**Addressing with** **Racist and Discriminatory Patient Interactions**

UT Health San Antonio APA-Accredited Pre-Doctoral Clinical Psychology Internship

**This document serves to describe expectations for supervisory behavior in managing**

**racist/discriminatory patient and client interactions when the intern is part of the treatment team.**

* When a racist/discriminatory\* interaction is directed at an intern by a patient, the intern is encouraged to discuss the incident with their supervisor and/or treatment team member in the moment. The supervisor is responsible for supporting the intern involved and establishing a unified and clear position that racist/discriminatory patient behavior will be addressed.
* The supervisor will facilitate a discussion to plan an appropriate strategy for addressing the patient’s behavior and invite dialogue. The involved intern (and team member, if applicable) should be offered the option to lead the dialogue with the team and/or the patient if they choose.
	+ The intern, if they choose, and a team member (preferably the supervisor) will engage the patient about the behavior.
	+ The team will discuss the harmful and unacceptable nature of their patient behavior.
	+ The team will allow for the intern to discuss and/or process their reactions, if the intern chooses to do so.
	+ Supervisors will accommodate for wrap-around support and longer-term follow-up with the intern who experienced or observed racist/discriminatory interactions, as necessary.
	+ When applicable, the team will clearly state that the involved intern is a vital part of the patient’s treatment team.
	+ If a patient requests another provider or refuses to see the assigned intern, the reason for the request must be understood to determine whether the request is discriminatory. An example: “I want to be sure I understand the reason for your request. Are you saying that you want a different provider because of their race/ethnicity?”
	+ When appropriate, the supervisor will convey that accommodating patient requests to change their assigned provider based on discriminatory patient preference is not acceptable. The use of clinical judgment, consultation with other providers, and discussion among the treatment team is encouraged in order to determine the optimal decision for the benefit of the intern, patients, team members, and clinic.
	+ The team will discuss how to move forward with patient care, balancing the organization’s policies and procedures, the clinical needs of the patient, and the intern’s well-being and preferences in the process.
* The supervisor should not reinforce the patient’s racist or harmful behaviors by immediately changing their provider or other members of their care team.
* However, an intern has the right to request being removed from the care of a patient due to discriminatory behaviors, without fear of penalty or retaliation. There must be a discussion with the responsible supervisor that includes ethical clinical decision-making and consideration of patient well-being and safety. If deemed appropriate to terminate services with a patient based on racist/discriminatory behavior, respective clinic termination policies must be followed to ensure continuity of patient care.
* Regardless of any decision made based on the clinical decision-making discussion, interns’ training and evaluations will not be affected. If interns believe a decision was made, based on minimal input from the intern, or with disregard of the interns’ experience, the affected intern is encouraged to follow grievance procedures outlined in the Psychology Internship Policy Manual.
* As supervisors, it is important for us to document and monitor these patient interactions, their effects on interns (and the treatment team), implementation of these guidelines, and resolutions in order to support the treatment team and improve the response to these challenging situations.
	+ If the intern, their supervisor, and patient mutually decide to continue the clinical relationship, the supervisor will closely monitor, discuss, and address the intern’s well-being and felt sense of safety as the treating provider. The supervisor will continuously reassess if the decision to continue the clinical relationship is in the best interest of both parties and will make adjustments accordingly and provide feedback to the training committee.
* The involved intern and supervisor should report any instances of racist/discriminatory behaviors from patients to the Program Director and Associate Director in a written email.
* The supervisor and/or Program Directors will follow-up with the intern who may have experienced racism or discrimination and provide resources as necessary.
* The Program Director or the Associate Director with the help of the intern’s supervisor will document all instances reported, including whether and how the guidelines described above were implemented, treatment team response, effects on the intern involved, the patient and the team, and outcomes and resolutions.
* The RCT will monitor and review this cumulative documentation of harmful patient interactions at least annually as part of its overall efforts to address and reduce racism and discrimination in the institution/work environment.

\* Including, but not limited to racism and discrimination towards those with diverse backgrounds related to different socioeconomic status, ethnicity, language, nationality, gender identity, sexual orientation, religion, geography, disability, political affiliation, and/or age.

\*\*We strongly urge each site to have a standardized process for managing racist and discriminatory patient interactions individualized to their own site and patient population served.

*This document was modified from “Standardized Approach to Racist Patient Interactions” developed by Mary Duggan, MD, Tanya White-Davis, PsyD, Ellen Tattelman, MD, Montefiore Medical Center Department of Family and Social Medicine.*