Broaching as a Strategy to Address Implicit Bias in Mental Health

Thursday, August 24, 2023
12pm - 1pm ET

Live Zoom Webinar

Featuring:
Drs. Char Newton and Janeé Steele

Char Newton, PhD

Licensed Psychologist

Dr. Char Newton is a fully licensed psychologist and in practice at Legacy Mental Health Services, PLLC. Dr. Newton also has over 10 years of experience in clinical, academic, and community settings, including teaching experience at both undergraduate and graduate levels of higher education and is a member of the Michigan Board of Psychology, appointed by Governor Gretchen Whitmer. She was recently awarded the 2022 Distinguished Psychologist Award from the Michigan Psychological Association.

Janeé Steele, PhD

Licensed Professional Counselor

Dr. Janeé Steele is a licensed professional counselor, counselor educator, and diplomate of the Academy of Cognitive and Behavioral Therapies. Dr. Steele is also the owner and clinical director of Kalamazoo Cognitive and Behavioral Therapy, PLLC, where she provides therapy, supervision, and training in CBT. In addition to her clinical work, Dr. Steele is an Associate Editor of the Journal of Multicultural Counseling and Development.

Something to Think About

If you are a target of oppression

-Be aware of anything that might be overwhelming

-Use mindfulness and breathing skills when you need to

-Take a break if necessary

If you are an ally or a learner

-Work toward maintaining a non-judgmental stance

-Recognize defensiveness

-Seek to understand

Learning Objectives

As a result of this webinar, you will be able to:

- Describe various dimensions of broaching

- Engage in experiential exercises to practice broaching

Icebreaker: Cultural Humility Choice Point

Cultural humility mediates the relationship between bias and counseling outcomes

Cultural humility refers to having an accurate view of self and being interpersonally other-oriented (Hook et al., 2017)

- **Intrapersonally,** cultural humility involves having an accurate perception of one's worldview and limitations and being open to feedback. This includes recognition of one's personal values and biases, as well as the ability to manage instances of emotional defensiveness that arise when personal values and biases are elicited or challenged

- **Interpersonally,** cultural humility involves being other- rather than self-oriented, as one seeks to understand the cultural nuances of the client's values and worldview without being presumptuous or arrogant

Away　　　　**Towards**

Hooked

Unhooked

Choice Point
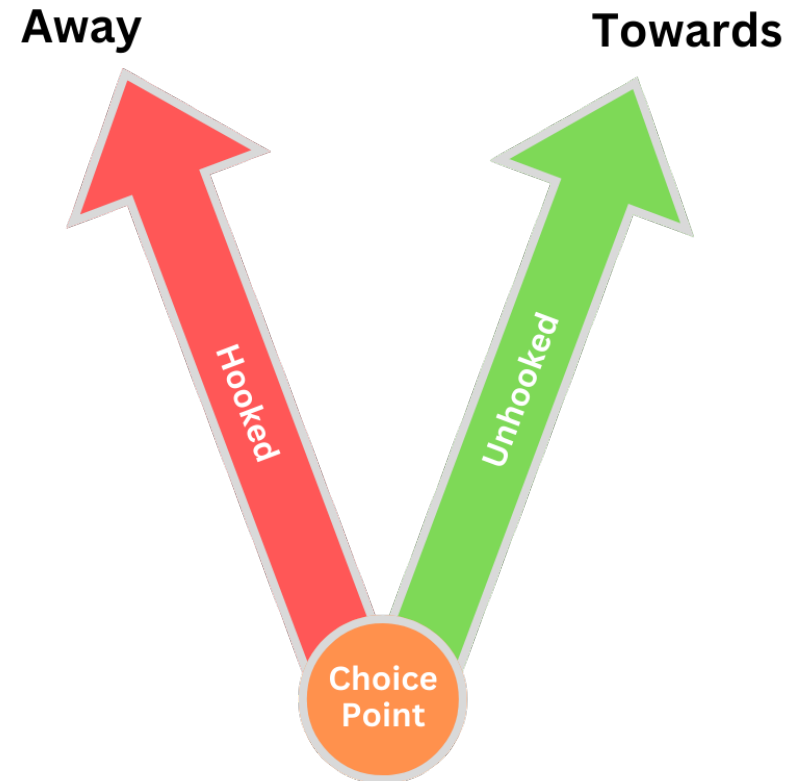
Away

Cultural Encapsulation
To be bound by a specific cultural lens

Thoughts
"They're going to think I'm prejudice"
"They're going to be mad at me" "I can never get this right"

