race or culture. While well-intentioned, it can overlook the real challenges faced by marginalized groups.

Critical Race Theory (CRT) – Studied primarily in fields like law, sociology, education, and political science. It explores how race and racism influence laws and social systems, highlighting systemic inequalities and seeking to challenge them.

Karen or “Karen-Like Behavior” – Slang for a white woman who is aware of her privilege and uses it to demand special treatment; can also refer more broadly to anyone exhibiting entitlement. (The male version is called a Ken.)

Safe Space – A place people can be comfortable expressing themselves without fear as it relates to their cultural background, biological sex, religion, race, gender identity or expression, age, physical or mental ability.



## Diversity & Inclusion Terminology

**Ally**  
**Noun:** Advocates for people from underrepresented or marginalized groups. An ally takes action to support people outside of their own group.

**Emotional Tax**  
**Noun:** The combination of being on guard to protect against bias, feeling different at work, and the associated effects on health, well-being, and ability to thrive.

**Equity**  
**Noun:** Working toward fair outcomes for people or groups by treating them in ways that address their unique advantages or barriers.

**Equality**  
**Noun:** Treating everyone the same way, often while assuming that everyone also starts out on equal footing or with the same opportunities.

**Intersectionality**  
**Noun:** The intertwining of social identities such as gender, race, ethnicity, religion, sexual orientation, which can result in unique experiences, opportunities, & barriers.

**Unconscious Bias**  
**Noun:** An implicit association, whether about people, places, or situations, which are often based on mistaken, inaccurate, or incomplete information.

# Racism and Discrimination in Health Care



Mid-1800s: Surgeon James Marion Sims is often referred to as the "father of modern gynecology" for developing surgical childbirth techniques. However, he created these methods by operating on enslaved Black women and newborns without the use of anesthesia.

1830s: Samuel George Morton authored a book claiming that Black people had smaller skulls and, consequently, smaller brains compared to White people. Experts argue that his work laid the groundwork for scientific racism.

1861-1865: During the Civil War, the Union Army's separate, poorly staffed wards for Black soldiers led to higher death rates from wounds that White soldiers often survived. Black individuals were also subjected to medical experiments without consent, whether alive or deceased.

1913: Sterilization laws, originally targeting individuals with mental illnesses, expanded to various medical conditions, giving doctors significant discretion. As a result, Black and Latina women were four times more likely to be sterilized than White women.

1932: The U.S. Public Health Service conducted the 40-year Tuskegee Study on untreated syphilis, involving about 600 poor Black sharecroppers—399 with latent syphilis and 201 without. Participants were misled into believing they were receiving free medical care and remained unaware of their condition. Even after a treatment became available, they received no medical care.

1930-1950: Officials tested experimental drugs and vaccines on Indigenous children in boarding schools, withheld nutritional supplements from First Nations communities, and performed unnecessary surgeries on seemingly healthy individuals.

1800

1900

2000

April 10, 1945: Ebb Cade, an African American man, was the first test subject in the Human Radiation experiments related to the Manhattan Project in Tennessee. Following a car accident in 1945 that left him with fractured bones, he was injected with plutonium without his consent. He did not receive treatment for his fractures until several days later, and fifteen of his teeth were extracted to assess the effects of the radiation. Cade passed away eight years later from heart failure.

Oct. 4, 1951: Henrietta Lacks, a 31-year-old African American mother of five from Virginia, died of cervical cancer. Without her knowledge or consent, researchers used her cancer cells, known as HeLa cells, which became crucial in medical research, including the development of the polio vaccine and studies on cancer and AIDS. Despite their significant contributions, Lacks' family has never received compensation or acknowledgment for the use of her cells.

Jan. 16, 2020: The National Center for Health Statistics released data from 2018 highlighting that Black women experience pregnancy-related deaths at a rate 2.5 times higher than that of White women. In contrast, Hispanic women have the lowest rate of maternal mortality.

Dec. 20, 2020: Dr. Susan Moore was a Black physician who became widely known after her tragic experience with healthcare disparities and medical racism. In December 2020, she shared her story on social media after being hospitalized with COVID-19. Dr. Moore described how she felt her pain and concerns were dismissed by medical staff, despite being a physician herself. She died 2 weeks later.

Oct. 6, 2022: The City of Philadelphia apologized for unethical medical experiments conducted on mostly Black inmates at Holmesburg Prison from the 1950s to the 1970s. The city allowed Dr. Albert Kligman from the University of Pennsylvania to expose about 300 inmates to harmful agents, including viruses, fungi, and dioxin, a component of Agent Orange. Most subjects were Black men, many awaiting trial and financially vulnerable.

