

# DIVISION 18

## VIDEO CONFERENCING MEETING NORMS

# 01

Mute yourself until  
ready to speak

# 02

Use Q&A for  
Questions

Q&A= Questions

# 03

Use Chat for  
Comments

Chat= Comments

If bandwidth issues occur (audio cutting out, pixilated video, etc.), please  
Stop or Close your Video.

**YOU'RE NOT ALONE:  
BIPOC  
PSYCHOLOGISTS SURVIVING RACISM  
& DISCRIMINATION IN  
THE WORKPLACE**

**Ines Campoverde, Ph.D. & Marie Mesidor, Ph.D.**

**21 June 2021**

# LEARNING OBJECTIVES

At the conclusion of this program, participants will be able to:

- Identify three different groups that may perpetuate racism and discrimination against BIPOC psychologists in the workplace;
- Name three physical & mental health consequences of workplace discrimination;
- Provide three coping strategies, in addition to self-care.



# How diverse is the psychology workforce?

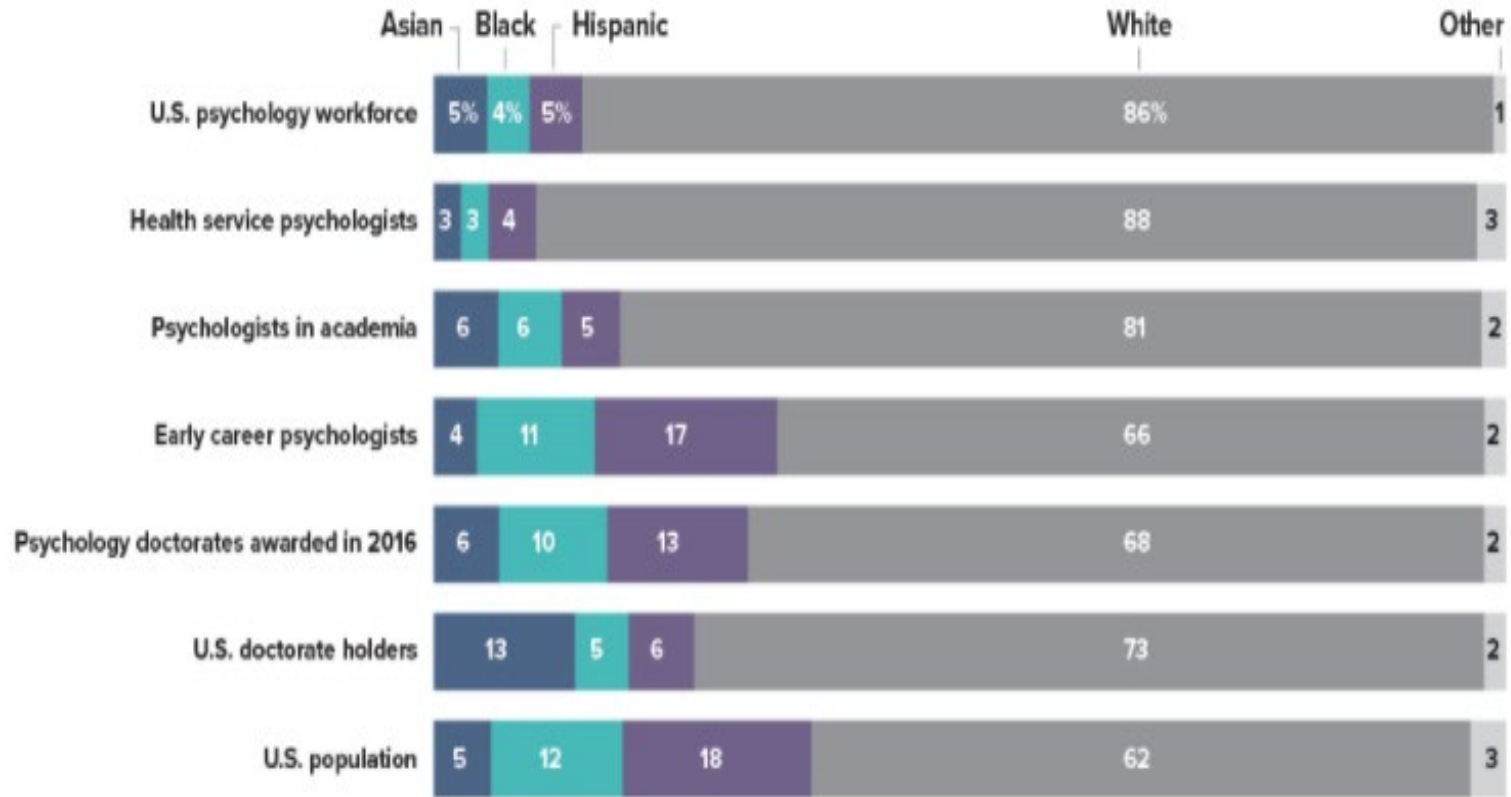
News from APA's Center for Workforce Studies