Feelings
Worry, Guilt, Shame, Embarrassment, Fear

Behaviors
Defensiveness, Avoidance

Hooked

Towards

Cultural Humility
To understand the role of culture and identity on one's worldview and the therapeutic process

Goals
- To be aware of my cultural worldview and that of the client
- To attend to and elicit opportunities to explore culture in my work with clients
- To be comfortable exploring culture with clients

Values
Curiosity, Courage, Diversity, Authenticity, and Veracity

Actions
Exposure, Self-regulation

Unhooked
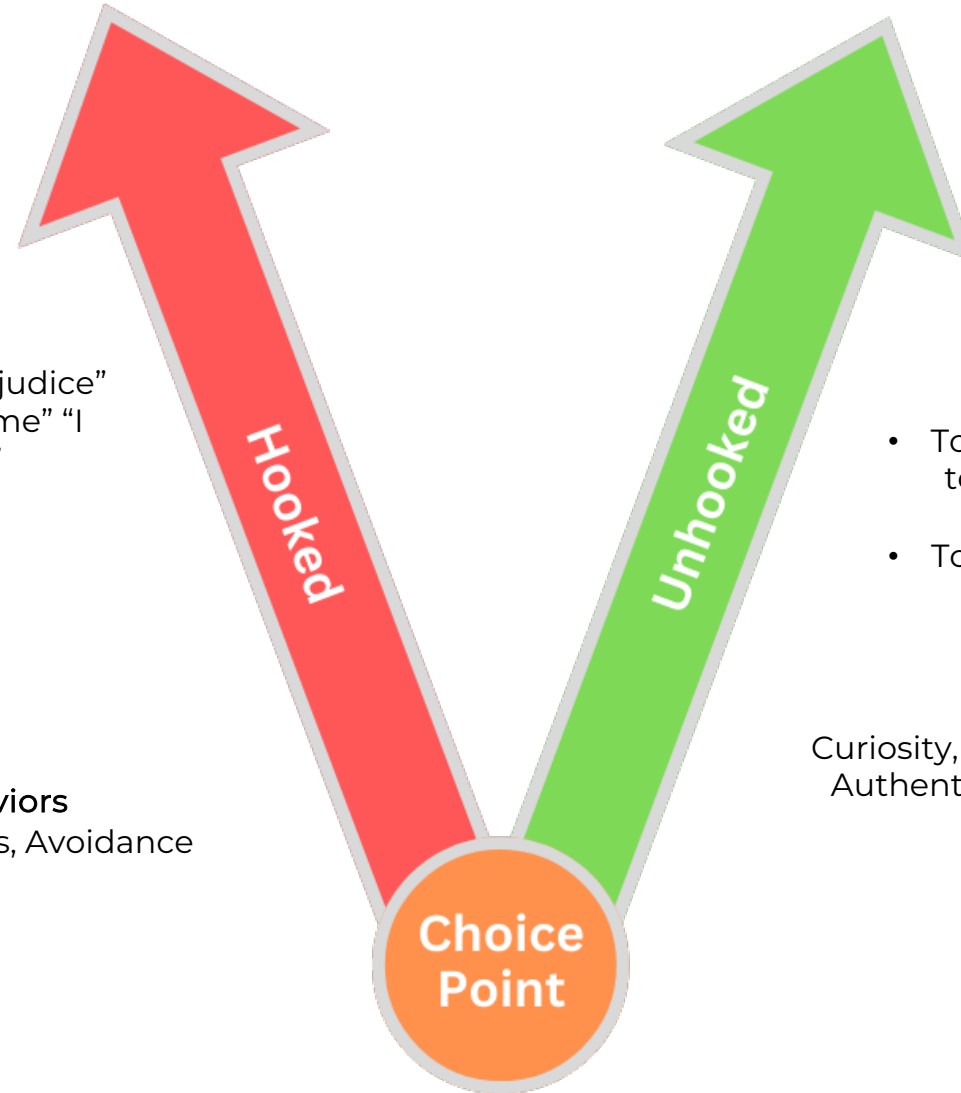
Choice Point

What is Implicit Bias?