# WHY MENTAL HEALTH CARE IS STIGMATIZED IN BIPOC COMMUNITIES?

- Mental health issues are often compounded by the psychological stress of systemic racism (racial trauma).
- Seeking mental health care is stigmatized.
- Reluctance to seek both physical and mental health care can often be attributed to a general distrust of the medical establishment.
- Seeking mental health care is often viewed as a weakness, running counter to the survivalist mentality born from systemic oppression and chronic racism.
- The phenomenon of religiosity that permeates many African American communities.
- The phenomenon of criminalization of African American behavior, which is framed within the context of the American justice system.





# MULTIGENERATIONAL TRAUMA & ADDICTION

## Impact on BIPOC Communities:

**Self-esteem:** Feelings of hopelessness and depression can arise from negative racial stereotypes that have been internalized and passed down through generations.

**Health Outcomes:** Racial battle fatigue is a phenomenon where individuals experiencing chronic racial discrimination face physiological, psychological and emotional strain due to the constant stress of race-related issues.

**Internalized Oppression:** Internalized racist stereotypes occur when individuals targeted by discrimination begin to internalize the myths and misinformation about the group, affecting their self-image.

**Addiction:** Trauma can alter brain function, making individuals more vulnerable to substance use disorder. Multigenerational trauma is a significant risk factor for addiction.

“

*What stands between a disrespected African American and the source of disrespect is almost four hundred years of history, four centuries of being the targets of humiliation and abuse. A history of racial conflict, inequality, and contempt culminates in a moment that few people not of the culture could comprehend, let alone predict.*

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**DR. JOY DEGRUY**





# SUD TREATMENT: FACTORS THAT BLOCK ACCESS AND HINDER OUTCOMES FOR BIPOC INDIVIDUALS

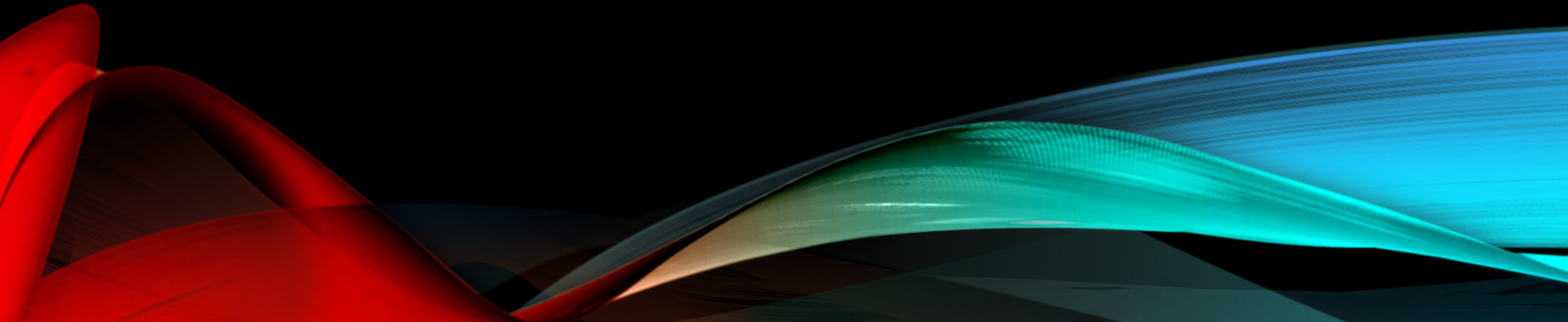
Screening and Brief Intervention Gaps

Racism and Trauma in Behavioral Health

Medication-Assisted Treatment and Unequal Access to Care

# SO WHAT'S NEXT?

Cultural Competence or Cultural Humility?



# IT'S NOT ENOUGH TO JUST BE CULTURALLY COMPETENT

## Process of Gaining Cultural Competence

Lacks cultural awareness and thinks there is only one way of doing things

**Culturally Incompetent**

Views themselves as culturally superior to other cultures

Recognizes different cultures and seeks to learn about them

Sees all the same people, and thinks everyone should be treated the same

Actively seeks knowledge about other cultures; educates others about cultural differences

