A MATTER OF EQUITABLE CARE

CENTERING ETHICS, ADVOCACY, & JUSTICE IN PROFESSIONAL PRACTICE

DR. KIMBERLY BURDINE (SHE/HER)
Objectives

Critically examine and discuss professional values related to ethics, advocacy, and justice

Apply professional ethics, advocacy guidelines, and justice lens to clinical services, prevention, supervision, and administration/leadership

Create a framework for personal and professional values, mission, and vision for advocacy in professional role/practice
Let’s Agree...

Confidentiality is essential.

Participate with openness, curiosity, and mutuality.

Be accountable for the impact of your participation.

Affirm cultural identity and individual differences.

Hold compassionate for yourself and others.

Take care of your emotional and physical needs in the space.
What have been major hurdles for the mental health professional in the past 3 years?

In what ways has the sociopolitical climate impacted mental health?

How have equity and justice been promoted within our professions?

What populations are impacted most by the sociopolitical climate?
What have been major hurdles *for you* as a mental health professional in the past 3 years?

In what ways has the sociopolitical climate impacted *your* mental health?

How have equity and justice been promoted within *your* practice?

What have your clients needed in response to the sociopolitical climate?
STRESS IN U.S.A.
(APA, 2019)

• Unhealthy amounts of stress
• Dissonance related to media consumption
• U.S.A. at “lowest point they can remember”
• Political climate, healthcare and mass shootings top stressor
  • Healthcare costs*
  • Climate change/global warming
  • Sexual harassment
  • Changing abortion laws
  • Immigration
  • Discrimination a source of stress*
  • Work and money

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SOCIOPOLITICAL CLIMATE

- Capitalism
- Bipartisan Politics
- Exploitation & Dehumanization
- Privatization & Monetization
- Patriarchy & Individualism
- Civil Rights Activism... but Backlash
- Criminalized Resistance & Myth of Meritocracy
- Generational Stress & Trauma
- Racial Caste
And...
PULLING FROM THE ROOT
DEFINING & REDEFINING ADVOCACY & JUSTICE IN MENTAL HEALTH PRACTICE
DIVERSITY & INCLUSION v. EQUITY & SOCIAL JUSTICE (STEWART, 2017)

• Diversity asks, “Who’s in the room?” Equity responds: “Who is trying to get in the room but can’t? Whose presence in the room is under constant threat of erasure?”

• Inclusion asks, “Has everyone’s ideas been heard?” Justice responds, “Whose ideas won’t be taken as seriously because they aren’t in the majority?”

• Diversity asks, “How many more of [pick any minoritized identity] group do we have this year than last?” Equity responds, “What conditions have we created that maintain certain groups as the perpetual majority here?”

• Inclusion asks, “Is this environment safe for everyone to feel like they belong?” Justice challenges, “Whose safety is being sacrificed and minimized to allow others to be comfortable maintaining dehumanizing views?”

• Inclusion celebrates awards for initiatives and credits itself for having a diverse candidate pool. Justice celebrates getting rid of practices and policies that were having disparate impacts on minoritized groups.
ETHICAL PRACTICE CONSIDERATIONS

- Activism
- Accomplice
- Ally
- Advocate (noun)
- Advocate/Advocacy (verb)
- Assessment
- Belonging
- Board membership
- Boundaries
- Breach
- Clinical Documentation
- Collaboration
- Community mental health
- Compensation
- Confidentiality
- Continuing education
- Coordinator
- Court order
- Crisis
- Culture
- Data driven
- Diagnoses
- Director
- Disability justice
- Dual relationship
- Employee handbook
- Empirical support
- Equity
- Ethical dilemma
- Ethical violation
- Evaluation
- Evidence-based
- Fiscal responsibility
- General counsel
- Guidelines
- HR (Human Resources)
- Health insurance
- Hospitalization
- Human Rights
- Illegal
- Immigration status
- Inclusive
- Individual and cultural diversity
- Informed consent
- In-patient care
ETHICAL PRACTICE CONSIDERATIONS

- Law maker
- Leadership team
- Legalization
- Legislation
- Liability
- Licensure
- Limits to confidentiality
- Lobbying
- Mandated reporting
- Mission
- Morality
- Management
- Networking
- Office culture
- Office policy
- Organizational structure
- Outreach
- Pay equity
- Performance review
- Policy & procedure
- Prevention
- Principles
- Private practice
- Professional development
- Protective order
- Public health
- Quality
- Quantity
- Reform
- Reproductive justice
- Resources
- Risk assessment
- Remote work
- Self-disclosure
- Social justice
- Supervision
- Teletherapy
- Transformation
- Training
- Treatment planning
- Trust
- Uninsured/underinsured
- Values
Defining Advocacy & Justice