Definition 1

Implicit bias, also known as unconscious bias, can be most simply defined as a hidden preference for one identity over another (Banaji & Greenwald, 2016)

- **Preferences** refer to what we favor or reject

- **Identity** typically refers to shared cultural values and beliefs within specific reference groups (e.g., race, gender, sexual orientation, ability, age, etc.)

Definition 2

Implicit bias refers to unconscious, automatically activated attitudes that have the potential to yield discriminatory behaviors (Gran-Ruaz et al., 2022)

How Do We Form Implicit Biases?

Implicit biases are based on inaccurate information or stereotypes

- **Stereotypes** can be defined as oversimplified generalizations about groups or categories of people (Abreu, 1999)

- The stereotypes we pick up over time from the environment around us (e.g., our family, our school, our community, the media) act as the templates that provide data for our implicit biases

- Even when we have different explicit values, we can still be influenced by stereotypes

Why Do Stereotypes Lead to Implicit Bias?

Implicit biases are automatic, adaptive, and associative

- When presented with incomplete information, we rely on associative memory to fill in the gaps

- When faced with ambiguous content, our brains make sense of what's presented to us based on the information we already have, even when this information is inaccurate, based on stereotypes, or against our explicitly held values

Implicit Biases Are Automatic

Fill in the blank:

Night and   Day

Black and   White

Young and   Old

Kirwan Institute for the Study of Race and Ethnicity

Implicit Biases Are Adaptive

Read this sentence:

Yuo cna porbalby raed tihs esaliy desptie teh msispeillgns.

Implicit Biases Are Associative

What do you see?

Kirwan Institute for the Study of Race and Ethnicity

Implicit Biases Are Associative

What do you see?

12
13
14

Implicit Biases Are Associative

What do you see?

Kirwan Institute for the Study of Race and Ethnicity

What is Broaching?

Broaching can mitigate perceived bias and microaggressions

- **Broaching** refers to the clinician's engagement in conversations regarding the client's racial, ethnic, and cultural (REC) issues as it relates to the client's presenting concerns (Day-Vines et al., 2007, 2020)

- The impact of broaching in the clinical setting is that it leads to **more in-depth self-disclosures by clients, greater retention of clients in follow-up sessions,** and **increased satisfaction** with the counseling process (Day-Vines et al., 2021; Thompson & Jenal, 1994; Zhang & Burkard, 2008)
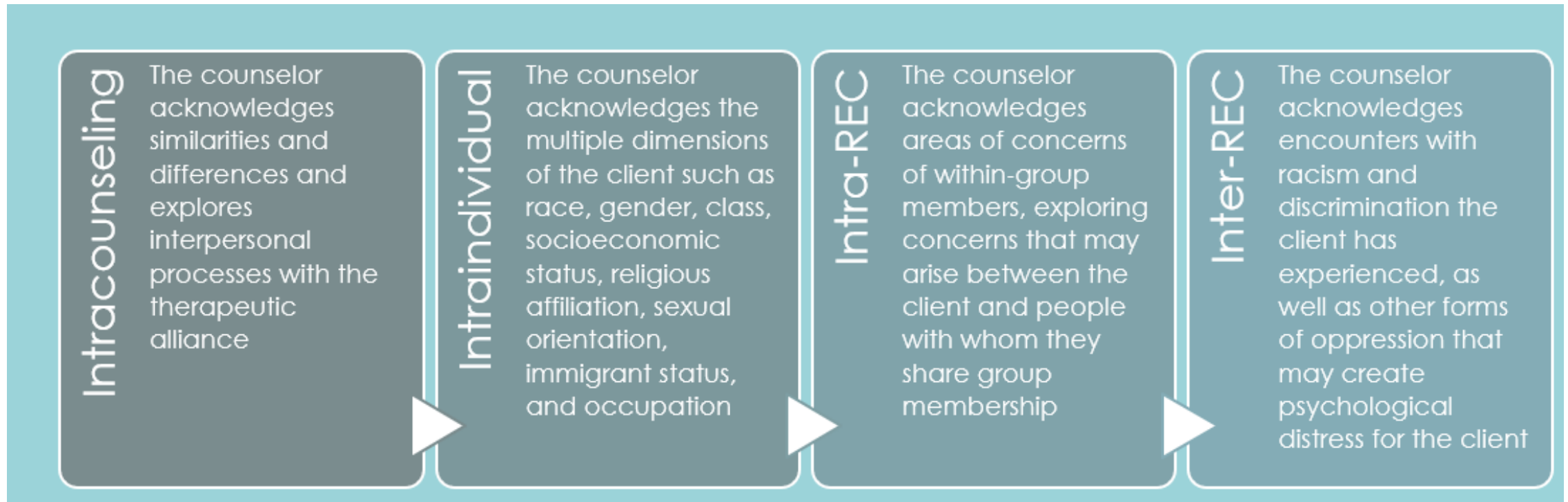
Examples of Broaching