By Luona Lin, MPP, Karen Stamm, PhD, and Peggy Christidis, PhD

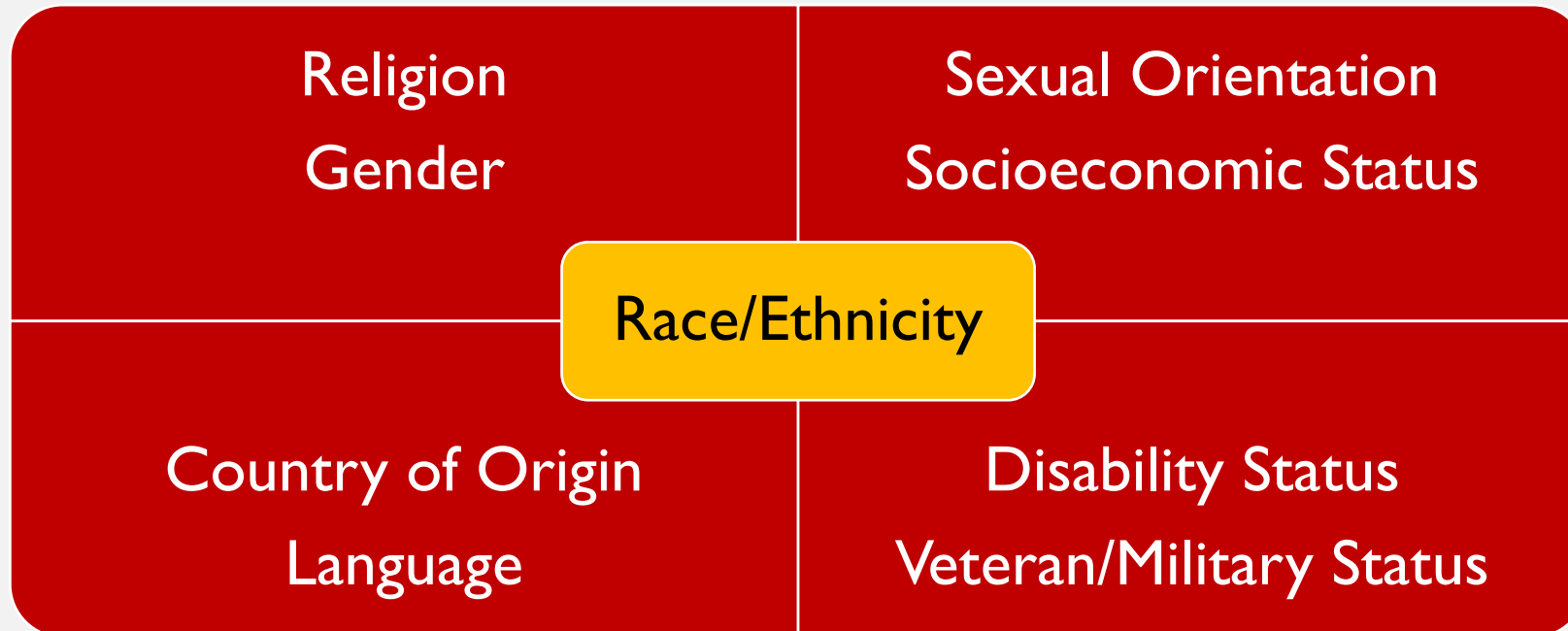
February 2018, Vol 49, No. 2

Print version: page 19

## Diversity of the Psychology Workforce

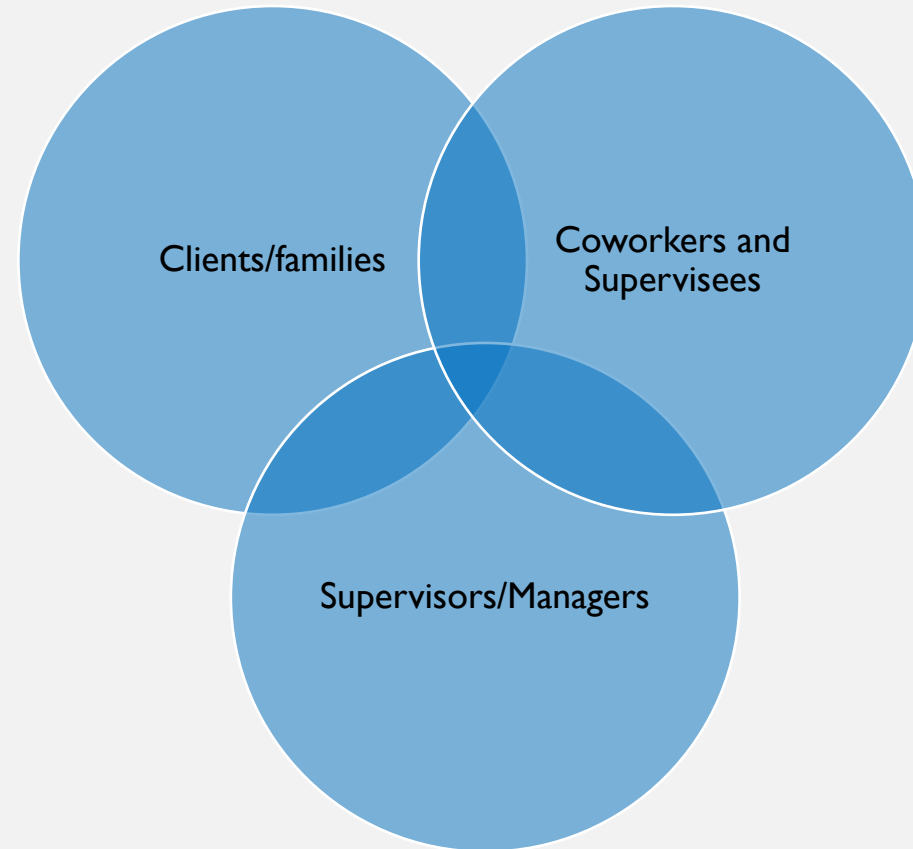


# INTERSECTING IDENTITIES OF PSYCHOLOGISTS OF COLOR



\*Many Additional Possibilities

THREE GROUPS THAT MAY PERPETUATE  
RACISM AND DISCRIMINATION AGAINST  
BIPOC PSYCHOLOGISTS



**Psychologists**  
(Pedrotti & Burnes, 2016)

**Other healthcare Professionals (physicians, nurses, etc.)**  
(Snyder & Schwartz, 2019; & Filut, Alvarez, & Carnes, 2020)

Experience anxiety about self-efficacy in performing duties related to discrimination and racism from clients, supervisees and co-workers.

Racists assumptions by patients and colleagues, name calling by patients & refusal of care by patients. Emotional consequences included lack of confidence in their professional role, doubting themselves, always being on guard.

Decreased workload from clients harboring racist views who do not want to meet with psychologists of color.

Worse work assignments.

