CEI LAMBERT

June 3, 2026

## MBHP Mission Statement

MBHP strives to continually help the people we serve live their lives to the fullest potential by:

- Exceeding the expectations of consumers and their families in meeting their behavioral health needs as they define them; ensuring access to services that promote their rehabilitation and recovery.
- Effectively and efficiently managing state resources to meet all contractual obligations and state requests.
- Facilitating linkages, consensus building, and collaboration among state agencies, consumers, and other public policy makers.
- Actively seeking and implementing consumer, provider, and other stakeholder involvement in the design and delivery of MBHP services.
- Strengthening links between behavioral and other medical services.
- Increasing health care innovations and best practices.

## Community Agreement

We are committed to making our event as accessible and inclusive as possible.
The chat has been enabled to encourage further discussion and exploration of topics from our keynote and panel presentations. Please be respectful of our speakers and your fellow attendees in the chat.
This event is sponsored and produced by MBHP. If you have any provider-related questions or concerns, please call **1-800-495-0086**.

## Live captions (closed captioning)

To turn on live captions: Select **More actions (…)** in the meeting controls, then select **Language and speech** > **Turn on live captions**.
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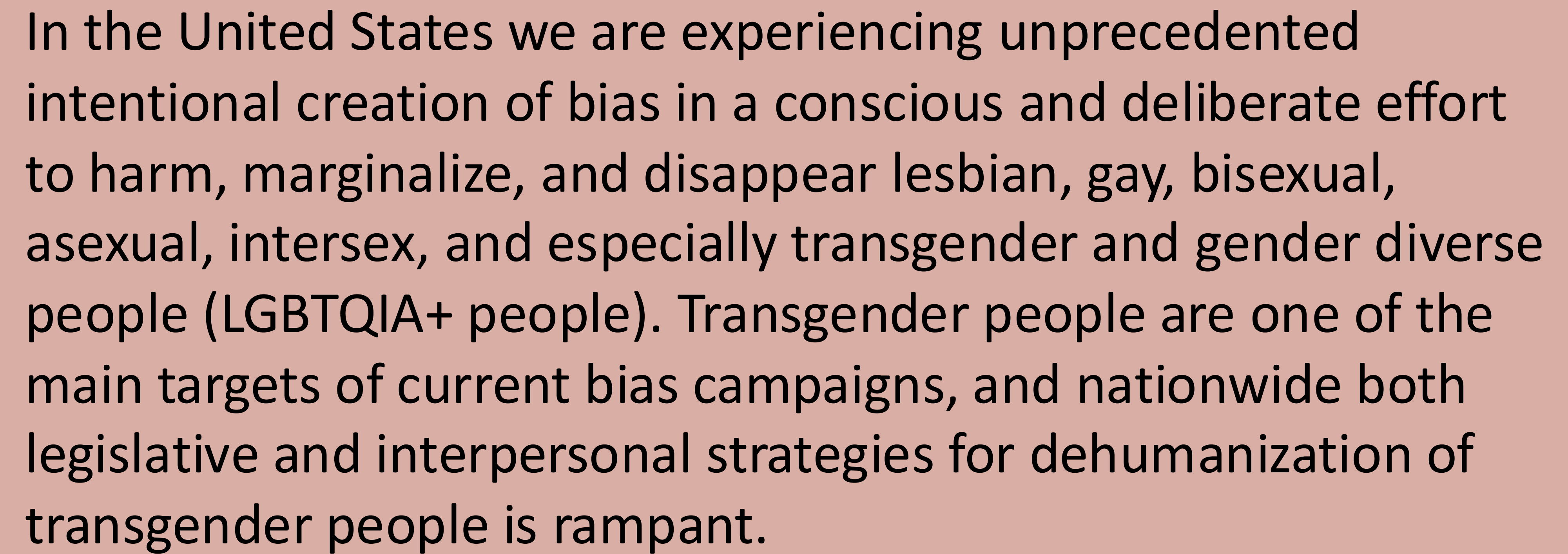


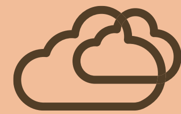
In the United States we are experiencing unprecedented intentional creation of bias in a conscious and deliberate effort to harm, marginalize, and disappear lesbian, gay, bisexual, asexual, intersex, and especially transgender and gender diverse people (LGBTQIA+ people). Transgender people are one of the main targets of current bias campaigns, and nationwide both legislative and interpersonal strategies for dehumanization of transgender people is rampant.

