



Housekeeping



- Please put your phones on silent
- If you are applying for continuing education, please be sure you are signed in
- Please complete the online evaluation
- No questions are bad questions

Agenda



1:00	Welcome, housekeeping, & community agreements
1:30	Small group introductions
1:45	Opening remarks
2:00	Exploratory small group discussion
2:15	Break
2:30	Using an Anti-Racist, Trauma-Informed Approach When Talking to Patients About Racism
3:30	Small group activity
3:50	Wrap up
4:00	Adjourn
2:15 2:30 3:30 3:50	Break Using an Anti-Racist, Trauma-Informed Approach When Talking to Patients About Racism Small group activity Wrap up

Objectives



- Explore the idea of talking with patients about racism
- Understand principles and approaches important for having discussions about racism
- Practice anti-racist, trauma-informed communication using a case scenario

Community Agreements



- Be present
- Listen with respect
- Embrace discomfort and vulnerability (be brave)
- Trust intent (offer grace)
- Acknowledge impact
- Step up, step back

Small Group Introductions



At your table, in groups of 5 or 6:

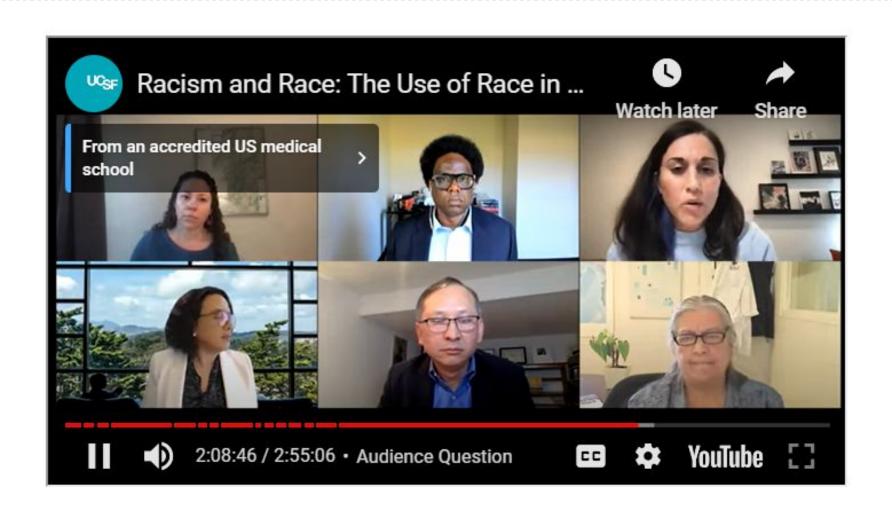
- Name, title, organization, location
- Which workshop are you most interested in attending at the main conference?
- What do you hope to walk away with from this workshop?