Difficulty finding mentors and supports within work settings.

Being held to higher standards, limitations of professional growth & lower wages.

May experience micro-invalidations and dismissing of concerns from supervisors, program leaders, and co-workers.

Unable to voice concerns of discrimination & racism at work.

Use of “Dr.” title may be done because of experiences of having credentials dismissed by clients and co-workers but have the consequence of being seen as too formal or not approachable.

Mistaken for non-health care workers (housekeeping) by patients or colleagues.

Settings may be more individualistic whereas the individuals may come from collectivist cultures.

Healthcare systems have faced no legal challenges for failing to protect physicians from pts discriminatory remarks or refusal of care.

# CULTURAL TAX

(PADILLA, 1994)

## Psychologists (Pedrotti, J.T. & Burnes, T.R., 2016)

Increased service responsibilities related to diversity committees/initiatives that interfere with other tasks that are more valued when evaluations for promotion are made

Being asked to provide care to mostly clients of the same/race ethnicity who have significant needs

Facilitating/teaching courses/seminars on diversity topics that participants feel challenged by and reject that may lead to harsh evaluations or requests to speak to a supervisor.

## Other healthcare Professionals (physicians, nurses, etc.) (Snyder & Schwartz, 2019)

For Black physicians being asked to recruit other providers of color, serving on diversity committees, intervening in difficulty situations with colleagues or trainees and assisting White colleagues with care of patients of color be viewed as harmful or hurtful.

Expected to assist with patients of color

***What other examples of cultural tax have you experienced professionally?***

(Pedrotti & Burnes, 2016)





## Trainee Experiences of Racism, Sexism, Heterosexism, and Ableism (the “ISMs”) at a Department of Veterans Affairs (VA) Healthcare Facility

Jason Cencirulo and Tatiana McDougall  
Long Beach Veterans Affairs Healthcare System Center, Long  
Beach, California

Caitlin Sorenson  
Veterans Affairs Connecticut Healthcare System,  
West Haven, Connecticut

Shelly Crosby  
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Peter Hauser  
Long Beach Veterans Affairs Healthcare System Center, Long  
Beach, California, and University of California, San Diego

Experiences of racism, sexism, heterosexism, and ableism (the “isms”) are well documented among military populations and have been associated with numerous deleterious consequences, including decreased physical functioning and poorer mental health by those who encounter them. However, the degree to which the isms are experienced by—and impact—psychological trainees at the Department of Veterans Affairs (VA) is yet unknown. As the nation’s largest training network for doctoral-level psychology students, the VA has the unique ability to shape both the professional and personal identities of individual psychologists, and by extension, the field of psychology writ large. As such, experiences of the isms while training—and the manner in which these experiences are encountered, reported, explored, and/or resolved in supervision—is an important area of study, due in part to the far-reaching implications these experiences may have on trainee health, wellbeing, and professional identity. From an institutional standpoint, these experiences directly impact employee recruitment and retention, and as such, should be of primary administrative concern. To assess experiences of the isms, this study utilized a mixed-methods survey consisting of focus groups ( $n = 16$ ), and anonymous questionnaires ( $n = 55$ ) from current and former trainees (training years 2012–2018) from an

- “89% of survey respondents reported experiencing or witnessing crude or offensive remarks related to ethnic or racial identity while on the VA campus at least once to very often. Sixty-nine percent of respondents reported that these experiences were moderately to extremely stressful, upsetting, or bothersome”
  - *“As a woman of color, I often struggle with balancing asserting my needs with not wanting to be seen as the ‘angry black woman.’ I believe in the moment [of the isms], I wanted to assert myself but was balancing expectations from others while in the professional role.”*
- Participants struggled with how to respond in a therapeutic way and were concerned about potential negative evaluations from staff and supervisors.
- Authors recommended that supervisors take a proactive role in addressing these issues and share with trainees how they have addressed such issues.

