

DEI IN SOCIAL WORK PRACTICE

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About me

I am a Licensed Clinical Social Worker (LCSW) and Board-Certified Diplomate, with over a decade of experience. I graduated from the University of Tennessee Knoxville with an MSSW and a Certificate in Gerontology. Currently, I serve as a Rural Homeless Social Worker for the Department of Veterans Affairs, and I retired as Captain from the Tennessee Army National Guard. Additionally, I run a virtual private practice focusing on diverse populations and contribute to various diversity councils and coalitions.

This presentation does not represent any other entities for which I am affiliated....



Welcome to Mentimeter

I recommend logging into Mentimeter from your cellphone to participate in questions and polls.

The remainder of today's presentation will be presented here, and the slides have been provided to NASW-OK to share with attendees today.

Learning Objectives

- Elevate knowledge of historical and modern methods of DEI integration into practice.
- Gain an understanding of incorporating DEI principles into everyday practice.
- Identify 3 key values of implementing DEI in any setting.
- The ability to assess one's self knowledge of the importance of DEI in social work practice as a clinician and colleague.



WHERE ARE
YOU FROM?

What is your First and Last Name?



The background features a light beige base with several overlapping geometric elements: a grey triangle on the left, a white triangle on the right, and a yellow diagonal line crossing from the top-left to the bottom-right. Two thick black L-shaped brackets are positioned on the left and right sides, framing the central text.

**WHAT IS YOUR CURRENT
PRACTICE SETTING?**

What is Diversity?

- Merriam Webster: “The condition of having or being composed of differing elements : *especially* the inclusion of people of different races, cultures, etc. in a group or organization”
- University of Michigan School of Social Work: “Diversity is a representation and intersectionality of our collective and individual identities, positionalities, values, beliefs, and lived experiences.”

What is Equity?

- University of Michigan School of Social Work: “Rather than treating every individual equally and identically, equity practice presumes diversity and requires ongoing action to identify and eliminate barriers that presently prevent the full, meaningful participation and inclusion of certain individuals and groups.”

What is inclusion?

- Merriam Webster: “The act or practice of including and accommodating people who have historically been excluded (as because of their race, gender, sexuality, or ability)”
- University of Michigan School of Social Work: “Inclusion fosters a culture of belonging by bringing and empowering traditionally excluded voices into decision-making processes. Inclusion mandates the establishment of a balance of power and shared rights within a group, organization, or institution. Inclusive spaces are empowering environments where each voice is valued and supported to actively participate through purposeful, deliberate, and authentic efforts, while understanding that no one person is representative of an entire community.”

Why is DEI Important to Social Workers?

- *NASW Code of Ethics 1.4-C* “When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.”
- *NASW Code of Ethics 1.5 Culture Competence Specifically reflects the importance of* “demonstrating an understanding of culture and its function in human behavior and society, recognizing the strengths that exist in all cultures” but of more greater importance in Section B “ Social workers must take action against oppression, racism, discrimination, and inequities, and acknowledge personal privilege.”

Cultural Competence vs Cultural Humility

- In addition to discussing the importance of cultural competence, NASW Code of Ethics 1.5 reminds us of the importance of cultural humility.
- What are the differences?

Cultural Competence vs Cultural Humility cont.

	Cultural Competence	Cultural Humility
Goals	To build an understanding of minority cultures to better and more appropriately provide services.	To encourage personal reflection and growth around culture in order to increase service providers' awareness.
Values	<ul style="list-style-type: none"> • Knowledge • Training 	<ul style="list-style-type: none"> • Introspection • Co-learning
Shortcomings	<ul style="list-style-type: none"> • Enforces the idea that there can be "competence" in a culture other than one's own. • Supports the myth that cultures are monolithic. Based upon academic knowledge rather than lived experience. 	<ul style="list-style-type: none"> • Challenging for professionals to grasp the idea of learning with and from clients. • No end result, which those in academia and medical fields can struggle with.
Strengths	<ul style="list-style-type: none"> • Allows for people to strive to obtain a goal. • Promotes skill-building. 	<ul style="list-style-type: none"> • Encourages lifelong learning with no end goal but rather an appreciation of the journey of growth and understanding. • Puts professionals and clients in a mutually beneficial relationship and attempts to diminish damaging power dynamics.