- Ethical codes
- Practice guidelines
- Client experiences
- Clinician experiences
- Agency history
- Resourcing
INTEGRATION & APPLICATION

CASE SCENARIOS, PAIRED WORKSHOPPING, & REFLECTION
Psychology of Liberation

• Intervention rooted in affirmation of BIPOC cultural values beyond academic “knowledge”
  • “Attending to the soul and culture” of survivors
  • Healing circles and localized community-based intervention
  • Consciousness development focus in curriculum and admissions
  • Collective resistance against systemic oppression

• Spontaneity and “leaderfull” response to injustice
  • “… spontaneity requires courage, not fearlessness.”
  • Interrupting hierarchical leadership
  • Consistency in use of various influence/positions
  • Unplanned action and advocacy
TRAUMA-INFORMED CULTURE

• Impact of trauma is nuanced and pervasive, especially complex for BIPOC
• Adaptive self-protection skills impact approach to help-seeking
• Systems, mental health services, are harmful for clients and staff
• Intentional design in every facet of center (not just trauma-specific services)
  • Waiting areas and offices
  • Intake procedure and informed consent
  • Hiring processes and performance evaluation
• Core values of safety, trustworthiness, collaboration, choice and empowerment
• “I’m going to be asking some questions that may be difficult to answer because they involve asking about experiences of discrimination. Is there anything that I can do to help make you feel safe to talk about that?”

• “I know you might have had horrible experiences with CPS in the past. So, before you share anything with me that may require me to report to them, I want you to know that you do not have to share anything you don’t want to. You have every right to protect yourself and your family.”

• “During this portion of getting to know you, I want to make sure we go at a pace that is good for you. I’ll check in about that from time to time. Would you also let me know if we need a break or if you want to skip the question?”

• “We just met, and therapy can be very scary for folx, especially if your family has been harmed by social workers, counselors or psychologists in the past. I want you to know that you can disagree with me. You can also tell me to stop. You can also say nothing, and I’ll take that as a sign to move on.”
Systemic Mental Health

- Compassion & Cross-cultural engagement
- Partnership & Collaboration
- Non-partisan Political Activism
- Humanism & Empathy
- Abolition; De-profitize Criminal Justice
- Womanism, Globalism
- Human Rights Activism
- ‘Visibility’ & Affirmation
- blacklivesmatter #A4BL Radical Healing
PROMPTS FOR SCENARIOS

Where are the areas of influence, power in the scenario?

What are potential points of resistance, skepticism, or mistrust?

What resources might be available to address the concerns?

What connections or relationships that can be leveraged in addressing the concerns?

What are the skillsets that might be helpful in addressing the concerns?
During your 2nd individual session with them, your client, Cris, shares with you that they had a weird interaction with a professor. Cris shares that they felt uncomfortable in class, but thinks they might be overreacting. When you ask about the interaction, they share that the professor was showing them the lab equipment they would be using that semester. The professor remarked that the equipment was all new and a big upgrade from the “ghetto” equipment that was being used last year. Cris said it made them feel uncomfortable, but they didn’t say anything.
One of your colleagues, Avery, appears to be holding back tears in a meeting, but has not shared anything that would indicate why. After the meeting, you approach Avery and offer support if the want to share about anything that is bothering them. They say that they’re just not sure that they fit in at the center or in the department. Their client load is larger than they expected and everyone else seems to be managing well and connecting with the other staff. Avery also shares that they are feeling overwhelmed by the number of clients they have with complex trauma. They noted wanting to support their clients but realizing that they are at a breaking point.

Scenario #2
During a virtual outreach presentation on coping with stress, you use an example referencing protests, specifically noting that there may be times in the current political climate that people feel pulled to both call leaders to action and be frightened by the thought of conflict. Discussion leads a student, Taylor, to disclose that they are stressed by the marginalization that BIPOC people are facing. Another student comments that they believe that things are fine the way they are and that they believe that people are overreacting. You notice Taylor's demeanor change. They were bubbly and energetic at the start of the presentation, but now they appear guarded and turn off their camera.

