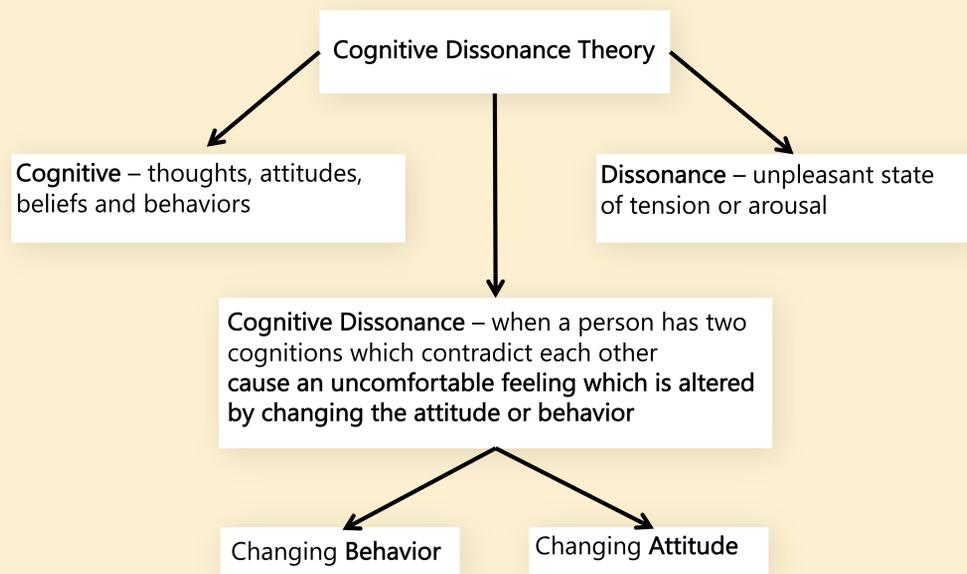


Designing a Cognitive Behavioral Intervention for Anti-racism in Child and Adolescent Psychiatry



Cognitive dissonance arises when **physicians hold implicit racial biases** that are **in opposition to their conscious antiracist attitudes**.



Examples of CBT based antiracism in child and adolescent psychiatry

ANTECEDENTS	BELIEFS/ AUTOMATIC RESPONSES	POTENTIAL CONSEQUENCES	ALTERNATIVE RESPONSES
Illustrating Racism in Mental Health Care Domain: Implicit Bias A 15-year-old Black patient with schizophrenia presents to the psychiatric emergency department with "altered mental status." Upon noticing that the patient had many past-year encounters in the chart for "malingering," the attending physician, before having seen the patient, states that "we shouldn't waste resources on these people." After hearing this, a Black medical student asks the attending why it was assumed the patient was malingering.	The attending replies: "I am here to help my patients. But I have worked here for 15 years. I know malingerers when I see them."	After discharge to a homeless shelter, the patient became dyspneic and was hospitalized for COVID-19 respiratory failure.	"I am being defensive. My 15 years of work experience does not preclude me from racial bias. Objectively, I am not using the standard of care to evaluate altered mental status in this Black patient. Stigmatizing language in the chart can negatively influence my attitudes towards patients and adversely affect management."
Domain: Structural Racism A psychiatry trainee receives a phone call about a 17-year-old Black clinic patient with a chart diagnosis of Conduct Disorder (CD). The patient was recently released from prison. The patient is allegedly "being threatening at the group home." When asked for input, the trainee's supervisor suggests that police be called because "jail is the only treatment for CD." In response, the trainee expresses concern about police involvement, fearing potential harm to the patient.	The supervisor replies: "Patients with an CD diagnosis who have been in juvenile justice system are a threat. To be safe, the police should be called."	Police were called. The patient later required hospitalization for injuries sustained while restrained by Police.	"I am being defensive. I have negative automatic thoughts about antisocial behavior and legal history, particularly in Black patients, which I am not reconciling with the ongoing crisis of mental health criminalization in Black patients. Inappropriate utilization of police can have life-threatening consequences. I must remind myself that my emotional reactions and reflexive diagnoses of Conduct disorder can obfuscate signs and symptoms of treatable underlying mental illnesses."
Domain: Exclusion A 40-year-old Black child and adolescent psychiatrist at an academic medical center has been asked to oversee the psychiatry department's diversity and inclusion programming and mentor Black junior trainees singlehandedly. After being declined a promotion due to a light publication record, the psychiatrist voices concern to a senior faculty member that the department's work environment is discriminatory.	The senior faculty member replies: "Your diversity and inclusion work is great. Senior faculty positions are limited amid the covid-19 pandemic."	The psychiatrist resigns from the medical center. There are subsequently no psychiatrists of color in the department.	"I am being defensive. I am tepidly praising my colleague's work, without advocating for a tenure and promotion system that acknowledges the importance of their work, or acknowledging that health care environments are commonly discriminatory to physicians of color, creating barriers to academic advancement."



Structural racism and implicit bias in healthcare.

- Minoritized racial and ethnic groups continue to endure health disparities perpetuated by racism and structural racism.
- Medical education prioritizes pattern recognition, combination of signs and systems, which primes learners for mental shortcuts and racial stereotypes especially in times of stress.
- There have been recent efforts to develop antiracism and structural competency curriculum.
- The challenging task is translating this knowledge into action during clinical practice.
- Targeting interventions to clinicians can be beneficial due to evidence that implicit racial bias exists amongst clinicians.



Advantages of using CBT-framework in antiracism.

- Behavioral healthcare workers are familiar with the CBT framework.
- The cognitions perpetuating racism may require intentional interventions that teach clinicians to identify, react to, and correct problematic mental shortcuts that hinder the translation of antiracism into action.
- Using CBT-based frameworks for antiracism is a novel approach in medical professionals/healthcare settings.
- There are examples of cognitive dissonance based approaches that have been successful in the fields of social psychology such as "Breaking the Prejudice Habit" by Devine et. al. 2012.
- This conceptualized that individuals who endorse personal values opposed to prejudice may experience cognitive dissonance when they learn they have acted on their implicit biases. The resulting psychological discomfort motivates them to seek out information or perform behaviors to reduce their prejudice expression.

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View a module.
(pws: demo)

Future Directions

- Module development
- Delivery options
- Outcome measures

Other examples

- Breaking the prejudice habit
- Cognitive dissonance interventions for eating disorders

References

1. Brown et al. JAMA Psychiatry. 2021;78(8)
2. Devine et al. J Exp Soc Psychol. 2012;48(6)
3. Becker et al. J Consult Clin 2017;85(8)