# CHALLENGES EXPERIENCED BY BLACK MALE PROFESSIONALS IN PREDOMINATELY WHITE ORGANIZATIONS

Peers made less effort to relate to them personally than White co-workers

Assumption of inferiority of people of color (shock from peers and superiors about good performance and intellectual achievements).

Different rules of performance, appearance and behavior. Also, being subjected to stereotypes.

Felt a responsibility to perform well as poor performance would reflect poorly on other Black employees or future Black employees

Doubted themselves and questioned whether they were being too sensitive when they experienced racial microaggressions.

Felt a pressure to work harder than others and felt that their humanity was not valued as they felt judged by their race.

Costs included mild emotional distress, anxiety, and depression.

Coping mechanisms: restricting identity & self-expression, John Henryism, humor, compartmentalizing, avoiding certain topics for self-preservation, and seeking support through social networks and co-ethnic peers and allies at work.



## COPING CHALLENGES

- African Americans may minimize experiences of discrimination as a means of maintaining a sense of control or mastery. John Henryism may be used to increase a sense of control. John Henryism has been linked to cardiovascular health issues.
- For both African American women and men, rumination is a common response to racial discrimination and greater mindfulness may be protective against the effect of discrimination.

(Brownlow et al., 2019)

## EFFECTS OF DISCRIMINATION & RACISM

Psychological	Physical	Career-Related
<ul style="list-style-type: none"> <li>• Depression, anxiety, shock, denial</li> <li>• Anger, fear, frustration</li> <li>• Insecurity, embarrassment, betrayal</li> <li>• Confusion, powerlessness</li> <li>• Shame, self-consciousness</li> <li>• Guilt, self-blame, isolation</li> <li>• Rumination, inability to focus or concentrate</li> <li>• Feeling on-guard</li> <li>• Negative self-evaluations</li> <li>• Fatalistic attitude</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiovascular disease</li> <li>• Headaches</li> <li>• Gastrointestinal distress</li> <li>• Weight fluctuations</li> <li>• Sleep disturbance</li> <li>• Physiological arousal (threat response)</li> <li>• Sexual problems</li> <li>• Dermatological reactions</li> <li>• Fatigue</li> </ul>	<ul style="list-style-type: none"> <li>• Devaluation of research or interests</li> <li>• Inequity in promotions</li> <li>• Biases in performance reviews</li> <li>• Facing greater scrutiny</li> <li>• Being held to a higher standard</li> <li>• Needing to justify credentials, perspective or position</li> <li>• Negative effects on career advancement</li> <li>• Lower career satisfaction</li> <li>• Impedes or impairs performance</li> <li>• Withdrawal from team &amp;/or work</li> </ul>

(APA, 2016; Cencirulo, et al., 2020; Filut, Alvarez, & Carnes, 2020; Pedrotti & Burnes, 2016; Pitcan, Park-Taylor & Hayslett, 2018; Snyder & Schwartz, 2019; Sue, Alsaidi, Awad, et al., 2019; Sue, 2010)

In addition, Black and Hispanic/Latino populations remain underrepresented across career levels.