DEI Historical Approaches

- Mid-1960s Affirmative Action and Equal Employment Laws were introduced including the Equal Pay Act signed into law, Title VII of the Civil Rights Act of 1964 Codified and the first minority employee resource group (ERG).
 - *Trainings focused on Racial Discrimination, Do's and Don'ts, questionnaires aimed at identifying personal biases, training was mandatory*
 - *These trainings had little lasting impact, often lead to DEI resistance rather than acceptance*
 - *Additional strategy was hiring tests designed to assess skills and qualifications and remove bias from hiring managers. This to was met with resistance due to restricted hiring.*
- Talking moment: Who remembers hiring test for positions? Do you see any problems that may have occurred with this method?

DEI Historical Approaches cont.

- 1970s: Shift in focus from discrimination based on race to expand and include gender and gender diverse issues.
- Expansion of movement continued expanding to include women, LGBTQ+, multiple ethnic and religious communities
- 1980s and 1990s: Movement continued recognizing and addressing the diverse needs of various identity groups, including ethnic, religious, and LGBTQ+ communities.
 - *Training focus shifted from confrontational approach towards educational approach*

DEI in the Modern Age 2000s and beyond

- Corporate culture recognizes the importance of diversity
- Social Media begins to play a role in a tool to share experiences of bias and discrimination
- Social movements like #MeToo, #BlackLivesMatter and #StopAAPIHate emerge
- 2020 brings increase in discussion about racial justice and equity
- Trainings not only have become more engaging but have shifted more towards digital platforms

DEI Laws in Healthcare

- 1964: Title VI of the Civil Rights Act
 - *1966: Medicare implemented*
 - *1973: Expanded to include individuals with disabilities under Section 504 of the Rehabilitation Act*
- 1975: The first Health Care Specific law: Age Discrimination Act enacted
- 1990: Title II and III of the Americans with Disabilities Act work to ensure fair and equal access for people with disabilities
- 2016: expansion of anti-discrimination in healthcare with Section 1557 of the Patient Protection and Affordable Care Act

DEI in Healthcare - Action

- Where do you see DEI being put into action in healthcare?
Historically or today?
- Desegregated hospitals
- Birth control
- Maternity leave
- HIV Care
- FMLA
- Gender affirming care
- Preferred pronouns

DEI in Practice

- How are you actively promoting DEI within your practice?

DEI in Practice continued

- The first step is here and now; attending trainings and expanding your knowledge on DEI is one of the first steps to incorporate DEI into practice
- What are your agency or practice DEI signals?
 - *Lanyards, Glass Clings, Magazines in waiting room, pronoun pins, stock photos, etc.*

Implicit Bias

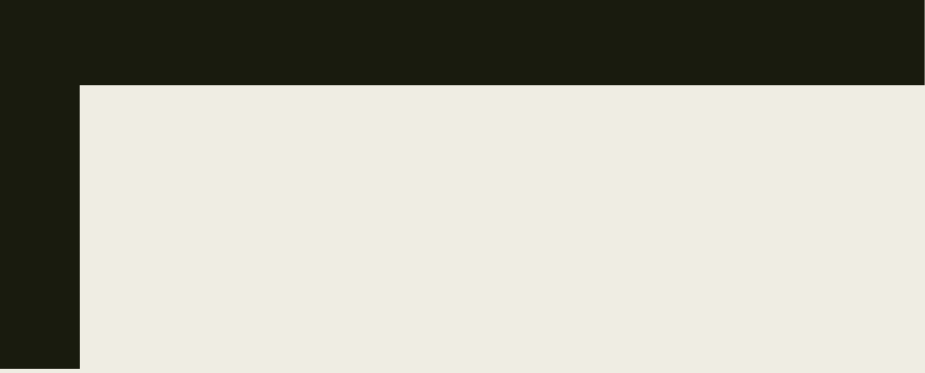
- How often are you screening yourself for implicit bias?

