

Responding to Diversity in Child and Adolescent Health Care Settings

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Objectives

1. Define intersectionality, and the different forms of microaggressions (e.g., microassaults, microinsults, and microinvalidation) involved in medical, mental health and school settings.
2. Identify examples of microaggressions in medical, mental health, and school settings.
3. List 3 ways in which microaggressions impact the quality of care received by children, adolescents, and families in medical, mental health, and school settings.

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Cisgender Woman

White

Intersectional Feminist

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Queer genderqueer 'woman'

White/Hispanic

Critical theorist

Microaggressions

- Stem from examining race relations and racism in the United States
 - Old-fashioned to modern racism
- Originally: “subtle, stunning, often automatic and non-verbal exchanges which are ‘put-downs’ of blacks by offenders” (Pierce, Carew, Pierce-Gonzalez, & Wills, 1970)
- Most recently: “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults” (Sue et al., 2007, p. 273).

Microassaults

“An explicit racial derogation characterized primarily by a verbal or non-verbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions”

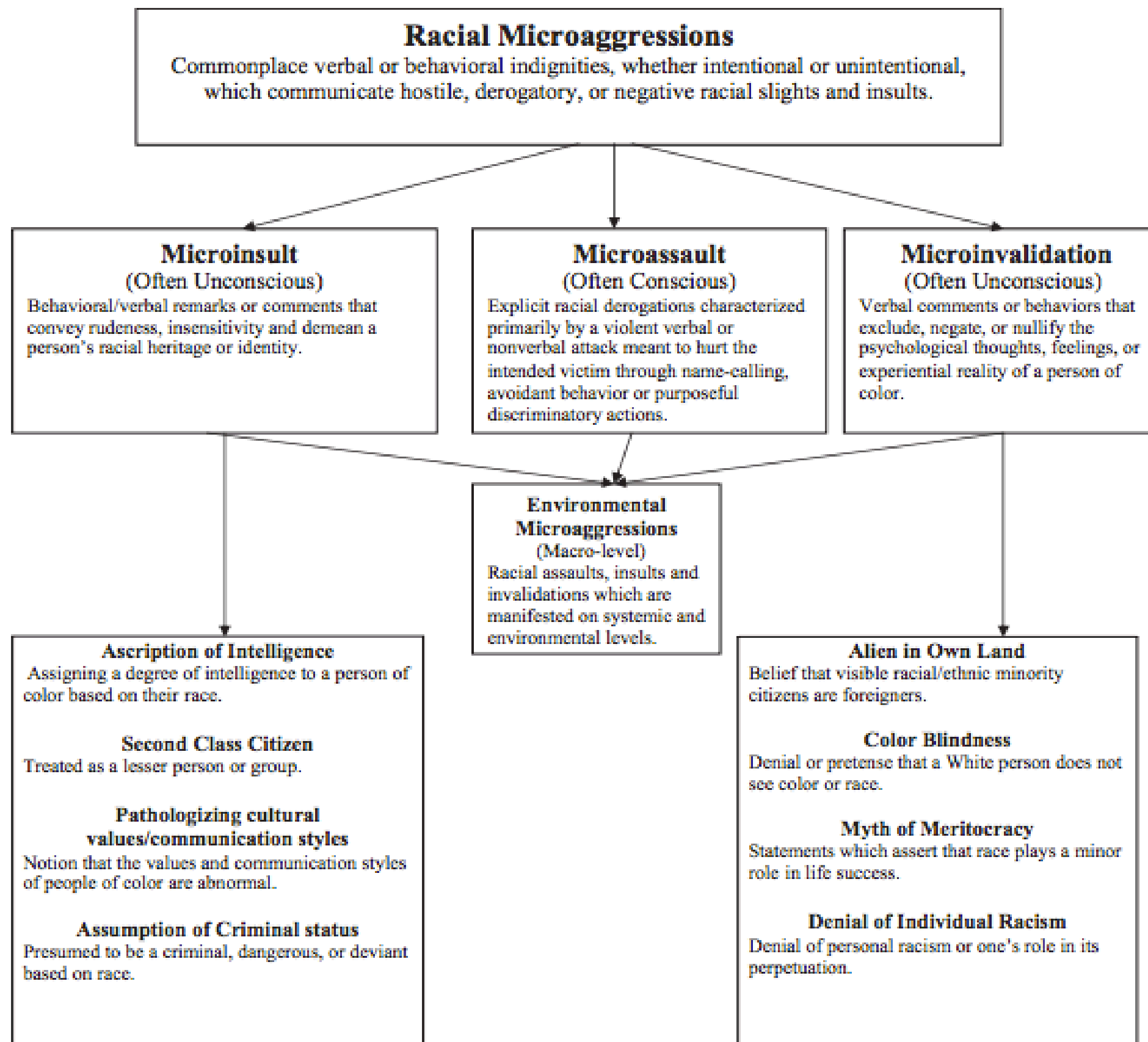
Microinsults

“Communications that convey rudeness and insensitivity and demean a person’s racial heritage or identity”

Microinvalidations

“Communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color”

Figure 1
Categories of and Relationships Among Racial Microaggressions



How we will define microaggressions

Deriving from Sue et al.'s (2007) most recent definition:

any communication (e.g. verbal, non-verbal, etc.), intentional or unintentional, that are hostile, derogatory, or negative towards a *minority* group or person

Now includes:

- LGBTQ microaggressions
- Gender microaggressions
- Body type/size
- Abilities/disabilities including mental health status
- Economic status
- Generational/Age

Who is the minority?

Majority (in power)

- White
- Cisgender
- Heterosexual
- Man (masculine)
- Middle/High SES
- Able-bodied
- Desired Body Size