○ white   ● Black   ● Hispanic/Latino  
● Asian   ● Other & multi-racial

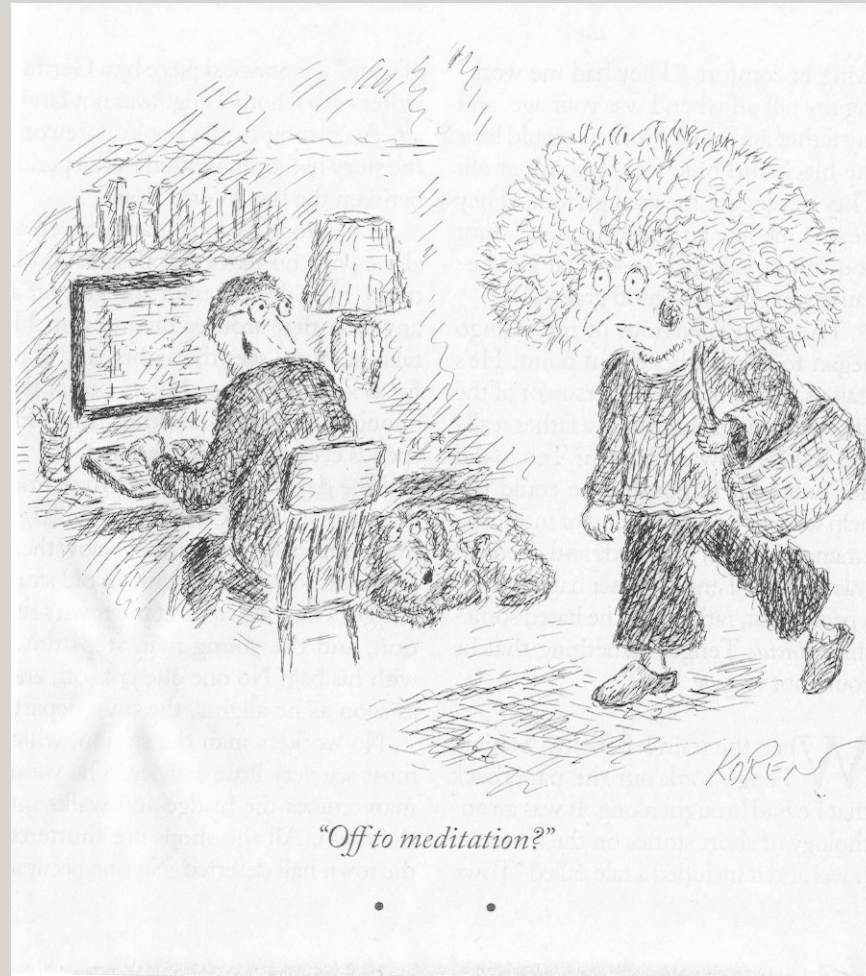


Note: Totals may not add to 100% due to rounding.  
Source: 2020 Mercer When Women Thrive Report, U.S. Census Bureau

WHAT ARE SOME  
EXAMPLES OF  
WORKPLACE  
INDIGNITIES OR  
MICROAGGRESSIONS  
YOU HAVE WITNESSED  
OR EXPERIENCED?

# SELF-CARE STRATEGIES

Use beginner's mind  
Social support  
Spiritual or religious support  
Self-Care Plan  
Meditation  
Engage in exercise  
Healthy diet  
Sleep  
Get out of town



Getting outdoors  
Altruism  
Aromatherapy  
Listening to happy or energetic music  
Reading  
Sex  
Laughing  
GIFS – Something cute  
Unplug

# MICROAGGRESSIONS OR ABUSE

- Subtle forms of discrimination
  - Micro-insults
  - Micro-invalidations
  - Micro-assaults
- Environmental harm
  - Constant & continual in lives of BIPOC
  - Reminder of second-class status
  - Life-long burden of stress
  - Cumulative
- Those targeted by racist behavior of any sort are deeply impacted and the term microaggression serves to minimize the experience of those targeted.
  - Ibram Kendi

(Sue, Alsaidi, Awad, et al., 2019; Sue, 2010)





# DISCRIMINATORY ABUSE

## AKA: MICROAGGRESSIONS

### ➤ Effect on Workplace Environment

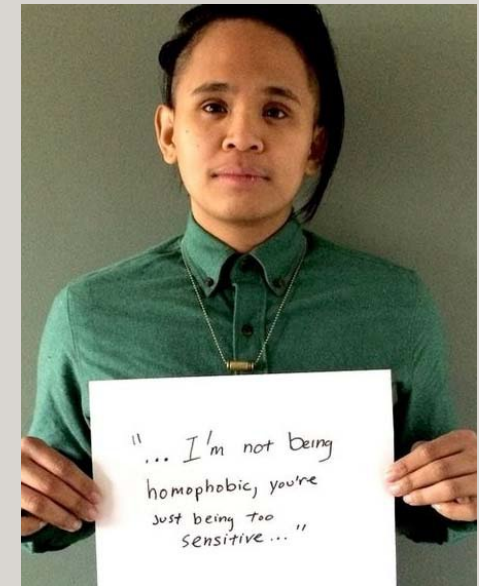
- Hostile, invalidating & exclusionary climate