We will discuss implicit and unconscious bias and how these experiences impact LGBTQIA+ people, and we will address *conscious* bias and how purposeful “othering” and demonization of LGBTQIA+ people is being used to distract and divide us.

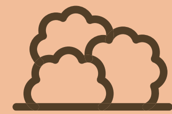
This is not a partisan issue; it is a human rights issue. LGBTQIA+ people have always existed, demonstrate natural expressions of human diversity, and will not disappear regardless of attacks on our characters and lives. It is critical that we not only address our own biases, but that we bravely challenge the biases of others.

Thank you for being here.

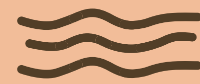
# Road Map



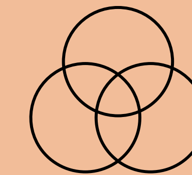
What is implicit and unconscious bias and where does it come from?



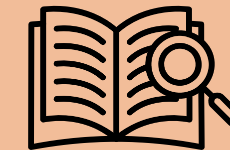
What are telltale signs of bias? What are some quick ways to prevent biased action?



How misinformation and disinformation contribute to bias and stigma.



Intersectional biases and how to evaluate and act to prevent harm.



Case studies and discussion.

# Addressing Unconscious Implicit Bias: Aligning with MBHP's Mission to Enhance Inclusive Behavioral Health Care

**MBHP strive to advance health equity by improving access to behavioral health care so that all Members, regardless of social, cultural, or economic background, have a fair and just opportunity to be as healthy as possible.**

**Implicit bias training:**

- Reinforces culturally competent, high-quality behavioral health care by increasing awareness of
- implicit/unconscious bias and how mis/disinformation fuels stigma, especially toward LGBTQIA+ Members.
- Promotes fair treatment and dignity by helping staff recognize “telltale signs of bias” (e.g., different standards,
- added barriers, longer waits, refusals) and prevent biased actions.
- Supports care tailored to the individual without prejudice by applying an intersectional lens so decisions reflect
- Member needs—not assumptions tied to identity or circumstance.
- Improves quality and accessibility of services by emphasizing that combating bias is an ongoing practice
- supported through training, supervision, and accountability.

# What are Implicit and Unconscious Biases?

Implicit or unconscious bias happens when our brains make incredibly quick judgments and assessments of people and situations without our full awareness of the process.
This can cause us to make judgements about, and choose actions towards, other people that may not be based on the actual situation or individual.

Our biases are influenced by our background, cultural environment and personal experiences. We may not even be aware of these views and opinions or be aware of their full impact and implications.

*I'm biased and so are you. What should organizations do? A review of organizational implicit-bias training programs.*
By Kim, Jennifer Y.,Roberson, Loriann
Consulting Psychology Journal, Vol 74(1), Mar 2022, 19-39

# Signs of Bias

- Acceptance of governmental and institutional attacks on LGBTQIA+, and especially transgender people.
- Discriminating against LGBTQIA+ people in advance of direct threat: i.e. ”complying in advance”
- Otherwise identical cases are treated differently when one patient is LGBTQIA+ and the other is not.
- Cisgender and straight clients  are given the benefit of the doubt; LGBTQIA+ patients are required to provide exhaustive evidence for their needs.
- Cisgender and straight patients are offered a harm reduction and informed consent strategy for care; LGBTQIA+ patients are required to prove numerous mental and physical measures of well-being before being provided care.
- LGBTQIA+ and especially transgender patients face long wait times to see providers as compared to cisgender/straight peers – this is particularly severe in behavioral health where there are fewer LGBTQIA+ competent and confident providers than are needed.
- Providers may refuse to care for an LGBTQIA+ person, citing “inexperience”, “ideology” or “not my area of expertise” as the rationale.

And more. What signs of bias do you see in your work?