RACISM & HEALTH

Let's Talk About the Elephant in the Room





Exploratory Small Group Discussion

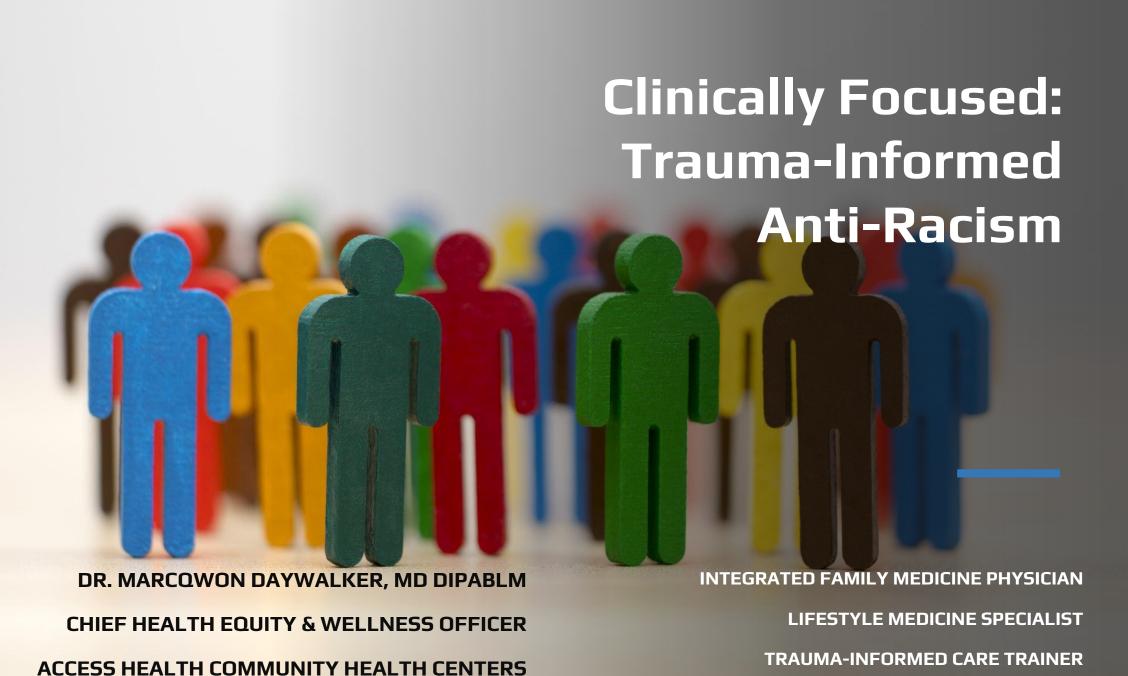


At your table, in groups of 5 or 6:

- What concerns do you have about the idea of clinicians engaging patients in conversations about racism and health?
- What would be the benefit of having these conversations?
- What do you think is needed to improve clinicians' capacity to discuss racism with their patients?







Agenda

- Discussion Based Presentation
- Trauma-Informed Anti-Racism
- Justice, Equity, Diversity & Inclusion
- Clinical Practice Considerations
- Clinical Practice Skills & Techniques
- Racism in Medicine Case
 Discussion



Trauma-Informed Care

- Four R's
 - Realize, Respond, Recognize, Avoid Re-traumatization
- Three E's
 - Events, Experiences, Effects
- Seven Pillars
 - Historical, Cultural, Gender Factors & Responsiveness

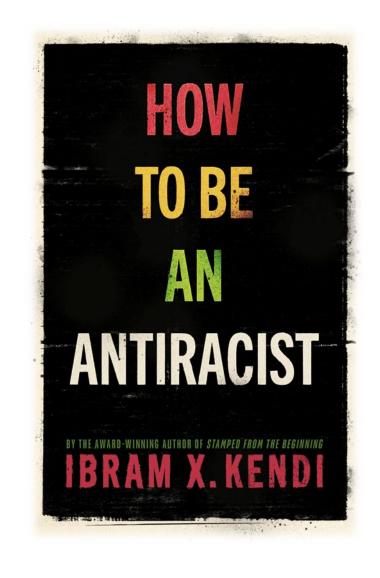


Anti-Racism



VS.





Racism drives and exacerbates health disparities

Anti-racism: Justice, Equity, Diversity & Inclusion

- Personal Power & Privilege
- Empowerment
- Support
- Advocacy
- Allyship



Be-Aware: Savior Complex, Righting



Trauma is a specific type of stress that reflects exposure to terrible events generally outside the range of daily human experience that are emotionally painful, intense, and distressing. Usually symptoms get better with time, but people with more intense symptoms may need professional help.

How does it impact people?

Following a traumatic event, people frequently feel stunned, disoriented, or unable to integrate distressing information. Once these initial reactions subside, people can experience a variety of thoughts and behaviors. Common behaviors can be:

- Intense or unpredictable feelings. You may be anxious, nervous, overwhelmed, or grief-stricken. You may also feel more irritable or
- . Changes to thoughts and behavior patterns. Memoires of the event may occur for no apparent reason and may lead to physical reactions such as rapid heartbeat or sweating. It may be difficult to concentrate or make decisions. Sleep and eating patterns also can be disrupted - some people may overeat and oversleep, while others experience loss of sleep and loss of appetite.
- . Sensitivity to environmental factors. Sirens, loud noises, or other environmental sensations may stimulate memories of the disaster creating heightened anxiety. These "triggers" may be accompanied by fears that the stressful event will be repeated.
- Strained interpersonal relationships. Increased conflict, such as more frequent disagreements with family and co-workers may occur.
- . Stress-related physical symptoms. Headaches, nausea, and chest pain may occur and could require medical attention.

