Interdisciplinary End of Life Symposium

Cultural Competency at End of Life: *Addressing Identity-Based Trauma in EOL Care*

Cristina Grisham Montanez, MA, CPC
Founder, Advance the Common Good Consulting
PT Associate Professor, Department of Social and Behavioral Sciences
National University

Disclosures

- I do not have any relevant financial relationships.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

This presentation is dedicated solely to research or other issues that do not contain a direct patient care component.

Roadmap

- **Starting Points:** Basic Assumptions
- **Essential Question:** *How does identity-based trauma show up at the bedside in palliative and end of life care?*
- **The BIG Question:** *How can this community of practice better help patients who grapple with identity-based trauma at EOL?*
- **Symbiotic Relationships:** *Where do we go from here?*

Learning Outcomes

By the end of this presentation, participants will be able to:

1. Define identity-based trauma and hate-based violence and understand the importance of developing knowledge about these topics to increase cultural responsiveness in EOL care.
2. Describe the ways in which identity-based trauma may present at the bedside for the patient, family/caregivers, community of care, and the clinical interdisciplinary team.
3. Observe and reflect upon cross-cultural and international perspectives related to identity-based trauma in palliative and EOL care.
4. Discuss how theoretical approaches such as multicultural counseling therapies, humble inquiry, and mindfulness perspectives can increase cultural attunement and decrease implicit bias among healthcare workers who provide care to diverse patients.
5. Apply the information presented to clinical practice settings and initiate collaboration with colleagues to develop practice informed research partnerships.

A Word About My Words

Thank you to Dr. Banerjee for encouraging the faculty to show up as our authentic selves. I will be sharing both my professional and lived experience with you today.

It occurred to me as I was preparing this presentation that I need to be mindful of my own privilege and tendency to engage in clinical and professorial arrogance.

I will attempt to de-medicalize my verbiage and speak in more relatable terms throughout this presentation. This is an aspiration, so please be patient with me.

Starting Point

Basic Assumptions of this Presentation

- Build upon last year's presentation on Advancing Diversity, Equity, Inclusion, & Belonging (DEI&B) and Health Equity in EOL Care
- EOL Symposium 2024 = multicultural, international focus

Healthcare inequity exists. Our patients experience structural and systemic –isms that impact their quality of life and experience of serious illness, palliative, and end of life care.

We cannot practice medicine (and allied helping professions) without deeply examining our biases, intersectionalities, and own experience with oppression, marginalization, and minoritization as well as identifying and acknowledging our privileges.

Identity-Based Trauma & Hate Based Violence

Identity-Based Trauma

- For many, trauma and culture are inextricably linked
- Identity-based trauma is trauma related to membership within historically marginalized and minoritized communities/groups
- Intersectionality is important. Multiple identity-based traumas often exist (e.g. BIPOC female victims and survivors of sexualized violence)

Source: Dr. Zvi Bellin, National University, personal communication, February 2, 2024

Hate-Based Violence

Hate-based violence is defined as violence against a person that is motivated by bias and prejudice against that person's perceived group membership (Federal Bureau of Investigation, 2013; Green, McFalls, & Smith, 2001; Victorian Equal Opportunity and Human Rights Commission, 2010).

Group membership may include race, ethnicity, gender, gender identity, sexual orientation, religion, national origin, disability, or other personal characteristics. Hate-based violence may involve verbal or physical assaults, property damage, or the omission of resources essential for survival (e.g., food, employment; Green, McFalls, & Smith, 2001).

Source: *Global Perspectives on the Trauma of Hate-Based Violence*

Essential Question

How does identity-based trauma show up/present at the bedside in palliative and end of life care?

Essential Question

Ways This May Show Up/Present at the Bedside

- **Patient:** historical and generational trauma, survivor of hate-based violence, a lifetime of discrimination and codeswitching to cope, survivors of migration-related trauma (immigrants, refugees, asylees), or politically motivated torture (especially in areas like LA and San Diego where we have high refugee resettlement and immigration patterns)

- **Family:** all of the above, plus grappling with how to best support the patient and navigate family dynamics or advocate for culturally responsive care

- **Care Community:** consider the greater communities of which our patients are a part. This could be a faith community, ethnic community, or social group. We must remember group-based identity is strong within historically marginalized and minoritized groups, and we may have patients who want their families of choice to be included in their healthcare choices (e.g. LGBTQ+ community).