**The nature and validity of implicit bias training for health care providers and trainees: A systematic review**
NAO HAGIWARA HTTPS://ORCID.ORG/0000-0003-3933-8917, CONOR DUFFY HTTPS://ORCID.ORG/0000-0002-5837-3307, JOHN CYRUS HTTPS://ORCID.ORG/0000-0001-5331-5151, NADIA HARIKA, GINGER S. WATSON HTTPS://ORCID.ORG/0000-0001-7197-1654, AND TIFFANY L. GREEN HTTPS://ORCID.ORG/0000-0001-9456-0938Authors Info & Affiliations ***SCIENCE ADVANCES :*** 14 Aug 2024, Vol 10, Issue 33 DOI: 10.1126/sciadv.ado5957

# Behavioral Health And Bias - What Can You Do?

## Understanding where bias shows up in therapy:

Many LGBTQIA+ people have had negative experiences with therapists in their past, and these experiences color their interactions with other providers. A new LGBTQIA+ client may be hesitant to share their identity and may be hyper-aware of discriminatory language and action by a provider. The client's past experiences may need to be addressed before the provider can move forward with more therapy.

## Incorporate elements of universal design:

Organizational commitments and cultural norms around psychological safety, worthiness, and policies that support each create a better environment for everyone and lay a strong foundation for combating bias. It is critical to be brave and stand up for organizational protection of LGBTQIA+ people.

## Patience:

Because of social stigma and a likely history of ill treatment in medical and behavioral health spaces, it may take an LGBTQIA+ client some time to trust you as a provider. As the client sees you as a consistently safe person and especially if you are a safe person inside a safe organization, they will likely become more open and less guarded.

**Implicit Bias and Mental Health Professionals: Priorities and Directions for Research**
Yesenia Merino, M.P.H. ymerino@live.unc.edu, Leslie Adams, M.P.H., and William J. Hall, Ph.D., M.S.W.AUTHORS INFO & AFFILIATIONS
**Psychiatric Services** Volume 69, Number 6 https://doi.org/10.1176/appi.ps.201700294

# Behavioral Health And Bias - What Can You Do?

It is important for behavioral and mental health providers to:

- Have an accountability buddy who can talk about potential biases in your practice.
- Engage in implicit and unconscious bias work ongoing– the more parts of your life that you analyze for biases the easier it will be to spot and prevent harm through biased action.
- Let your client lead when it comes to their identities. There are infinite words for identity, and people use words differently depending on their experiences, socialization, and personal reflection.
  - For example, you may use the word "transgender" in your mind for a gender diverse client, but that client may use words like "genderqueer", "gender expansive" "agendender", and more. While these terms intersect with the overarching idea of gender being more expansive than phenotypic sex characteristics, the client is using specific language for a specific reason.
- Own what you don't know and be willing to ask questions.
  - A healthy interaction might look like a client sharing that they are pansexual. If you're not familiar with that word, ask the client what that word means for them. Follow their lead, and also utilize trustworthy resources to do your own research so that you can learn more.
- Never pathologize identity.
  - LGBTQIA+ identities are natural expressions of human diversity, not pathology. A transgender person may have depression that they can connect to their experiences of discrimination and marginalization, and it's critical to approach this situation such that the social determinant of health that is discrimination is the problem, not the client's gender identity.

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# The Practice of Combating Bias

Combating implicit and unconscious bias is a practice you must cultivate. It is not an event, and all of us will need to revisit our preconceptions regularly.

Every day LGBTQIA+ people are being misrepresented by the media and politicians. This is creating a large body of mis- and disinformation that is informing people's actions towards these communities.

Can you identify biased thought? Biased thinking generally takes the form of negative thoughts, so when you make a judgement or feel negatively toward someone, take time to ask why.

Bias is **intersectional.** Do you feel and behave differently towards:
Transgender people of color? Queer people who are undocumented? Gay people who are uninsured?

# Case Study

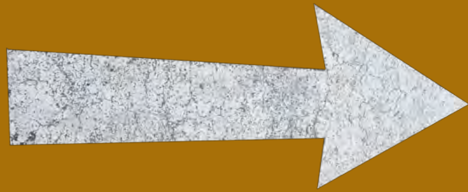
A Black transgender man presents as a new patient in your clinic seeking help with depression, anxiety, and anger. The patient is frightened of how angry they sometimes become, and that shame fuels their anxiety and depression. When you ask about the client's anger, they express a deep distress with current political actions that are attacking and dehumanizing transgender people. The client shares with you that they have started acting more prescriptively masculine rather than presenting in a more gender fluid manner, which is actually congruent with their identity. The client says they fear hate crimes and violence every time they leave their home.