<https://implicit.harvard.edu/implicit/takeatest.html>

- Examples of how implicit bias plays out in healthcare:
 - Non-white patients receive fewer cardiovascular interventions and fewer renal transplants
 - Black women are more likely to die after being diagnosed with breast cancer
 - Non-white patients are less likely to be prescribed pain medications (non-narcotic and narcotic)
 - Black men are less likely to receive chemotherapy and radiation therapy for prostate cancer and more likely to have testicle(s) removed
 - Patients of color are more likely to be blamed for being too passive about their health care

Microaggressions

- What are Microaggressions?
- *Microaggressions*: subtle verbal or nonverbal insults or denigrating messages communicated toward a marginalized person, often by someone who may be well-intentioned but unaware of the impact their words or actions have on the target.

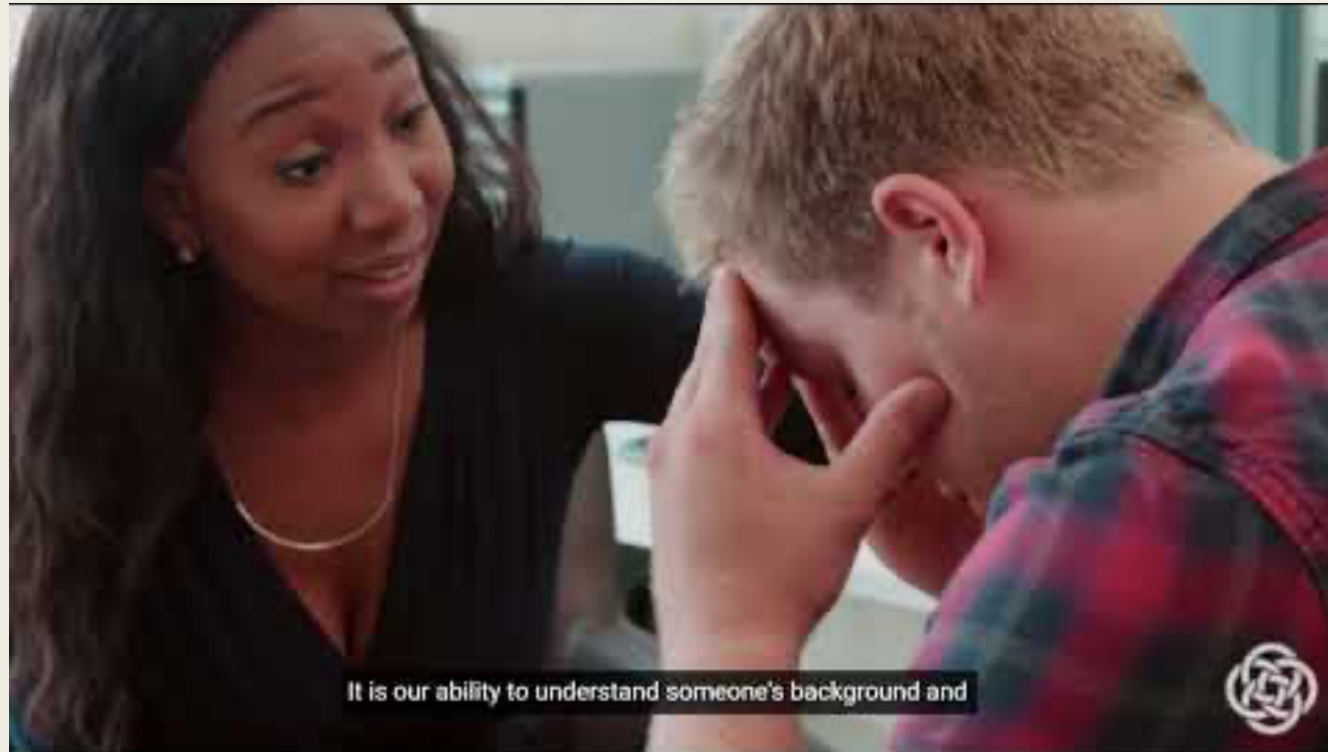


53% to 81% of therapy clients of color have reported experiencing microaggressions in therapy.



Yeo, E., & Torres-Harding, S. R. (2021)

Microaggressions-Why its important




It is our ability to understand someone's background and




Microaggressions and resistance to therapy




Now for the comments:

 **@lemann3057** 2 years ago
If I had known that mass immigration meant that we had to worry about and treat others according to their culture, I would have vehemently opposed mass immigration.


