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

1-855-MD-BHIPP (632-4477)

www.mdbhipp.org

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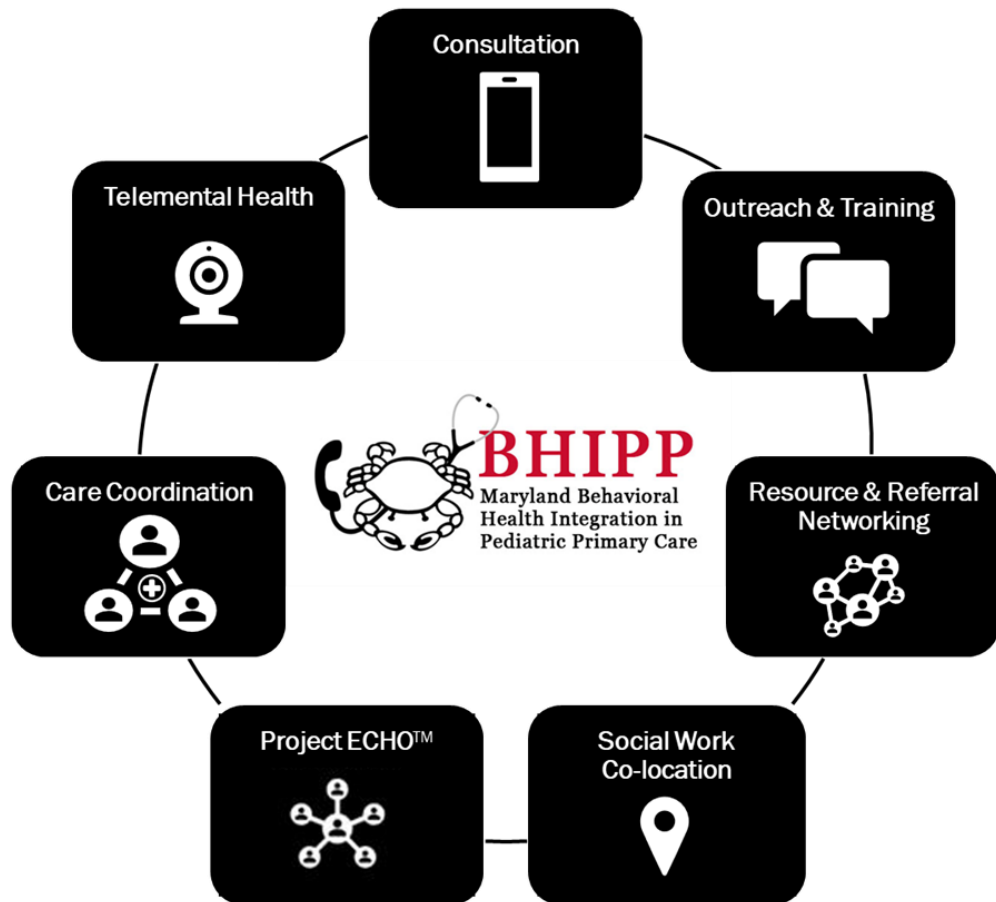
Who We Are – Maryland BHIPP



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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About the Presenter

- **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.

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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

Connecter Activity

What is one of your favorite spring self-care/well-being activities? Share your response in the chat box!

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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…

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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 familiy has what they need to achieve academically and experience positive mental health and well-being

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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.

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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**

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Understand and manage implicit biases

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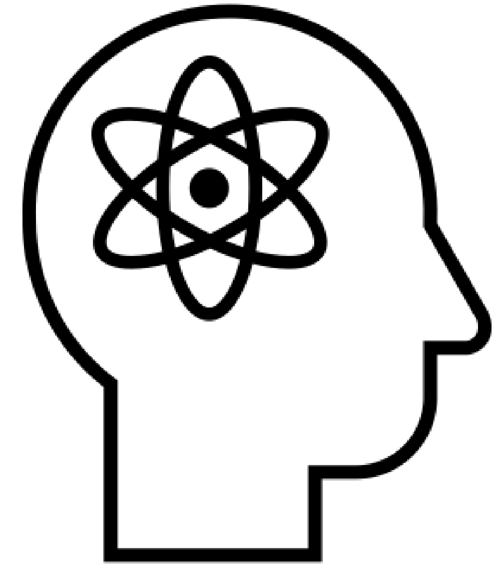
Reflection Question

- 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?