- What biases are present in society that likely created a situation where this patient is suffering?
- How do the patient's multiple identities show up in how they experience bias?,
- What else might be going on for this patient? In what ways do social determinants of health come into play in this scenario?

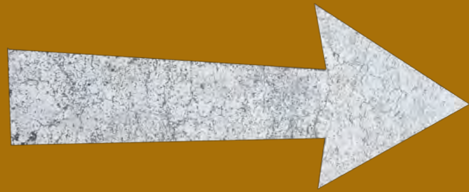
# Misinformation and Disinformation: An Ongoing Challenge in Combating Bias

**Misinformation is misleading or inaccurate information that is disseminated and purported to be accurate.**

Misinformation



Creation of Sterotypes/ Mental Picture/ Bias

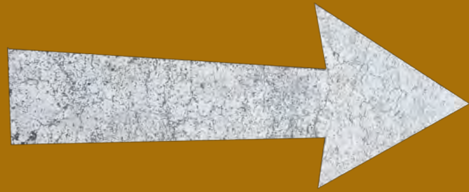


Actions taken based on bias cause harm

**Disinformation is <u>intentionally</u> misleading or inaccurate information that is disseminated with the goal of directing public opinion and action in a specific way.**

Disinformation

Creates bias intentionally and for the purpose of causing harm/swaying opinion away from facts.



Actions taken based on bias cause harm and often perpetuates further disinformation in the form of more “sources” to “cite”.

**Public Health and Online Misinformation: Challenges and Recommendations :**Briony Swire-Thompson[1,2] and David Lazer[1,2] Vol. 41:433-451 (Volume publication date April 2020) **https://doi.org/10.1146/annurev-publhealth-040119-094127**

# How You Can Combat Mis- and Disinformation

Misinformation and disinformation are easily able to create bias because it is increasingly difficult to discern valid sources.

What good sources often have that the "sources" of mis/dis information do not have:

- Peer review
- Replicable data
- Authorship and oversight by individuals working in the area of discussion (many "publications" that seek to harm transgender people are authored by "doctors" who have been paid to create disinformation)
- Authorship by individuals/organizations who are not reliant on government funding.
- Authorship by individuals/organizations in countries other than the US where the country's government does not harbor anti-LGBTQIA+ sentiment (many European countries have excellent recent publications).

**Public Health and Online Misinformation: Challenges and Recommendations :**Briony Swire-Thompson[1,2] and David Lazer[1,2] Vol. 41:433-451 (Volume publication date April 2020) **https://doi.org/10.1146/annurev-publhealth-040119-094127**

