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**Comments for Addressing Blind Spots presentation**

Link to Prezi presentation: <https://prezi.com/view/EPNoERnpXdB2hr448Aj9/>

**Learning Objectives**

* Just read over them briefly

**The Start**

* Realize y’all are the first class to have read the book The Blind Spot and that you’ve also taken the IATs so you know what implicit biases are and how they can impact social interactions

**The Why 1**

* Just as a refresher here’s some of the reasons why it’s important for us as future PTs to take it step further than reading the book and taking the IATs

**The Why 2**

* Some benefits specific to PT and to add value to our in class discussions of cultural competency
* There’s not a lot of evidence out there about levels of implicit bias in PTs and I’m working on some research with Dana McCarty to dig into that more.

**Strategies**

* So before we get into the strategies I want to fully explain the difference between bias activation and application.
* Activation: an interaction or situation awakens the unconscious bias or stereotype
  + We all have biases so this will happen.
* Application: you ACT on that bias or stereotype in a way that is widely shaped by it, this is where the negative patient outcomes become an issue
* Also you’ll hear me say bias or stereotype and I’m using the terms interchangeably
* So these strategies were used in a 2012 study by Devine et al with a focus on race biases. They used taught 91 psychology students (majority white females) all of these strategies in a 12 week course for credit. Before and after teaching the strategies they measured implicit bias using the following outcome measures: 1) Black-White IAT, 2) explicit attitudes towards black people with the Attitudes Towards Blacks scale, 3) motivation with the Internal and External Motivation Scales, and 4) theoretical bias application with their “should and would” scales. At the end of the course they saw decreased implicit bias as well as increased concern about the bias itself.

**ID Your Blind Spots**

* So the first step which y’all have already done is to realize your blind spots and take it a step further to ID your “red flag” populations or situations.
* Just IDing them isn’t enough though, you have to be concerned about the consequences of applying your biases in interactions with others which leads me into the idea of motivated self-regulation.

**Motivated Self-regulation**

* In the Burns et al study they taught one group how to use the counter-stereotype imaging strategy and focused on facilitating motivated self-regulation in another group. They saw decreases in stereotype activation in both groups but only saw decreased stereotype application in the motivated self-regulation group.
* Counter-stereotype imaging is a strategy we’ll talk a little more about later but it’s basically bringing forth an image of someone who belongs to your red flag population who you feel more positively about. It could be someone famous or someone you know personally.
* They used the presentation of black jokes to assess the changes in stereotype application with the notion that we often laugh at what we think is funny without giving it a second thought.

**Example**

* ID worker’s comp patients are one of her red flag populations and realize the impact it is having on her patient care 🡪 motivated self-regulation hopefully

**Stereotype Replacement**

**The Evidence**

* Found that mindfulness and meditation helped clinicians to decrease activation as well as application of stereotypes by providing a way to stop and process before acting on a bias.
* It’s a “non judgmental awareness” of bias that helps people feel more calm and relaxed about the presence of their bias because the process helps people accept the feelings as “visitors” that will pass with their practice of mindfulness.
* Many of my classmates have raved about the app Headspace to improve their mindfulness and meditation skills.

**Example**

* If Jack feels himself getting short with patient or annoyed he can stop and replace that negative action or feeling with a smile or increased focus on learning more about the patient.

**Counter-stereotype Imaging**

* So this one is similar to the pairing of “good” and “bad” words that you saw on the IAT. If you have an implicit bias towards veterans but a good family friend of yours is a veteran then you’d bring forward your positive thoughts about that family friend when you interact with a patient who’s a veteran.
* You can also think of a famous person who belongs to the group you have a bias against who you have more positive feelings towards.
* Not my favorite because it helps with the activation but not the application as much and that’s what leads to worse patient outcomes

**Example**

* Maybe he loves Mia Hamm and was here at UNC when she played here. He can use her as his counter-stereotype image because he respects her athleticism.

**Individuating and Perspective Taking**

**The Evidence**

* What was really important in the Edwards et al study was that the perspective taking and mindfulness had to be ACTIVE to see the reduced implicit bias so remember that these strategies are an active process.
* It’s also important to see each of our patients as individuals and not just “a knee” or “a hip” so we should be able to take this same notion to seeing them as more than a social group they may belong to.
* Perspective taking and finding a commonality can have increased benefit if that commonality is something meaningful like you’re both mothers or you’re both big Tar Heel fans and not just that you both have brown eyes.

**Individuating Example**

* Kate should listen to the patient’s story and maybe she’ll gain a better understanding of how their drug abuse issue came to be or how it can affect their treatment.

**Perspective taking Example**

* This is an easier example to perspective take with because we’re all going to get old some day. Randall can think of his grandparents or how he’d like to be treated as he ages
* It’s harder with different races or sexual identities but that’s when finding that commonality and tying in individuating can help.

**Increasing Contact**

* A 2008 study by Dasgupta and Rivera found that increased short term exposure to famous LGBTQ people as well as long term contact with people in the LGBTQ community lead to decreased activation and application of bias. They measured application by having participants anonymously vote for or against a law for a LGBTQ civil rights issue like housing, adoption, marriage, etc.
* Some examples of ways we can increase meaningful contact: volunteering at a pro bono clinic like SHAC in the community of your red flag population, seeking out social interactions with that population

**Let’s Practice/Questions?**

* Hand out the case strips to groups of 3. Two groups are assigned to each case. Give them like 5-10 min depending on how much time I have left and debrief some answers.
* Open up floor for any questions.
* Mention that these strategies are not meant to be used in isolation, using one helps to build upon another so feel free to mix and match to help address your blind spots.

**Print two of each little slip and hand out to groups of 3. Ask them to come up with strategies that these PTs can use to address their blind spots.**

**Small Group Cases**

1. Toby works in an urban pediatric outpatient clinic. He is from Tiny Town, NC and constantly complains about the “city slicker” kids he has to treat during breaks and lunch.
2. Beth works in a SNF and is always talking about how she hopes she never gets old the way her patients do.
3. William works in an acute care hospital that is home to a world renowned surgeon known for his success with sex reassignment surgeries. William is feeling uneasy about having to work with any of the surgeon’s patients.
4. Miguel works as a school system PT. He calls the families of students with very vocal parents and a lot of outside therapy “good families” while he uses the term “bad families” for the families of students who don’t receive outside therapy and aren’t as vocal at Individualized Education Program (IEP) meetings.
5. Sophie is a home health PT and tends to feel uneasy when she has to treat patients who live in public housing so she rushes through their evaluations and treatments.