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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)

	Cultural Self-Assessment
A	Age & Generational Influences
D D	Developmental / Acquired Disabilities
R	Religion & Spiritual Orientation
E	Ethnicity
S	Socio-economic status
S	Sexual Orientation
I	Indigenous heritage
N	National origin
G	Gender Identity

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.

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Consider Identity & Power

Identity Characteristic	Power	Less Power/Oppression
Age	Adult	Child and Senior
Disability status (physical)	People without a disability	Person with disabilities
Disability status (mental)	Person without a mental health disorder	Person with a mental health disorder
Religion	Christian	Anything else
Ethnicity/Race	White/Caucasian	Anything else
Sexual Orientation	Heterosexual	Anything else
Socioeconomic Status	Owning and middle class	Lower- and working- class
Indigenous background	Non-native/Settler	Native or Indigenous
National origin	US Born	Non-US Born
Gender Identity	Cisgender Male	Anything else

Moment for Reflection

Identity Characteristic	Power	Less Power/Oppression
Age	Adult	Child and Senior
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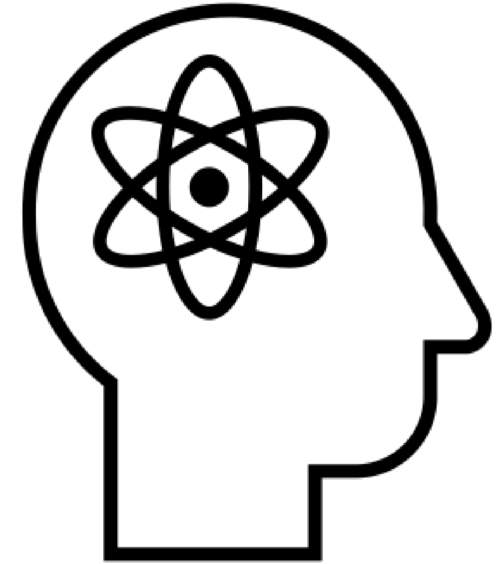
How do your personal characteristics relate to:

...more power/privilege?

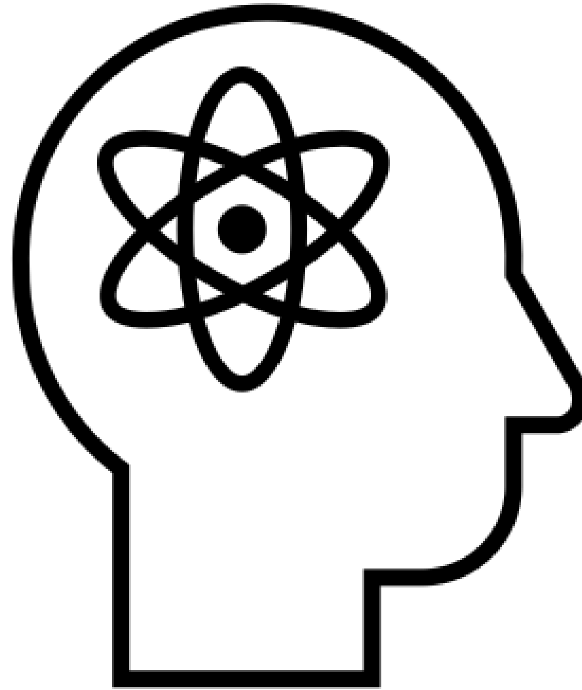
...less power/privilege?

Reflection Question

- What issues related to power, oppression and identity impact the youth and families you work with?



Why Reflect?



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Sample questions for individual reflection

What social cultural groups do I identify with?

What are the identities of my patients and the histories of these groups?