 8  [Reply](#)

 **@mikelee9886** 2 years ago
MORE CULTURAL AWARENESS? jesus christ i think the whole world has heard that kinda crap enough for 20 lifetimes.

 11  [Reply](#)


 **@joebloggs9016** 2 years ago
This Asia news?

 3  [Reply](#)

 **@ryanlawson9838** 2 years ago
Great video, i'm kinda motivated with it, I invested in Bitcoin and is favorable to me.


 11  [Reply](#)

 [4 replies](#)


 **@checktheskies5040** 2 years ago
In the UK we are years behind in mental health service. It needs new training sharing information with US,EU and rotw. More funding and information on new findings and practices. Study natural things like microdosing fungus, plants and animal venoms. Its a ticking time bomb with so many undiagnosed conditions. Help ppl with MH now, not just say awareness as most ppl dont know what any disorders are this includes GP's.

[Read more](#)




 2  [Reply](#)



 **@JaggersLips** 2 years ago
There needs to be more mental health support, nothing to do with cultural awareness. The year long waiting lists for treatment indicates there's not enough staff. The NHS can't cope as it is !!! The tax payer that's lived and worked all their lives in the U.K deserve better service.

 3  [Reply](#)

 **@JackSht-iv2on** 2 years ago
Need more than a nut doctor in this totally effd up world.

 2  [Reply](#)

 **@dirkdiggler3605** 2 years ago
The old saying "when in Rome" catch my drift  

  [Reply](#)