- **Within the Clinical Interdisciplinary Team:** countertransference, implicit bias, or complete overwhelm when presented with complexities faced by many of our patients who are culturally diverse.

    - Tendency to rely on over-medicalized terminology that further creates division between cultures.
    - Could result in being “fired” by the patient, conflicts with the family, or tensions among interdisciplinary team members (e.g. reactions to team members who are “colorblind”).

Essential Question

Now, some good news

- COVID ushered in an era of profound learning, clinical reflection, and publishing! Exploration of identity-based trauma in palliative care and hospice is no longer uncharted territory.
    - Most prolific scholarship exists within the LGBTQ+ community (my colleague and one of IAHPC's Focal Points, Dr. William "Billy" Rosa comes to mind as a thought leader within our field)
    - Growing body of scholarship BIPOC, AAPI, gender, older adult, and disability communities within the US
    - Little scholarship still remains when exploring this topic for refugees, asylees, and survivors of migration-related trauma or politically motivated torture.

- Our colleagues around the world are really engaging this topic within the broader context of global health and the call to de-colonize the medical field.
    - Leaders like Dr. Garry Aslanyan and his podcast team at *Global Health Matters* regularly engage topics of bias, discrimination, and health inequities as well as highlight perspectives that actively work to mitigate against these around the world
    - Australian colleagues are active through regional palliative care organizations and are engaging the topic of end of life care within Aboriginal and First People Nations
    - European and African colleagues openly and honestly exploring the legacy of colonialism within healthcare and how to navigate the healthcare space by integrating this history and learning from it
    - Colleagues in Malaysia, India, and South America advancing dialogues about how to better serve those impacted by poverty

- Sources and suggestions for further reading are included in the Helpful Resources and References slides

The BIG Question

How can this community of practice better help patients who grapple with identity-based trauma at end of life?

The BIG Question

What works? What doesn't work?

Let's start with what doesn't work:

- Engaging in behaviors that diminish the dignity of patients and are driven by bias (implicit or explicit) and prejudice such as discrimination, profiling, and/or withholding or overutilizing medical interventions (this includes psychosocial and spiritual care interventions as well as medical interventions)
- Telling rather than asking and trusting the patient → ***epistemic injustice***
    - ***Epistemic injustice*** occurs most frequently with Black patients who report high levels of medical mistrust and high frequency of microaggressions by health care workers.
    - ***Epistemic injustice*** is a manifestation of racism: "silencing of their own knowledge and lived experiences about their bodies and illnesses by health care workers" (Brown et al., 2023).
- Minimizing identity-based differences or denying they exist (i.e. "I'm not racist. I don't see color. I treat everyone equally.")
- Taking one cultural "competency" course to fulfill CEUs and not engaging the topic any further. This hinders not helps, and could produce more suffering at the bedside as clinicians feel armed with knowledge that may be incomplete or learned without facilitated reflection.

The BIG Question

What works? What doesn't work?

Let's discuss what works:

- **Creating space** through the use of ***multicultural counseling therapies*** which encourage the clinician to practice value bracketing and can range from womanist, feminist, and embodied approaches to perspectives aimed at understanding the lived experience of specific ethnic, racial, social, and religious groups. Highly encourage review of Sue & Sue et al. (2022).
- ***Humble Inquiry*** "the gentle art of asking instead of telling" - Shein & Schein (2021, 2nd Edition) – updated with lessons learned during COVID
    - The process of intentional and humble inquiry coupled with active listening can really help mitigate epistemic injustice in EOL care
- ***Mindfulness and Spiritual Care Approaches***
    - Dr. Zvi Bellin → Dr. Tara Brach's R.A.I.N. method
    - Learn about mindfulness practices that exist within the patient's own spiritual tradition
    - Practice ***interpathy*** (Augsburger, D.)

Recognize what is going on;
Allow the experience to be there, just as it is;
Investigate with interest and care;
Nurture with self-compassion.

Source: www.tarabrach.com

Symbiotic Relationships

Where do we go from here?