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

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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

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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

Resource: The National Child Traumatic Stress Network published a guide for trauma informed mental health assessment - https://www.nctsn.org/treatments-and-practices/screening-and-assessments/trauma-informed-mental-health-assessment

Screen/assess for exposures to social injustices

Philadelphia Expanded ACE Questions look at Community-Level Adversity	
Witness Violence	How often, if ever, did you see or hear someone being beaten up, stabbed, or shot in real life?
Felt Discrimination	While you were growing up…How often did you feel that you were treated badly or unfairly because of your race or ethnicity?
Adverse Neighborhood Experience	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?
Bullied	How often were you bullied by a peer or classmate?
Lived in Foster Care	Were you ever in foster care?

- ✓ Utilize assessment processes that ask about exposures to social injustices
  - Trauma Symptoms of Discrimination Scale: https://www.mentalhealthdisparities.org/docs/TraumaSymptomsDiscriminationScale.pdf
  - Perceptions of Racism in Children and Youth (PRaCY): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2891186/
  - Expanded ACEs questionnaire: https://www.philadelphiaaces.org/philadelphia-ace-survey

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/

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Use a strengths-based approach

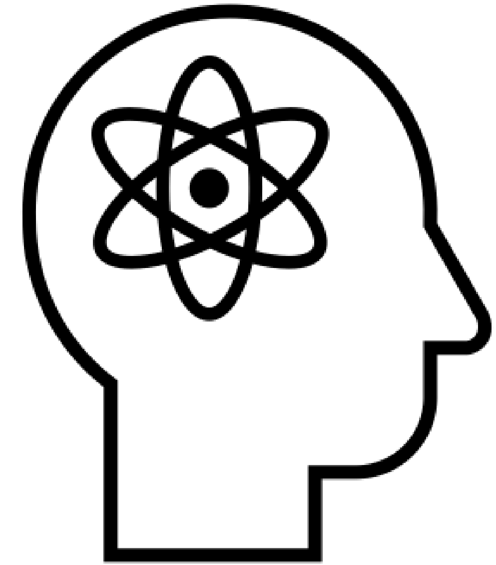
- Lead with child/family strengths and skills
- Present challenges as areas for growth
- Mental health services as "additional supports" to help the child meet their goals
- Focus intentionally on promoting positive view of self, healthy relationships, and adaptive skill sets

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?



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Respect youth and families as the "expert"

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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 are your top 3 goals/values for your child? …family?

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?

Resource: https://www.dcyf.wa.gov/sites/default/files/pdf/CulturallyResponsiveQuestions.pdf

Ask questions concerning health-related beliefs

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

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

"Have you tried remedies like herbs or remedies from your homeland?"

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

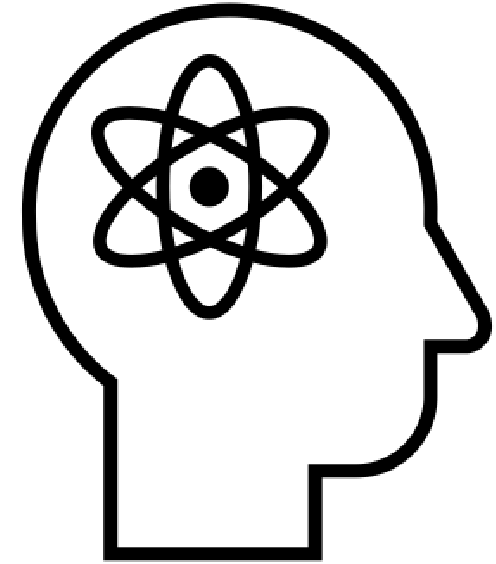
Resource: https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Professionals/Professionals-Resources/Diversity-Services/Understanding-beliefs-culture.pdf

Support families with overcoming barriers to access to behavioral health treatment

Validate	feelings and concerns about stigma
Normalize	childhood mental health needs and helpfulness of seeking support
Acknowledge	history of unethical practices in healthcare system
Encourage	families to “interview” their providers to ensure a good fit for their needs
Facilitate	referral to trusted, culturally responsive service providers

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

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Thank you!

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