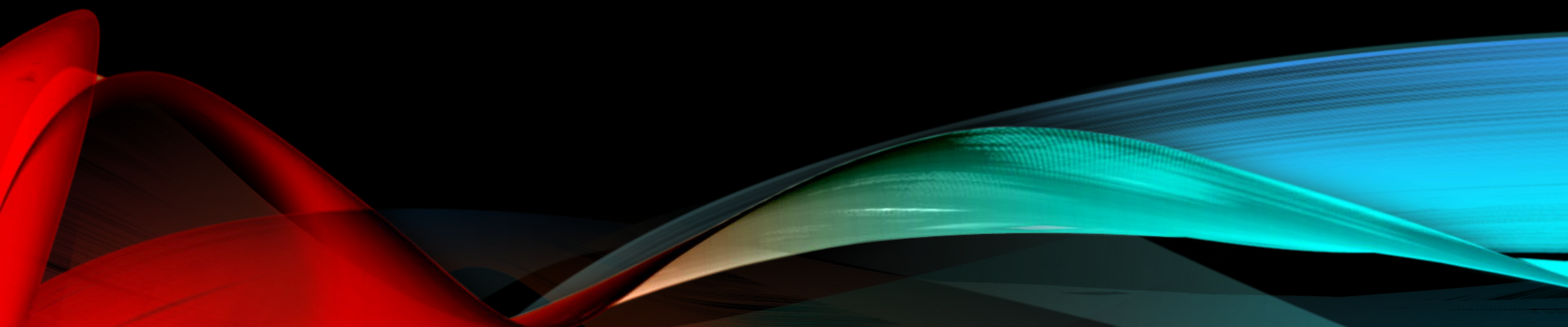
**Culturally Competent**

Accepts, appreciates and accommodates cultural differences. Understands the effect his/her own culture has in relating to others

- Cultural Competence – the ability to understand, appreciate and interact with people from cultures or belief systems different from one's own.
- The goal is to move away from a way of doing to a way of being.
- Our cultural identity and that of our client are both salient aspects of the therapy dynamic (American Psychological Association (2003))

# CULTURAL HUMILITY

**a process of reflection and lifelong inquiry**, involves self-awareness of personal and cultural biases as well as awareness and sensitivity to significant cultural issues of others. Core to the process of cultural humility is the researcher's deliberate reflection of her/his values and biases.



# CULTURALLY RESPONSIVE TREATMENT

- Responding to and making room for the client's culture in the therapeutic process. This may look like:
  - Asking questions about their family's cultural background and beliefs,
  - Asking about their use of emotional expression, and
  - Learning their perspective of their symptoms, even if it's unrelated to the presenting problem.
- As clinicians, we cannot be culturally responsive if we have not first worked on developing cultural humility.





# DOING THE WORK

Cultural humility is a mind-set shift and a career-long commitment. For those looking to get started on this journey, here are skills you can begin working on.

# SELF-AWARENESS

- Engage in self-reflection and self-understanding to develop an accurate view of self.
- Take the time to reflect on how your different social identities (e.g. religion, sexuality, generation, acculturation, socioeconomic status, education, ethnicity etc.) have influenced your worldview.
- Engage in reading, dialogues, workshops etc. that help you have a better understanding of your privileges, biases and values.





# ALLYSHIP MEDIA LIST

## Books

- White Fragility: Why it's so Hard for White People to Talk about Racism by Robin Diangelo
- So you Want to Talk about Race by Ijeoma Oluo
- Explaining White Privilege to a Broke White Person by Gina Crosley-Corcoran
- The New Jim Crow: Mass Incarceration in the Age of Color Blindness by Michelle Alexander
- How to be an Anti Racist by Ibram X Kendi
- Post Traumatic Slave Disorder by Dr. Joy DeGruy Leary

## Series & Documentaries

- 13<sup>th</sup>
- When they See Us
- Dear White People
- We Shall Remain
- Dawnland
- Central Park Five
- 16 Shots
- Hello, Privilege. It's Me Chelsea
- I Am Not Your Negro
- Freedom Riders

## Movies

- The Hate U Give
- Just Mercy
- BlacKkKlansman
- The Color Purple
- Selma
- If Beale Street Could Talk
- Get Out
- Do the Right Thing
- Judas and The Black Messiah
- 12 Years A Slave

# VALUING OF OTHERS



- Be curious! Demonstrate a willingness to learn from others around you (e.g. colleagues, clients, friends etc.) and respond from a place of genuineness and authenticity.
- It's okay to not know everything, in fact, admitting ignorance and asking questions is a cornerstone of humility.
- Be careful that you are not placing the responsibility on clients to teach you about their culture.
- There is a difference between asking someone to teach you about racism and asking to learn their experience of racism. Finding the balance is necessary.



# THE ELEPHANT IN THE ROOM

Discomfort is not a valid reason for avoiding uncomfortable conversations, nor is ignorance.

- “White Americans are socialized to *avoid* — not discuss — race, but acknowledging it in your practice can be imperative to your work together.”
- It is an emotional exchange that may seem to be disarming as it will address the elephant in the room — race.
- What matters most in that moment is building trust with the client. The conversation will demand raw and thoughtful vulnerability and humility.
- Some simple, yet powerful, phrases can invite openness with your client.

