

Speaker 1 ([00:04](#)):

Hi everyone. I'm Gaurava Agarwal. I serve as the Chief Wellness Executive and Vice President at Northwestern Medicine. I'm a psychiatrist and I also serve as the Wellbeing Consultant for the Center for Workplace Mental Health on their Brave of Heart Foundation. Grant. I'm really excited to be joined by my two colleagues today so that they can share their fascinating and innovative intervention on how to increase cultural competency for mental health clinicians treating healthcare workers. Megan, would you like to introduce yourself?

Speaker 2 ([00:36](#)):

Sure. Thank you. I'm Megan Call. I am a counseling psychologist by trainee. I'm the director of the Resiliency Center for University of Utah Health, and I'm also assistant clinical professor in the department of Psychiatry within University of Utah Health.

Speaker 3 ([00:53](#)):

Hi, I am Vanessa Downing. I am a psychologist and formerly was the director of the Center for Work-Life Wellbeing at Christian Care. And for the past two years I've been in private practice where I treat physicians almost exclusively.

Speaker 1 ([01:09](#)):

Thank you again for you both joining us in the work that you've been doing. And if you've seen some of our other podcasts here, you know that I got into this work as a psychiatrist, treating healthcare workers from around the country. And through that work I definitely learned that when you're treating healthcare providers, there's a special culture that you have to understand to be able to provide high quality care. And the purpose of all of this work has been how do we increase access to mental healthcare for our healthcare workers in this post pandemic period? But what we don't always talk about is access to what and how can we make sure that when we increase access, we increase access to really high quality care that our healthcare workers deserve. And I think Megan and Vanessa have really added a really important product that can help ensure that the access to care providing to our healthcare workers is high quality. And so Megan, I wonder if you might start and tell us a little bit about this cultural competency training program you all have created.

Speaker 2 ([02:20](#)):

Sure. I'm happy to start us off, and I want to credit Dr. Stacy Boyer as well, who's not with us today. It's not lost on me that this project started during the pandemic and then we're still in the throes of being thrown off by Covid here and there as well. So I just want to give her credit for this work that we've been a part of. But Vanessa, I'm going to turn it over to you for the quickly, because I think part of what would be helpful is just to start with the conversation that you and I had perhaps even in 2019 of some of the things that we were noticing in our new roles. So both of us starting the work in healthcare worker wellbeing, we were really paying attention to how can we improve a culture of wellness? How can we address system design and efficiency to help healthcare professionals and then also improve personal wellbeing? But we started a conversation in 2019 about what else we were noticing. So Vanessa, do you want to maybe start there and then weave in the culture?

Speaker 3 ([03:24](#)):

Yeah, I really, it's funny that you mentioned that because I was doing the math in my head too, and I realized that we were at a conference together sitting at lunch in 2019, commenting on how we went

from this sense of kind of being the only lonely psychologists who were doing this work as part of healthcare teams and thinking that we were coming up with things that must be just incredibly unique and that we were the only ones who had thought of it before, but then we met each other and went, oh wait, you are attending to the same things. You're noticing the same things. You are instituting the same kind of programs. You are fielding the same sorts of questions. Who else might be out there? Might they be coming up with some similar ideas that we are and how do we potentially with humility maybe help our field a little bit?

(04:21):

And how can we ask questions that potentially could help others understand the work that we're doing and maybe help them get up to speed a little more quickly than it had taken each of us to do it? So certainly understanding the culture of medicine seemed to be a bedrock for both of us. The work that we were doing being psychologists that had worked in medical centers and academic medical centers for years, I think we kind of marinating in that world picked up things that we didn't even realize we were absorbing. And in sitting with each other and talking about that and realizing that there could be something there, but that we needed to get beyond that end of two to see what we do kind of test and validate our own assumptions about what was going on.

Speaker 1 (05:16):

No, I think that makes a lot of sense. And it's something that I forget, right, is if you think about psychologists and social workers, their path for training is different than mine where at least I have some sort of medical training and understand a little bit about the culture. I think that's such a great point that if you haven't lived in the culture or grown up in the culture, I should say, then you may miss some of the nuances of the culture. And being able to relate to the healthcare worker I think will help increase comfort and trust and hopefully, obviously improve solutioning in a way that's realistic to their lived experience. So that makes great sense. I think maybe if we step back for a moment, can you give an example of how a therapist who is not trained in this sort of cultural competency may sort of make an error that could cause a therapeutic rupture?

Speaker 3 (06:22):

Please go ahead.