AVALIBLE TRAUMA SPECIFIC RESOURCES

ces: Trauma-Informed Care Implementation Resource Center, SAMHSA, American Psychological Institute, and You





- Personality Types
- Helping Professions
- Specific Training

Anti-Racism through a TIC Lens



The Three E's and Four R's

- Adverse Childhood Experience & Adult Trauma
 - Safety, Health, Well-being, Prosperity
- Racial Trauma
 - Discrimination & Microaggression
 - Weathering Effect
- Toxic Stress
 - Cortisol, Chronic Disease
- Common Disease & Distress Pathway
 - Acute or Chronic Inflammation

Trauma-Informed Communication

- Strengths-BasedConversation
- People First Language
- Trauma Aware Imaging





Clinical Practice: Intrapersonal Considerations

- Trauma-Informed Environment
 - Universal trauma precautions
 - Historical, Cultural, Gender factors
 - Physical, Psychological, Social Safety
 - Body language (open, seated, eye level)
- Emotional Intelligence
 - Awareness, Management
- Personal Bias Awareness

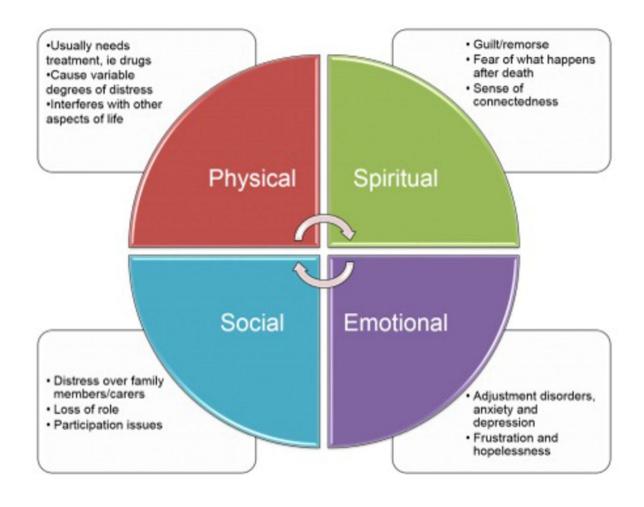
Clinical Practice: Extrapersonal Considerations

- Awareness of Stereotypes
 - Personal attributes
- Cultural Intelligence
 - Knowledge(Yours & Theirs), Drive
- Social Intelligence
 - Awareness, Relationship Interests



Clinical Practice: BPSS Model

- Spheres of Distress
- Identify most troubling
- Consider referrals/partners to further address (pastoral care, etc)



Clinical Practice: The Spirit of Interaction

- Spirit of Trauma-Informed Care (TIC)
 - Safety
 - Trust
 - Choice
 - Collaboration
 - Empowerment
- Spirit of Motivational Interviewing (MI)
 - Non-Judgemental Inquiry
 - Acceptance



Clinical Practice: Interpersonal Skills/Techniques

- MI Skills
 - Open-ended questions
 - Affirmations
 - Simple & Complex
 Reflections
 - Summaries



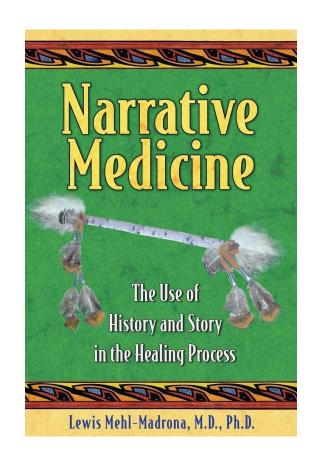
- E.P.E. Model
 - Elicit
 - Provide
 - Elicit

- V.N.E. Model
 - Validate
 - Normalize
 - Empower

- MI Change
 Technique
 - Desires
 - Ability
 - Reasons
 - Needs
 - Commitment
 - Action
 - Tacking Steps

Clinical Practice: Narrative Medicine

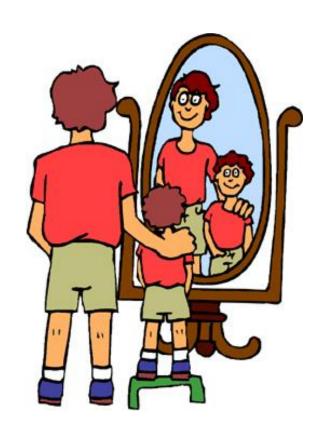
- Sharing Their Personal Story
- Healing
- Controlled Sharing
- Holding Space
- Builds Connection
- Reinforces choice & empowerment