## Sample statements

- *“I know I won’t be able to fully appreciate or understand your experience as a person of color in the USA.”*
- *“It is my commitment to you that I will try. When I don’t, I will educate myself rather than put the burden of explaining oppression on you.”*
- *“Sometimes I will mess up. I hope you will tell me when I do, so I can do better.”*
- *“Within our safe and validating relationship, you can always trust that I will believe you when you say you’ve experienced racism, bias, or discrimination.”*
- *“I acknowledge I benefit from privilege I have not earned.”*

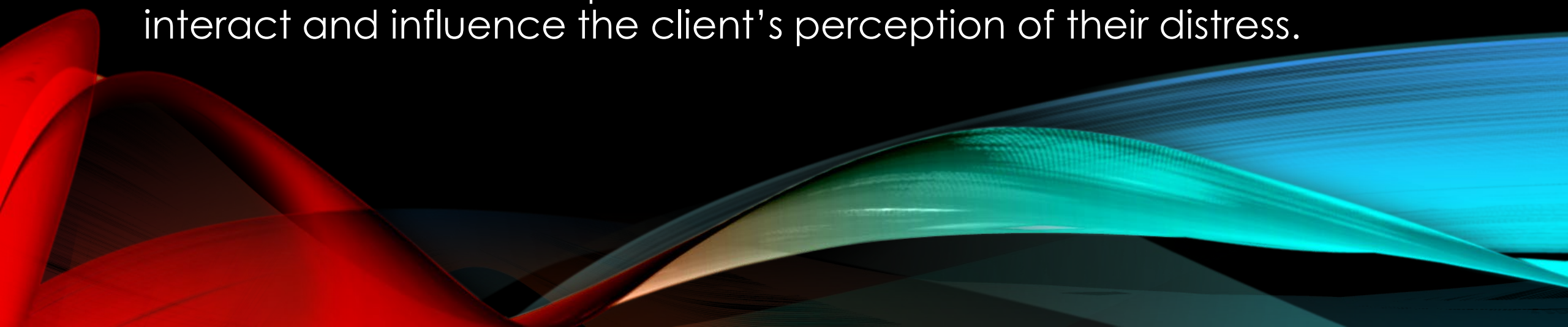
# GROWTH

- Practicing cultural humility is a process.
- This is not a skill that we build overnight, but a continuum of continued learning throughout our careers as clinicians.
- Push through discomfort and anxiety related to cultural conversations and enter conversations acknowledging that you may not feel your best throughout the conversation.



# FOSTERING EMPATHY FOR CLIENTS

Culturally responsive therapy requires this empathy to truly understand and conceptualize how the client's social identities interact and influence the client's perception of their distress.



# CULTURALLY RESPONSIVE CASE MANAGEMENT

Educate	Cultural Awareness: Educate yourself about diverse cultures and recognize your biases.
Listening	Active Listening: Listen without judgment and use open-ended questions to encourage dialogue.
Build	Build Trust: Establish rapport by showing genuine interest and respect for clients' backgrounds.
Tailor	Individualized Approach: Tailor interventions to meet the unique needs of each client.
Engage	Engage Community Resources: Collaborate with local organizations that serve diverse populations.
Ensure	Inclusive Practices: Ensure materials and communication are culturally sensitive and accessible.
Advocate	Advocate for Clients: Support clients in navigating systems and addressing barriers to care.
Stay	Continuous Learning: Stay informed about cultural competency and seek feedback to improve.
Empower	Empower Clients: Involve clients in decision-making and respect their autonomy.
Reflect and Adapt	Reflect and Adapt: Regularly assess your practices and be open to change based on feedback.

# TIPS FOR DOING CULTURALLY RESPONSIVE WORK

1. One-size doesn't fit all
2. Consider how your values, worldview, upbringing, etc. may influence your client's perception of, rapport with, or trust in you.
3. Ask yourself, are you being tolerant, inclusive or integrative?
4. Acknowledge what is happening in the world outside of the group room
5. Don't make assumptions



# POTENTIAL BARRIERS

1. Fear
2. Lack of preparedness for emotionally charged conversations
3. Feelings of inadequacy
4. Politeness protocol
5. Colorblindness





# IN CONCLUSION...I CHALLENGE YOU TO

- Take Harvard's Implicit Bias Test
- Do the 21-Day Racial Equity Habit Building Challenge (<https://www.eddiemoorejr.com/21daychallenge>)
- Attend a cultural event you would not normally attend (Africa Fest, Pride, Native American Pow Wow)
- Attend a social justice, equity or equality protest (Black Lives Matter, Trans Rights March, Women's March)
- Listen to a podcast (1619, Stepping Into Truth, NPR Code Switch)
- Invite someone from another culture out to lunch or dinner
- Travel to a large city and explore cultural neighborhoods and food
- Travel internationally