Speaker 2 (06:22):

Yeah, I can think of quite a few, and I appreciate one of the things that I want to call out as part of the work that Vanessa and I have been a part of is that we've had to learn by failure as well. So I just want to say that this hasn't been a linear progression in terms of learning that we've had lots of stops and starts as we've figured out where we've made mistakes along the way as well. And so a simple one that we've learned, and I know that we'll dive into our project, is even just the notion of humor and that sometimes what can happen for maybe a more general mental health professional is that we may perceive humor as an unhealthy coping strategy or a way to distract when really because of the trauma, occupational trauma that healthcare professionals are exposed to, humor actually can be extremely adaptive. And it's woven into culture as a means to be able to take on some of the day-to-day experiences that some specialists experience. And so sometimes there can be this misperception of humor and then that can play out in a session as well,

Speaker 1 (07:33):

Gallows humor, right? Yeah, I like that. That's a great example. Vanessa, do you have one as well?

Speaker 3 ([07:38](#)):

Well, it's funny because I was also thinking we learned by blowing it. I think just being intimidated by physicians and not noticing the therapist's own defensiveness that might come up about sitting in a room with a really highly educated individual who has a lot of questions, might know some things about therapy, might know some things about the different approaches or theoretical orientations, and maybe feeling a little worried, feeling a little activated. I need to impress this person with my knowledge. So one of the things that therapists are trained to do is notice what's happening inside. And very seasoned therapists who might be sitting for the first time with, I will share, the first time I provided therapy to a neurosurgeon, the thought that went through my mind before he walked in the room was, what am I going to teach this person about his brain?

([08:49](#)):

Well, it turned out to be a really wonderful relationship, but I had to notice that I was having that come up inside of me and how that made me be a different therapist in the room than I normally would've been. So that attending to the self is something and attending to our own biases and the feelings that we have when we're in the room with somebody who's not only really smart, really, but also used to things maybe happening in a quicker pace. So there are a lot of pieces that come with that, understanding the identity of the person that you're sitting with and how could bring things up for yourself.

Speaker 1 ([09:26](#)):

Yeah, I love that. I think those are really, really stellar examples. I remember the one that I always tell people is I was talking to a doc and we had referred him to therapy, and he's like, oh, I don't really like to start too early, maybe around nine. And I was like, that person's been up for five hours. Then that person was like, I'm not sure we're going to click together if they think starting early, it's closer to nine o'clock in the morning. So those little things, and I think part of it is unfortunate, right? Is there is still stigma around mental illness. And so you're sort of looking for someone to not get you, and that's the unfortunate part about it. And so if someone steps into something like that, it's that confirmation bias can cause people to discount you too quickly when someone can be incredibly helpful to you. But it is the nature of meeting the people where they're at on some level. So tell me a little bit about your cultural competency curriculum and what are some of the components of it that you think can help our therapists be able to provide high quality care to our healthcare workers?

Speaker 3 ([10:39](#)):

So we really begin with that, even that hypothesis that the medical culture is a thing, and that's really our initial foundation of this idea that there are experiences that happen during this critical developmental period of early adulthood in medical school, in residency, in fellowship, that shape a person that shape their attitudes about themselves, about performance, about hierarchy, about their own needs, and about whether to attend to those or whether to hit the mute button on those so that you can take care of the crisis that's happening in front of you in a very calm, composed, professional way. And so that's the initial argument of the training, and we were lucky that there's certainly a lot of literature that supports all of this, the impact of training on the students that go through it, but also the way that that training endures across the career, across the lifespan, that even once people are outside of training, the medical culture permeates healthcare systems to the point that even who are in non positions are subject to it, can feel it can pick up on it and understand it.

([11:59](#)):

So we've talked about this in terms of it being a hidden curriculum, and I think that's a language that a lot of people understand. There are the things that are overtly said, but many of the norms that are communicated that are unspoken, but are just incredibly tangible to the people who are in those environments. So we moved through the results of our study, the recommendations from the psychologists and social workers who were embedded in healthcare systems across the country. We were able to do 12 qualitative interviews, and they were lengthy interviews where those mental health professionals talked about a wide variety of aspects of their work and their roles. But for the purposes of this training, what we really focused on was this question of what did they wish that mental health providers in the community knew and what were their experiences of referring physicians and other healthcare workers to folks in the community?