Broaching allows clients to discuss REC concerns, as well as REC in the counseling dyad

- "I'm wondering if you would describe what your experience has been like as the only [race, gender, sexual orientation, etc.] in your place of employment."

- "What does it mean for you to identify as [race, gender, sexual orientation, etc.]?"

- "To what extent, if any, has your [race, gender, sexual orientation, etc.] impacted some of the presenting problems you have shared with me?"

Multidimensional Model of Broaching Behavior

Intracounseling
The counselor acknowledges similarities and differences and explores interpersonal processes with the therapeutic alliance

Intraindividual
The counselor acknowledges the multiple dimensions of the client such as race, gender, class, socioeconomic status, religious affiliation, sexual orientation, immigrant status, and occupation

Intra-REC
The counselor acknowledges areas of concerns of within-group members, exploring concerns that may arise between the client and people with whom they share group membership

Inter-REC
The counselor acknowledges encounters with racism and discrimination the client has experienced, as well as other forms of oppression that may create psychological distress for the client

Stages of Broaching

The four stages of broaching implementation

- Joining

- Assessment

- Preparation

- Delivery

The Case of Carl

Carl is a 19-year-old cisgender, gay African American student at a predominantly White university. Since starting his studies at the university, Carl has not been able to find a sense of community and acceptance. Before leaving for college, he also felt disconnected from his family who he describes as "extra Christian and extra churchy." He presents to your office for issues connected to mild depression, social isolation, and hopelessness. He discloses that he recently joined a campus LBGTQ student alliance group which is led by all-White students. Carl believes his ideas are generally not supported by the group and that they may be not accepting of him because of his race. He feels rejected by the leadership team. He often feels questioned and invalidated by a group that he says, "should know better." Carl reported that the group recently left him out of their email chain about upcoming events and he felt that it was "on purpose." As an African American man, he also feels like he does not have support from other African Americans and sometimes he feels like he cannot truly be himself around his African American friends for fear of being judged. Carl describes being hurt and reports increased stress and a saddened mood. During the intake, he says, "I just never fit in I guess I will never be accepted."

Stage 1: Joining

Joining

- The joining stage is connected to Rogerian theory, which is rooted in rapport-building, genuineness, empathy, unconditional positive regard

- Establishment of the therapeutic alliance is key at this point

How Joining Looks in Practice

Joining in practice

- The first step of joining entails the clinician use of the client's language to open conversation

- The second step involves validating the client's feelings and perspectives, conveying acceptance through verbal communication (e.g., paraphrases) and nonverbal behaviors (e.g., head nods, minimal encouragers)

- The third step in joining involves affirming the meaning related to the client's experience

- The final step involves verbalization of strengths and resources; resources may be individual and/or community based

Stage 2: Assessment

Assessment

- At the assessment level the clinician is examining if broaching is warranted or not, and uses six considerations to do so:
    - multicultural case conceptualization,
    - racial identity functioning,
    - other relevant intersectional identities,
    - client readiness to explore REC concerns,
    - the strength of the therapeutic alliance, and
    - counselor self-efficacy

Stage 2: Assessment

Assessment considerations

- **Multicultural case conceptualization:** the clinician works to conceptualize what specific REC concerns are most salient for the client before broaching

- **Racial identity functioning:** at this level, the clinician does an appraisal of the client's connectedness to their racial group. Clients at the lower end of the racial identity continuum would be less receptive to clinician broaching

Stage 2: Assessment

Assessment considerations

- **Other relevant intersectionalities:** an examination of how other identities work in tandem and in lieu of racial identity functioning. As Day-Vines et al. (2021) point out, these identities may include gender identity, religious identity, disability status, age, acculturation, social class, or beauty privilege

- **Client readiness to explore REC concerns:** evaluating the likelihood the client will be receptive to the broaching process. There may be times where it is not appropriate to broach (e.g., client manic or actively psychotic)

Stage 2: Assessment

Assessment considerations

- **The strength of the therapeutic alliance:** How strong is the bond between the client and therapist? Does the relationship reflect Rogerian principles? Are the principles of cultural humility and cultural comfort being utilized?