Scenario #3
RESOURCE SHARING

OPEN DIALOGUE, QUESTION & ANSWER
Finding Our Voice: A Women of Color Discussion Group

Dr. Kimberly Burdine is a psychologist and Black and African American Diversity Coordinator at the Counseling and Mental Health Center. She joined the UT staff in July 2011. Her clinical interests include cultural identity development and preventative treatment and outreach in underserved college populations.

Burdine has over 30 years of experience providing organizational leadership. She currently serves as the executive director of Student Diversity Initiatives where she oversees the Gender and Sexuality Center, Supporting Women and LGBTQ Communities, and the Multicultural Engagement Center.

This group will meet weekly to engage in an affirming, invigorating, and authentic discussion among students, faculty, and staff interested in claims people who identify as women of color on the UT campus. No college undergraduate and graduate students are welcome to participate in the discussion. Participants are encouraged to discuss any and all topics that are relevant to their experiences (e.g., race relations, gender, sexual orientation, self-esteem/body image, racism, sexism, career development, dating relationships, sexuality). Your privacy will be respected. You are welcome to join and bring a friend.

This group meets on MONDAYS at NOON
Gender and Sexuality Center Conference Room (SAC 2.112)

For more information: rosal@austin.utexas.edu
kburdine@austin.utexas.edu

Soul Siblings: A Healing & Restorative Skill Group for Black Women

for more info:
http://tiny.cc/soulsiblings
Wellness Tuesdays with Dr. Burdine

Dr. Kimberly Burdine (pronouns: she, her, hers), Psychologist and Diversity Coordinator at UT Counseling and Mental Health Center (CMHC), is making herself available to AADS students for consultation, support and counseling! She holds office hours Tuesdays 9:00 am and 1-3 pm in GWB 3.128 to provide students with information about mental health services on campus.

During Wellness office hours, Dr. Burdine visits with individual or groups of students for 10-15 minutes at a time to answer questions and provide information about the following:

- Whether or not counseling and/or medication is needed
- How to schedule an appointment for counseling
- What to expect from individual or group counseling
- Who you’ll meet with if you come to CMHC
- Signs and symptoms of depression, anxiety, bipolar, and other mental health diagnoses
- What support is available to students who have been assaulted, harassed, or stalked
- How to connect with other students who struggle with similar mental health concerns

This list is not exhaustive, but provides examples of potential topics to discuss. Because of the limits of time and privacy in the office space, Dr. Burdine might suggest a later or immediate meeting at CMHC or during office hours to better meet your needs. If you would like to meet with Dr. Burdine simply stop by for Wellness Tuesdays!

Continuing this year, Dr. Burdine will facilitate Black Voices: A Supportive Group for Black Students Tuesdays 3-4:30 pm in GWB 3.206A. Black Voices is a free, confidential group that meets weekly to engage in safe, inviting, and authentic discussion around students’ experiences as Black & African American graduate and undergraduate students on the UT campus. Students are welcome to discuss any and all topics that are relevant to their experiences. There are no limits to what is discussed, and your privacy will be respected. You are welcome to join and bring a friend!

Please note that Black Voices discussion group is open to all Black-identified students, regardless of specific nationality or racial/ethnic background. Leaders will invite the group to explore their racial and ethnic identity in the context of discussion that affirms the existence of and psychosocial impact of racism and all other forms of marginalization and systemic oppression.

All of Wellness conversations are free & confidential. AADS faculty and professional staff understand the importance of confidentiality and fully support this practice.

If unavailable for Wellness hours, feel free to call CMHC at (512) 471-3515 or stop by the office at SSB 5th floor. Once connected to a counselor by phone or in person, explain the nature of your call and request a “Diversity Services Consultation” appointment with Dr. Burdine. Note: There is a $10 fee for this appointment, as it will be a more comprehensive consultation and link you directly to CMHC services (individual and group counseling, case management, psychiatry, and/or Mindbody Lab).

As always, if experiencing a mental health crisis, contact CMHC via phone at (512) 471-3515, stop by SSB 5th floor, or nights/weekends at (512) 471-3255. You can also access community and campus emergency services by dialing 911.
Mental Health & Equity
Promoting Platforms

@decolonizingtherapy  @nedratawwab
@melaninandmentalhealth  @thenapministry
@dr.thema  @adriennemareebrown
@inclusivetherapists  @accesscenteredmovement
@abolish_time  @yung_pueblo
@healingblacknarratives  @sonyareneetaylor
@wokescientist  @poconlineclassroom


REFERENCES CONT.