Symbiotic Relationships

Where do we go from here?

- Research Informed Practice and Practice Informed Research
  - ***Who Wants to Partner Up?*** Reach out to me at Cristina.Montanez@natuniv.edu or advancethecommongood@gmail.com
- Anecdotal Evidence, Clinical Intuition, and Culturally-Responsive Care → Practice Informed Research
- **Call to Action:** the people in this room are already leading the way – let's share resources!
  - Our ***growing edge*** – clinician's perspectives and recounting their own identity-based traumas
  - Does this process help or hinder the provision of culturally responsive care?

Helpful Resources

International Organizations Working to Advance Palliative and End of Life Care:

- IAHPC https://hospicecare.com/home/
- ICPCN https://icpcn.org/
- PallCHASE https://pallchase.org/
- Global Partners in Care https://globalpartnersincare.org/

Helping Professional Organizations Actively Engaging Cultural and Social Justice Issues:

- Zvi Bellin – National University Whole Person Center https://www.nu.edu/whole-person-center/

Podcast

- *Global Health Matters* podcast hosted by Dr. Garry Aslanyan at https://tdr.who.int/global-health-matters-podcast

Questions for Reflection

1. What evidence (anecdotal, intuitive, and/or quantitative) do I have that identity-based trauma is showing up at bedside within my clinical practice?

2. Have I experienced identity-based trauma? If so, which parts of myself need healing, more reflection, and support so they can be of service to the patient rather than a hindrance to providing culturally responsive care?

3. What 3 things can I do to learn more about how to support patients who have experienced identity-based trauma?

4. How will I incorporate what I learned during this presentation into my personal and/or professional life?

References

Augsburger, D. W. (1986). *Pastoral Counseling across Cultures.* Philadelphia, PA: The Westminster Press.

Brach, T. *RAIN A Practice of Radical Compassion.* Retrieved on May 6, 2024 from https://www.tarabrach.com/selfcompassion1/.

Brown CE, Marshall AR, Snyder CR, et al. Perspectives About Racism and Patient-Clinician Communication Among Black Adults With Serious Illness. JAMA Netw Open. 2023;6(7):e2321746. doi:10.1001/jamanetworkopen.2023.21746

Ghafoori, B., Caspi, Y., Salgado, C., Allwood, M., Kreither, J., Tejada, J.L., Hunt, T., Waelde, L.C., Slobodin, O., Failey, M., Gilberg, P., Larrondo, P., Ramos, N., von Haumeder, A., & Nadal, K. (2019). Global Perspectives on the Trauma of Hate-Based Violence: An International Society for Traumatic Stress Studies Briefing Paper. Retrieved from www.istss.org/hate-based-violence.

Isaacson MJ, Lynch AR. Culturally Relevant Palliative and End-of-Life Care for U.S. Indigenous Populations: An Integrative Review. Journal of Transcultural Nursing. 2018;29(2):180-191. doi:10.1177/1043659617720980

Panozzo S, Bryan T, Mason T, et al. Bridging cultures in palliative care: A qualitative study of the care of Indigenous Australians with advanced illness. Palliative Medicine. 2023;37(4):498-507. doi:10.1177/02692163221137929

Rosa WE, McDarby M, Buller H, Ferrell BR. Palliative Care Clinician Perspectives on Person-Centered End-of-Life Communication for Racially and Culturally Minoritized Persons with Cancer. Cancers. 2023;15(16):4076. doi:10.3390/cancers15164076

Schein, E. H., & Schein, P. A. (2021). *Humble inquiry: the gentle art of asking instead of telling.* Second edition, revised and expanded. Oakland, CA, Berrett-Koehler Publishers, Inc.

Sensoy, O., & DiAngelo, R. (2017). *Is Everyone Really Equal: An Introduction to Key Concepts in Social Justice Education.* (2nd ed.). Teachers College Press.

Sue, D., Gallardo, M., & Neville, H. (2014). *Case Studies in Multicultural Counseling and Therapy*. (1st ed.). John Wiley & Sons, Inc.

Sue, D., Sue, D., Smith, L., & Neville, H. (2022). *Counseling the Culturally Diverse: Theory and Practice*. (9th ed.) John Wiley & Sons, Inc.