(12:59):

And that's where we saw just striking strikingly similar experiences of getting people to that place where they were willing to push back against the stigma and seek that support. And they would go and have these initial sessions and would start to share back with these mental health professionals about what made for a good experience, what made mental health clinicians trustworthy or people that they would want to keep returning to. So these psychologists and social workers in our study ended up being just powerful bridges for us to get a sense of where there could be gaps between the people who were in those roles and really swimming in that medical culture and people in the community who were maybe distanced from it because they had gone right from their own licensure into a private practice setting where they were in an office somewhere or in a group, but really not living at all within healthcare systems or in the medical culture itself. So yeah, there's so much detail in what we share, and I'm thinking I could go through it point by point, but there's so much there that I think just that hour and a half training itself is something that you kind of have to see to experience.

Speaker 2 (14:17):

And I can bridge just real quick, it culminates in what we're calling a clinician friendly practice model. And so it gets more kind of tactical and practical around how do you ensure that your practice logistics can meet the unique needs of healthcare care professionals? What are some simple steps that you can take to establish therapeutic rapport? And then how can you ask better questions that show that you are culturally competent? So something as simple as when's the last time you saw your primary care provider changing it just to when's the last time that you saw your primary care provider and they actually know how you're doing.

Speaker 1 (14:58):

Yeah, I like that. I like that. And did I catch that right? The training is an hour and a half. Gotcha, gotcha. Yep.

Speaker 3 (15:06):

It's an hour and a half, and it gives American Psychological Association continuing education credit.

Speaker 1 (15:14):

That's fantastic. Wow. This may be a silly question, but sometimes I like talking to people that haven't drank the Kool-Aid sometimes. Actually, that's my favorite thing about teaching a new med student who can point out that something that I think is just a given. They're like, that's not normal. That's a strange thing. Or there's that funny video that's sort of vile right now where someone's like, oh, I got a golden weekend. And the person says, you mean you have a weekend where you get both days off just like

every other human being on the planet? So is there any risk here where we sort of perpetuate this culture that isn't healthy? And that coming from a place of curiosity where you don't know the culture could actually be beneficial to folks?

Speaker 3 ([16:03](#)):

I think is interesting about that is that, and you said this earlier about meeting people where they are, when we're sitting with somebody who has made themselves vulnerable enough to shift from that caregiving help providing role that they most identify with into that vulnerable spot of being the client, being the receiver of care, understanding the worldview, demonstrating that we understand it, that there are sacrifices and incredible costs associated with becoming a physician, but there are incredible rewards and incredible strengths that allow someone to live into that role and to thrive in it. So I think that if we can approach especially those initial sessions where we're trying to build the alliance with one of appreciation, one of understanding one that is not pathologizing, and just understanding what's normal for you, I think one of the quotes that came up in our training was when physicians and other healthcare workers tell you how bad it is, believe them.

([17:29](#)):

And so I think part of that is just being able to hear without shock what a normal day in the life of a resident is, what a normal life for physicians is. Because I think when we don't already have some sense of what the norms are in the medical culture, we can quickly rush to pathologize it or think this is about getting more sleep. This is about working 40 hours a week and maybe describing a life that actually would not be fulfilling to this resident or physician at all. They want to achieve highly. They want to see how far they can go and how much they can accomplish. So I think resetting the norms, reducing the judgment around what achievement and accomplishment can look like for people is just such an important part of this. And I find that if there are any kind of risks that I see therapists potentially leaning into a little bit too much, it's trying to force physicians into the non-physician norm of what healthy life looks like and healthy looks like a lot of different choices, but it's really how do we put the physician back in the driver's seat of their own life and make choices intentionally shifting out of the mode where the achievement is determined outside of them, which often it has to be to get through medical school and residency and fellowship, but helping them make choices for themselves and those choices might not look like somebody who wants to work 40 hours a week and be home at five o'clock for dinner might look different.

([19:21](#)):

And we have to normalize that as healthy.

Speaker 1 ([19:25](#)):

That's really well said. I like that a lot. Megan, anything you'd add to that?

Speaker 2 ([19:31](#)):

Oh, it makes me think about at the Resiliency Center, one of the things that we live and hold is just that question of what does it mean to be human and work in healthcare? And I think if a practitioner can help create a space where a person can thoroughly explore and act on that question, then they've done their job.

Speaker 1 ([19:56](#)):

I want to clarify one thing. Is the training to help mental health clinicians treat only doctors, or would this apply for other healthcare workers too? I've spent a lot of this year moving from taking care of only physicians to other healthcare providers. And I've learned that nurse culture seems very different actually in a p p culture seems very different. So is this training to help treat only doctors or would this be more widely applicable?