### ➤ Affect on BIPOC

- “Freeze Effect”
- Silence

### ➤ Microinterventions

- Everyday words or actions that communicate validation of a person’s lived reality, value as a person, affirms their racial or group identity, and reassures them they are not alone.
  - Enhance psychological well-being by providing a sense of control & self-efficacy.
  - Provide a repertoire of responses to directly disarm or counteract the effects of a microaggression.



# RETHINKING COPING

Microinterventions  
Strategies



## Make the "Invisible" Visible

- Point out the underlying problematic attitude
  - Coworker to a Muslim co-worker: "You don't speak Arabic?"
  - Response: "Why would I speak Arabic?"

## Disarm

- Step in, stop or deflect
  - Co-worker to co-worker: "They only got that promotion b/c they're a POC."
  - Response: "I don't agree with you"

## Educate the offender

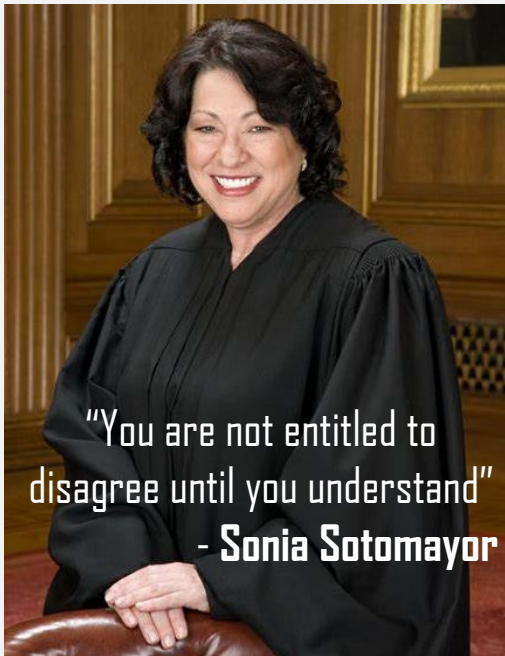
- Help the offender recognize their biases & explore possible origin
  - Refocus the conversation on impact instead of their intent.
  - Manager to manager: "I know you have to follow directives, but what you said to Avery was offensive & hurtful."

## External Intervention or Support

- Call in on your reinforcements or seek help from institutional authorities

# RETHINKING COPING

## Institutional Strategies



(Sue, Alsaidi, Awad, et al., 2019)

### Make the "Invisible" Visible

- Keep a log of inequitable treatment you experience or witness
- Take notice of trends in recruiting, hiring, promotion & retention

### Disarm

- Request meetings with intermediary or Sr leadership to share perspectives
- Serve on boards to voice your concerns
- Delineate financial losses of continued failure to endorse, validate &/or expand DEI efforts and staff

### Educate

- Integrate long-term mandated trainings on DEI, cultural humility, or multicultural competence, at all levels
- Infuse DEI & multicultural principles into mission statements, values and/or philosophies

### External Intervention or Support

- Develop mentoring or networking opportunities for staff &/or trainees
- Call in outside consultants to conduct external assessments/cultural audits

## RETHINKING SELF-CARE



Keep a diary of your  
accomplishments & daily duties



Manage your boss



Start an Employee Resource Group



Know when it's time to leave

# SELF-CARE

## Coalition Building

- Strong social support from other healthcare workers and BIPOC staff was found to mitigate social isolation and improve self-confidence.
- Nurturing our relationships with other allies can make an important difference in your well-being, professional satisfaction and career advancement.



(Pitcan, Park-Taylor, & Hayslett, 2018)

Thank you!

A special thank you for lifting us up:

- ✦ Gayle Iwamasa, PhD
- ✦ APA Division 18

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