- Psychotherapeutic Approach: BATHE Technique
 - Background
 - Affect
 - Troubling
 - Helping
 - Empathy

Clinical Practice: Reflective Medicine

- Sharing Your Own Experience
- Compassion Satisfaction
- Reflects Empathy & Connection
- Reinforces Trust & Support



General reflection: "On the Same Team"

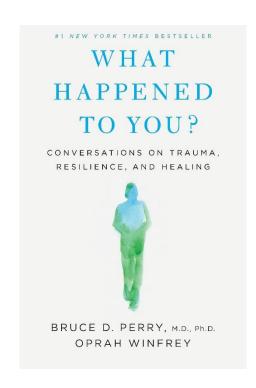
- Traffic Stop
 - Acute Stress
 - Cortisol spike
- Reason
 - Driving too slow
- Below Speed Limit
 - Not a crime
- Car profile
 - 2000s Chevy Impala
 - Depicted as drug car
- Physician Badge
 - Use of privilege
 - Stress Response



- Micro Aggression
 - "Didn't realize we were on the same team" comment
 - Prior to letting us go
- Weathering Affect
 - Early health deterioration
 - Result of cumulative exposure to experiences
 - Social, economic and/or political adversity

Clinical Practice: Brief Therapeutic Intervention and/or Referral

- Cognitive BehavioralTherapy
 - Mental Processing
 - Activating
 - Behaviors
 - Cognition
 - Dispute

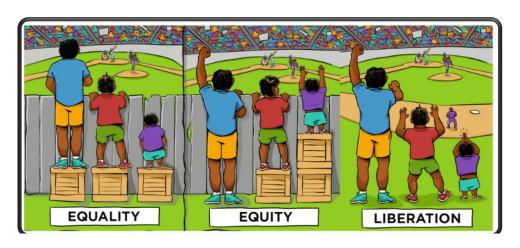


- Behavioral or Mental
 Health Referral
 - Warm handoff
 - Formal assessment
 - Psychiatric or behavioral therapies
 - Trauma-specific therapies

Think: Rhythmic Activity, Cognition, Social Connection, Therapeutics

Clinical Practice: Transition to Human Centric Care

- J.E.D.I. Lens
 - Promote fair & equitable services
 - Conscious interventional effort to view individual characteristics
 - Consider vs. relay on group membership
 - Awareness of biases & stereotypes
 - Support individuals experiencing racism



Patient Case Study

- · Established pt with facial bruising, gait with limp, and depressed affect
- African American male in his 40s that was previously incarcerated currently works as a driver
- Pt was pulled over after being accused of something he did not do
- Felt threatened and retriggered so resisted initial attempt of arrest and wrecked his car
- Physically assaulted by police in trying to apprehend him, but was eventually let go
- Apprehension led to being out of work from the physical altercation (facial and lower extremity trauma)
- Needed FMLA and DOT exam
- Most Accommodations letter
- Pain control and referral

- Historical, culture, gender factors
- E,S,C Intelligence
- TIC & Body language
- BATHE & EPE
- OARS & VNE
- DARNCATS
- CBT & RM
- Resources & Referral Consideration
- Factor Awareness: Historical marinized group, distrusting of cops, history of incarceration
- Physical: placed away laptop, lowered chair level, eye contact, open and mirrored body language
- Emotional: sad and angry
- Reflective medicine:leverage

References

- Kendi, I.X. (2019). How to be an Antiracist. Random House Publishing Group
- Mehl-Madrona, L. (2007). Narrative medicine: The use of history and story in the healing process. Bear & Company
- Mulloch J, Ramesar S, Peterson H. Psychotherapy in primary care: the BATHE Technique. Am Fam Physician. 1998 May 1,57(9): 2131-4. PMID: 9606304
- Perry, B.D.1., & Winfrey, O. (2021). What happened to you?: conversations on trauma, resilience, and healing
- Searight R. Realistic approaches to counseling in the office setting. Am Fam Physician. 2009 Feb 15,79(4):277-84. PMID: 19235494

Thank You All for Your Time 8 Any Questions?



Small Group Activity: Case Study and Discussion