Speaker 3 ([20:27](#)):

I see it as widely applicable. I think you could treat psychologists, and I have treat psychologists who work in academic medicine because of that idea that the medical culture does permeate and the cultures that we work in set the norms and influence us. Gosh, there was a study that I read along the way that talked about the number one predictor of our work-life balance is not our own intentions, but it is what is the average that everybody around us is doing. So I think whether you're a psychologist or a nurse or a PA working in this culture, you're subject to it. You're part of it. You want to thrive within it, and so you're going to adapt and adjust to fit this place that you are. And in the training itself, we do talk a bit about nurse culture and we share some of the information that our interviewees recommended around taking care of all sorts of healthcare workers. But it is interesting that even when we asked the question broadly about healthcare workers, the regression to the mean was always back to physicians. And I think that tells us something about the power of that training and how far reaching its implications are.

Speaker 1 ([21:51](#)):

How many folks have been trained in this? Do you have a sense of that?

Speaker 3 ([21:57](#)):

I believe several hundred. Wow. That's what we're up to now.

Speaker 1 ([22:03](#)):

That's fantastic. And upon completion, as somebody who refers a lot of clinicians to folks, is there a way for me as a referring clinician to say, oh, you should go to Megan. I know she's trained in this and has worked with folks. Does the completing the training allow one to say something like that? Is there a certificate around that? A way to advertise someone is a trained person?

Speaker 2 ([22:26](#)):

Not yet. I think it'd be something that people could potentially share. That would be a lovely goal. I think at some point. And at the same time, one of the things that we can say is that some groups, including the employee assistance program that contracts with University of Utah Health is required now to take that training as part of their onboarding. And so this is where we have to be good consumers of the care that we receive. And so that's a question that people can ask as they begin to search out, would this person be a good match for me? Would they help provide the care that I might need?

Speaker 1 ([23:09](#)):

Oh, I like that idea as a healthcare institution, making sure that if we're providing our healthcare providers and E A P to ask that E a p to make sure that their providers are trained in your training is a great idea. I like that a lot. I like that a lot. How would someone get access to your training?

Speaker 2 ([23:29](#)):

So the training's currently in fluxx, it's being transferred to univers, the University of Utah, and there was a wish that I would've been able to say, access it here today. At the same time, here we are. So we'll practice flexibility if people want to up for the training, if they want more information. Currently what I can offer is that people email me@megan.call at hsc.utah.edu. So Megan, m e g a n dot cll@hsc.utah.edu.

Speaker 1 ([24:03](#)):

That's great. And we'll have that in our documents that link to this video as well. Thank you so much for offering that. How much does this cost?

Speaker 2 ([24:14](#)):

It's free. And the reason is because we know this is so important, this work really, it started as a question. It became realistic and a reality during the pandemic. And we know from reading the news, reading research that healthcare professionals are seeking care more so than they did before. So we want a healthcare professional if they show up virtually or in person in front of a mental health professional, we want them to be cared for. Well, so there's an intention related to the free access.

Speaker 1 ([24:52](#)):

You're my heroes. That's amazing. To have it be free as unbelievable. That's such a gift that you all have shared with all this hard work and distilled it down for us. And then to be able to offer it freely to folks is unbelievable. Thank you so much for that. Logistically, this is a training that is recorded, correct? Or are you live for some of these trainings as well?

Speaker 3 ([25:14](#)):

It's recorded and it's interactive. We did not want it to be an hour and a half of kind of a lecture droning on. So it's presented in three parts. I present the first part, Stacey Boyer presents the second part, and then Megan presents the third part. And between each of those sections, there's opportunities to kind of play games and do quizzes to kind of drive home the learning in each of these. So although it's something that you can stop and start, do it your own time, do it three o'clock in the morning if that's when you're awake, it is something that is meant to feel entertaining and informative at the same time. And to also feel as live as we could make it by asking questions that the person can then interact with in real time. But yes, an hour and a half and completely available for home study for people to do when it's most convenient for them.

Speaker 1 ([26:11](#)):

That's great. Well, I really appreciate you sharing this intervention. I just don't even see any barriers to why the folks in our audience today wouldn't want to make sure others are aware of this training and encourage the folks that we refer most frequently our healthcare providers to check it out and continue to increase their cultural competency. I really do believe it makes a difference in how comfortable people feel and how quickly they can get to a deeper level in their treatment. So thank you so much for this intervention. I really appreciate you taking the time to share it with our audience today.

Speaker 4 ([26:53](#)):

Thank you so much.

Speaker 5 ([26:55](#)):

Yeah, our pleasure.