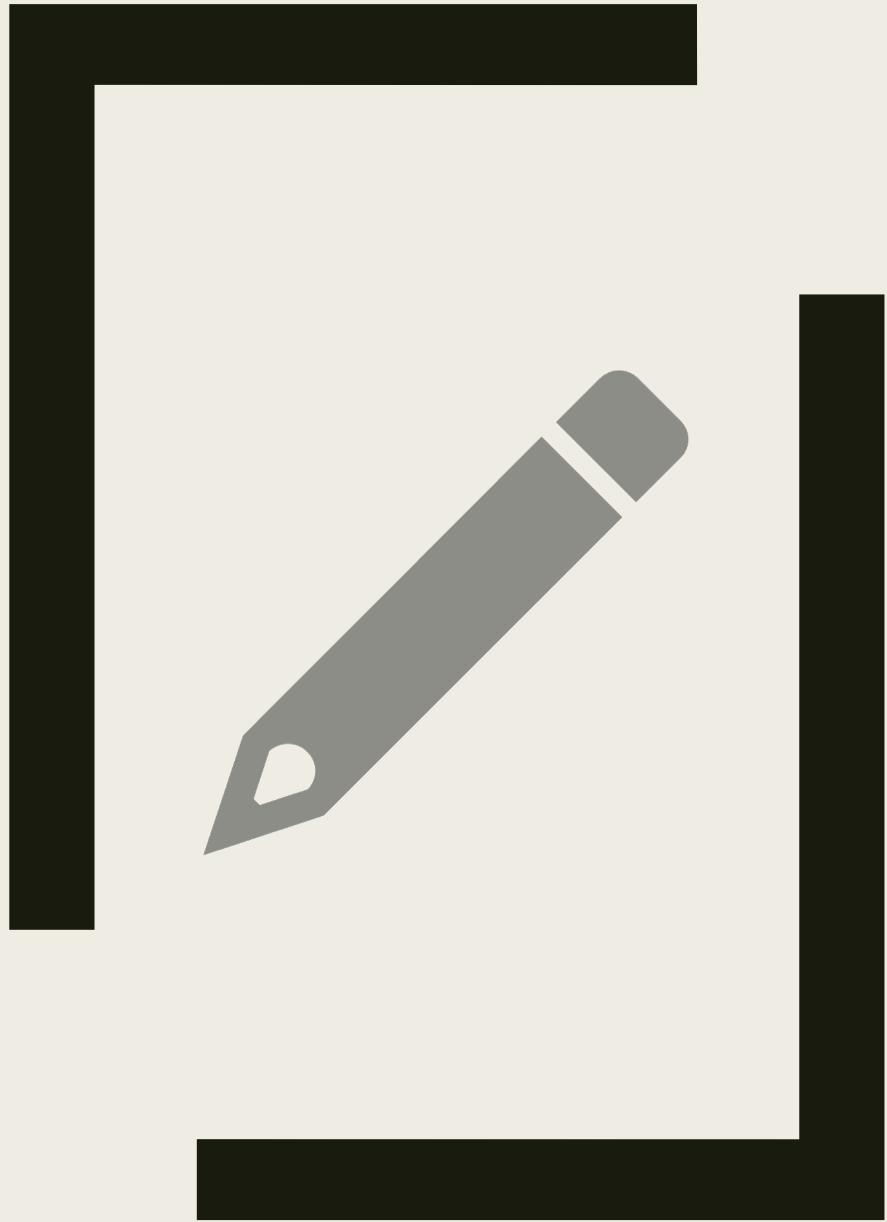
Implicit Bias & Microaggressions: Impact on Outcomes

A 2015 study by Hayes, Owen and Bieschke found that there was a variability in treatment effectiveness and outcomes in part due to the clients racial/ethnic minority. We therefore must ask ourselves when working with clients of a different racial, ethnic, cultural, gender, etc. back ground the following questions:

- Will clients open up to a therapist whom they don't feel comfortable with?
- Will the client stay for the full course of therapy?
- Will the treatment outcomes be positive?

BREAK





LETS GET
SOME
PRACTICE

Exploring Diversity, Equity, and Inclusion

Welcome, everyone! In this activity, we'll engage in scenario-based learning to deepen our understanding of Diversity, Equity, and Inclusion (DEI) in practice.

Instructions:

1. Scenario Reading:

- I will read the scenario and then present questions on the scenario.
 - Consider the implications of DEI principles within the context of the scenario.

2. Question Session:

- Once the scenario is read, you will spend around 5 minutes thinking about the questions presented regarding the scenario. We will reconvene as a whole group to share insights and discuss key takeaways from the scenarios.

Jane Smith

Jane Smith is 37 years old and six months pregnant when a nurse, checking the fetal heart rate of the baby boy she was carrying, referred to him as “a hoodlum.” Jane Smith, a social worker, froze. She had just been hospitalized at X Regional Medical Center, with pre-eclampsia, a life-threatening complication of pregnancy, and she is Black. “A ‘hoodlum’?” she said. “Why would you call him that?” The fetus was 14 inches long and weighed little more than a box of chocolates. A doctor who came into the room downplayed the comment, saying the nurse was just kidding, but that only hurt Jane Smith more. She was already distressed: She and her husband lost an earlier twin pregnancy, and now she worried this baby was at risk, too.