- Normal Adjustment

Minority (Oppressed)

- Non-white
- Transgender/gender queer
- LGBTQIA
- Woman (feminine)
- Low SES
- Person with Disabilities
- Overweight/Obese
- Psychopathology

Intersectionality

Intersectionality: a person does not ascribe to just one identity, (e.g., a woman, a lesbian, a mother) but rather a combination of all of those identities that are at constant interplay for how that person fits into and interacts with society, and all identities are important to a person's experiences (Valdes et al., 2005)

- Some identities may be more salient in general or in a specific context
- May create a unique situation or impact on the individual

What are examples of microaggressions across different psychological settings?

Example

You are a medical student shadowing a physician at a primary care clinic. Ashlynnne, a patient who is an overweight, 16-year-old, Native American, cisgender female who comes to the clinic with complaints of heavy bleeding and severe cramping during menstruation. Her chart shows that she has a history of anxiety, depression, and multiple psychiatric hospitalizations due to self-harm and suicide attempts. The physician pulls you aside to consult on the case and begins to describe this patient as 'attention-seeking' and 'dramatic.' The physician instructs you to send the patient home with instructions to take ibuprofen for her pain.

What microaggression(s) do you notice? Think about what you might do in this situation.

Examples in Medical Settings

Disability Microaggressions

- Assumption of limited intelligence

This may look like:

Talking to a patient in a wheelchair loudly, slowly, or in a “baby voice”

Examples in Medical Settings

Size Microaggressions

- The world is not made to fit larger bodies and health and safety is less important

This may look like:

Medical equipment costing more, being more difficult to obtain, and practitioners lacking the skills necessary to treat overweight and obese patients.

Examples in Medical Settings

Mental Illness

- Second Class Citizen- opinions and experiences are not important or taken seriously

This may look like:

A patient expresses uncomfortable side effects from a medication and the prescriber continues to state 'just give it time.'