- **Counselor's self-efficacy:** The clinician's confidence in their ability to execute a broaching interaction in the therapy session

Stage 3: Preparation

Preparation

- The first step of preparation requires the clinician to set an internal intention before verbalizing the broaching statement

- The second step involves the clinician developing a broaching statement using what they have observed and assessed

- The third step of preparation requires the clinician to make a mental note of the specific forms of oppression (e.g., colorism, racism, classism) experienced by the client

Stage 4: Delivery

Delivery

- **Step One:** In the counseling session, the clinician delivers the broach statement. Once the client responds, the clinician should not engage in another question but do more of reflection of content and reflection of feeling

- **Step Two:** Allow for silence so the client can reflect (3-5 seconds)

- **Step Three:** Invite the client to share their feelings or thoughts. The clinician should follow this up with reflective statements that are validating and allow the client to feel heard

- **Step Four:** The clinician invites the client to discuss any experiences with oppression or discrimination

- **Step Five:** The clinician engages in more data gathering to collect information on more of the client's REC concerns by enlisting cultural informants, learning more about the population to which the client belongs, and through literature and immersion activities

Small Group Work

- With your partner discuss how you would inform your client early on in session that you might broach issue of REC. What might you say?

- What are some broaching statements you might deliver to Carl across the various dimensions of broaching?

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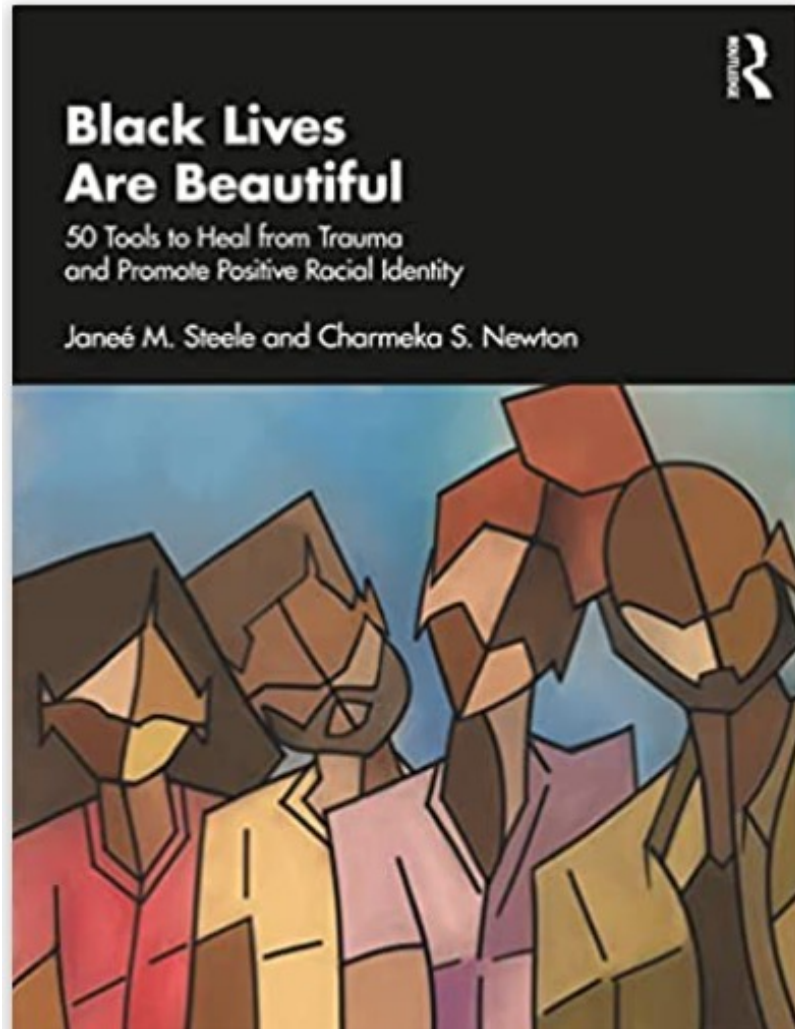
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