What would you do?

- How should a Social Worker for X Regional Medical Center and assigned to the role of patient advocate; How do you advocate for this patient to feel that she is receiving unbiased/inclusive healthcare and that her concerns are addressed?
- What action steps should leadership take to address the action of the nurse and the doctor?
- What should be done to ensure this type of event does not occur again?

Mark and Tom

Mark and Tom have been partners for over 30 years. Mark is 74 and Tom is 83. Around 2000 Mark and Tom sought legal assistance to draft Medical and Financial Power of Attorney forms and held a small commitment ceremony. In 2012 Tom was diagnosed with Leukemia and began a long course of chemotherapy with Mark by his side at every treatment and medical appointment. Then in 2018 Tom experienced a severe fall and was taken to the ER with what were at the time non-life-threatening injuries. During the ER visit Mark assisted Tom in completing the paperwork due to Tom's weakness and slight confusion and was treated very kindly by the ER staff. Tom was admitted for observation where it was discovered that Tom had an inoperable brain bleed. The in-patient staff frequently ignored Mark, discussed a course of care with Tom who had documented confusion and ultimately admitted Tom to hospice care without discussion with Mark.

What would you do?

- You are the Social Worker for this medical facility, how do you address staff and physicians who are refusing to acknowledge Mark as Tom's partner?
- What action do you take when Mark is ignored, and Tom is asked to make a decision?
 - *When do you take this action?*
- What steps should the hospital put in place to ensure this does not occur again?

Jamie

Jamie is a 25 year old AMAB who is in the earlier stages of her transition. She is seeing you as a Social Worker for out-patient therapy at a small private practice group that you are a partner of. You have changed the name on Jamie's medical record from James to reflect her new name and have changed her gender marker from M to F. During therapy you have worked with Jamie on the difficulties of her transition and others not seeing her yet as she sees herself, often mis-gendering her. Today you had a cancellation and happened to be at the front desk when Jamie checked in and heard the front desk person tell Jamie "Have a seat sir and they will be out to get you shortly."

What would you do?

- How do you address this with the front desk staff person?
- What action can you take to reduce the chance of this mis-gendering occurring again?
- How do you address this with Jamie during you therapy session?

Mary

Mary is a 58 yr old female client who has come to see you for relationship counseling. Early into therapy as she describes a long history of verbal and emotional abuse by her husband she states “I know you think I should get divorced.” After reassuring Mary that you don’t have an opinion on whether she should get divorced or not, Mary explains that her religion does not believe in divorce unless there is physical abuse or adultery. Mary discusses long regret to getting married and that her spouse refuses to attend counseling constantly blaming Mary for the problems in their marriage. Mary states she just ”wants things to improve and for the fighting to stop.”

What would you do?

- You are an agnostic social worker, what action should you take in your treatment planning for Mary?
- What are some options outside of divorce you could give Mary?
- Are there any additional resources you can think of to provide Mary?

DEI for the Social Work Leader

- One way that is long practiced and straightforward to increase diversity is through strategic recruitment
 - *This process is more than simply increasing the number of underrepresented groups*
 - *Outreach events, & Mentorship Programs, are great opportunities to increase a diverse workforce*
- Create a bias-free selection process; Anonymous resume reviews, diverse selection panels and standardized interview questions
- Ensure there are inclusive education and training opportunities offered

DEI for the individual Social Worker

- Make Cultural competence a part of your CEU practice; while not every state mandates cultural competency as part of annual CEU training, it is important for the Social Worker as part of the NASW Code of Ethics to add some form of cultural competency training on a regular basis.
- Join a diversity committee, work group, coalition, etc.
 - *In addition to being a great way to utilize your Social Work skills, this is also a great way to expand your knowledge, network and possibly seek consultation on diversity issues.*
- Advocate for your client, advocate, advocate, advocate



QUESTIONS



THANK YOU

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