# Case Study

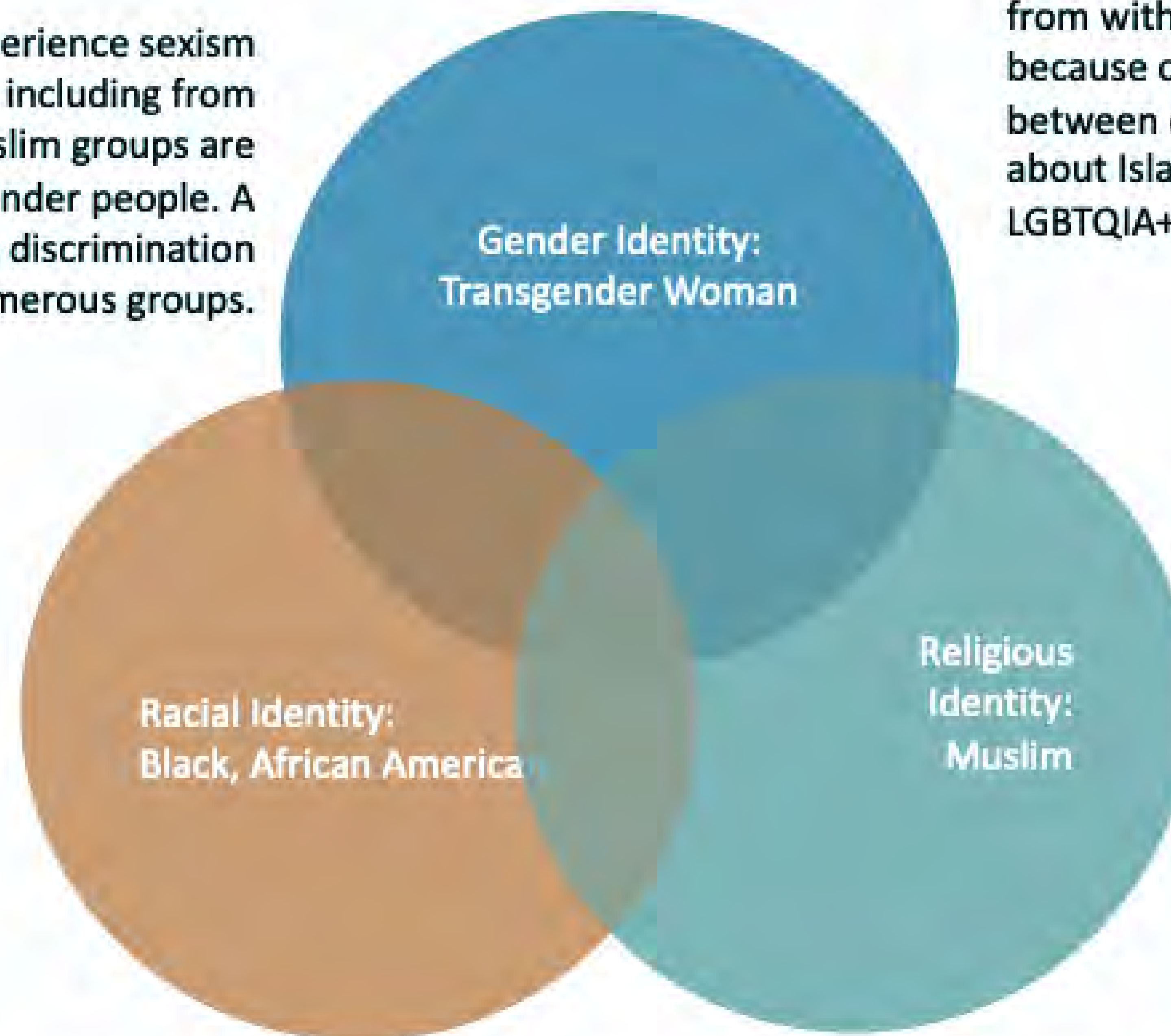
You are a manager supervising several clinicians with large case loads. Many of your direct reports have come to you over the past few months to discuss supporting transgender clients, LGB clients, and other clients with diverse sexual and gender identities. Some of the clinicians are very well versed in LGBTQIA+ culture and language, and others are still learning how to work with this population. There have been a couple comments and feedback from clients who are concerned about their clinicians' biases, and you have been asked to meet with the clinicians to discuss LGBTQIA+ identity and expectations for clinical support and diversity literacy.

- What support and education do you need to best guide the clinicians reporting to you?
- How do you balance the support and safety of the clients at your clinic with the learning curve of your clinicians? What plans can you make to ensure clinical competence for all clients?
- What would you do if the clinician you are supervising is unwilling or unable to support an LGBTQIA+ identified client? What are your organization's rules and regulations regarding support for LGBTQIA+ clients?

The National LGBTQIA+ Health Education Center, *Engaging Leadership and Organizational Change,* 2022. https://www.lgbtqiahealtheducation.org/courses/engaging-leadership-and-organizational-change/

# Bias and Intersectionality

A transgender woman may experience sexism and transphobia in many spaces, including from other LGB+ people. Many Muslim groups are unwelcoming toward transgender people. A woman of color may experience discrimination from numerous groups.




A Muslim may experience discrimination from within the LGBTQIA+ community because of the frequent connection between organized religion (and stereotypes about Islam) and discrimination toward the LGBTQIA+ community.

Many communities of color are more welcoming of Muslim people but may not support the LGBTQIA+ community.


Chamberlain, J., Holroyd, J., Jenkins, B., & Scaife, R. (2023). Implicit bias, intersectionality, compositionality. Philosophical Psychology, 37(6), 1432–1458. https://doi.org/10.1080/09515089.2023.2213245


Example and graphic design by Cei Lambert

# Intersectionality and Resilience

A transgender woman may be supported by the black community and might even find LGBTQIA+ BIPOC affinity groups and meet ups.

Gender Identity: Transgender Woman

A transgender woman may be welcomed and supported by a Muslim congregation that is progressive.

Racial Identity: Black, African American

Religious Identity: Muslim

Many Muslim groups are very involved in supporting the black community, and some of these groups are also welcoming of transgender people.