Example

Ashlynnne is referred to you for therapy to treat her anxiety and depression. Ashlynnne discloses to you that she has a history of sexual abuse perpetrated by her uncle. In addition to her self-harm and suicidality, she discloses other risky behaviors. She regularly smokes marijuana and states that she is sexually active with both men and women and rarely uses STI/pregnancy protection. She presents to treatment as quiet, closed off, and does not respond to efforts to discuss treatment goals. During supervision, your supervisor describes the patient as 'resistant,' 'controlling,' and 'defensive' and states 'It seems like she just doesn't want help.'

What microaggression(s) do you notice in this setting? Think about what you might do in this situation.

Examples in Mental Health Settings

Racial/Cultural

- Pathologizing cultural values

This may look like:

Insisting that an Asian-American teenager be more assertive with her parents around expectations for dating.

Examples in Mental Health Settings

Racial/Cultural

- Culturally inappropriate interventions

This may look like:

Using cognitive restructuring to challenge thoughts and values related to aggression and violence with inner-city youth

Examples in Mental Health Settings

Race/Ethnicity

- Racial/Color blindness

This may look like:

Not asking an African American client about their experiences as a racial minority.

Examples in Mental Health Settings

Racial/Cultural

- Dismissing cultural heritage or experiences

This may look like:

Viewing Native American distrust of medical and mental health systems as pathological

Examples in Mental Health Settings

LGBTQIA

- Using heteronormative language

This may look like:

Asking a cisgender female client if she has a boyfriend or husband before inquiring about sexual identity

Examples in Mental Health Settings

LGBTQIA

- Endorsement of heteronormative culture/behaviors

This may look like:

Encouraging a trans-masculine individual to dress more 'manly' or play sports. Or telling a trans-feminine individual 'you should really wear makeup.'

Example

You are a teacher's aide. Ashlynne is one your students. You have had difficulty with her throughout the year. When she's not making inappropriate comments in class about sex and drugs, she does not turn in her work or participate in class. You have seen the teacher tell her 'You're being given all the opportunities in the world. Why won't you make something of yourself? Do you want to be just another alcoholic on the rez?'

What microaggression(s) do you notice in this setting? Think about what you might do in this situation.

Examples in educational settings

Race/Ethnicity

- Ascription of intelligence: assigning intelligence based on race/ethnicity

This may look like:

Assuming that an Asian student is good at math

Examples in educational settings

LGBTQIA

- Endorsement of heteronormative culture and behaviors

This may look like:

Sexual education only involving straight relationships and sex practices

Examples in educational settings

Cultural differences

- Pathologizing cultural norms/values

This may look like:

Students being punished for not using desired language styles/clothing styles

How do microaggressions impact different children and adolescents across settings?

Physical and Mental Health Impacts

- Increase in psychological distress
 - Did this happen?
 - How do I deal with it?
- Increase in negative affect and somatic symptoms in Asian and Latino Youth
- People of color are less likely to seek mental health support
- Fat/overweight women indicated using withdrawal, invisibility, and disembodiment as methods of coping
- Mental health stigmatization and microaggressions may result in isolation, negative affect, and treatment non-adherence
- Hinders identity development in children and teens

Therapeutic Impacts

- Of 120 racial and ethnic minority clients, 53% experienced a microaggression from their therapist (Owen, Tao, Wampold, & Rodolfa, 2014)
- 76% reported microaggression was never discussed
- Negatively related to working alliance
- Impedes therapeutic empathy
- Detrimental to goal setting and treatment planning

Educational Impacts

- Can negatively impact campus climate
- Significantly associated with anxiety, binge drinking, and alcohol-related consequences in college-aged persons of color
- Increased drop-out rates
- Increased disciplinary citations, suspensions, expulsions, and failed grades for students of color

Resources

National Center for Cultural Competence

<https://nccc.georgetown.edu/>

Melanie Domenech Rodriguez

No Way But Through

<https://tedx.usu.edu/portfolio-items/melanie-m-domenech-rodriguez/>

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Thank you

Questions?