Chamberlain, J., Holroyd, J., Jenkins, B., & Scaife, R. (2023). Implicit bias, intersectionality, compositionality. Philosophical Psychology, 37(6), 1432–1458. https://doi.org/10.1080/09515089.2023.2213245

Example and graphic design by Cei Lambert

# Case Study

Sam is your client of about two years. They originally came to you for help with substance use disorder and depression. Today Sam came to their appointment wearing lipstick, a dress, a full beard, and recently styled curly hair. Sam has not previously presented their identity outside of a stereotypically male lens. Sam seems happy and nervous. Sam tells you that they still go by Sam, but that they are using they/them pronouns and have begun to express their gender more authentically in the past weeks.

- What are some questions that would be appropriate to ask Sam? What questions might be inappropriate?
- What are some possible biases that could impact your work with Sam in their new identity expression?
- Are there specific biases that may impact non-binary people in a clinical context?.
- Where can you find more information about gender fluidity and gender expansive identities?

# POWER DIFFERENTIALS AND BIAS

Power differentials increase the risk of causing harm due to bias. In a clinical relationship the provider holds more systemic and interpersonal power than the patient, and so the risk for bias is higher. In behavioral health care this can be even more pronounced.

<u>Some signs of bias that should tell you to hit the brakes:</u>

- Assuming a patient is lying about symptoms or experiences.
- Not trusting the patient as historian for their own medical experiences.
- Adding barriers to care such as further testing, the need for a return visit, etc. If you are proceeding according to your usual program of care, its probably fine. If you are delaying gender affirming care without cause, ask yourself why.

<u>What you can do</u>:

- Be aware of this risk factor and participate in collaborative decision making with your patient.
- Ask colleagues to talk through your clinical approach and recent examples to see if they spot areas of bias you may have missed.
- Approach caring for LGBTQIA+ people with a harm reduction mindset. Undoing bias is a lifetime of work. Assume good intentions from your patients and keep in mind that LGBTQIA+ people generally require acceptance and respect of their identities in order to feel seen and safe enough to make clinical progress.

**Broken down by bias: Healthcare biases experienced by BIPOC and LGBTQ+ patients**
Reggie Casanova-Perez [1], Calvin Apodaca [1], Emily Bascom [1], Deepthi Mohanraj [1], Cezanne Lane [1], Drishti Vidyarthi [1], Erin Beneteau, Janice Sabin [1], Wanda Pratt [1], Nadir Weibel [2], Andrea L Hartzler [1]
•PMCID: PMC8861755 PMID: 35308990

# THANK YOU!
## QUESTIONS?

Stay in Touch!

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# Combating Bias: More Tools

From Imagining Improved Interactions: Patients' Designs To Address Implicit Bias

**Accountability Measures**

- Record patient/provider interactions
- Involve third parties in provision of care and retroactive analysis
- Enforce real-world consequences "ranging in severity from reprimand, audits, and additional training to monetary fines and license suspensions as learning tools or deterrents against future transgressions"

**Real Time Correction**

- Dialogue correction: a listening device sounds an alert if certain patterns of words or certain words are detected, allowing patient and provide to take action.
- Panic/escape buttons allow the patient to immediately summon a third party to intervene.
- Patient enablement tools and communication aids: ways in which the patient can help remove the bias filter through which the provider may be operating (for example, providing a written history and symptom complaint and having the provider describe care prior to the patient being physically examined)
- Evidence and documentation resources provided to patients: Generally in clinics the documentation is entirely on the side of the provider, creating a power imbalance. Can a space be created for patient documentation?

**Provider Resources**

- Communication aids: ways to help patients understand the provider's goals and medical knowledge in situations where the patient may struggle to feel safe and therefore able to hear and understand the plan for care.
- Training, accountability, training, accountability, training, accountability. Rinse, repeat.

Imagining Improved Interactions: Patients' Designs To Address Implicit Bias
Connie Yang, MBT, 1 Leslie Coney, 1 Deepthi Mohanraj, 1 Reggie Casanova-Perez, MS, 1 Emily Bascom, 1 Niyat Efrem, 1 Joseph Tan Garcia, 2 Janice Sabin, PhD, 1 Wanda Pratt, PhD, 1 Nadir Weibel, PhD, 3 and Andrea L. Hartzler, PhD 1
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