

Social Justice

2020–2021 National Book Read: *Just Medicine: A Cure for Racial Inequality in American Healthcare*

The National Association of School Psychologists (NASP) Social Justice Committee (SJC) developed this guidance document to offer a structured way to engage in discussions about our recommended group read for the 2020–2021 school year, *Just Medicine: A Cure for Racial Inequality in American Healthcare* by Dayna Matthew, PhD. The questions are designed to help readers think both broadly and specifically about how the issues discussed in the book connect to social justice for youth and families who experience health disparities. The questions are also designed to prompt thought, critique, and action steps towards increasing the ability of individuals, schools, and communities to be a force for social justice.

As you engage in the book read, please reference the NASP (2017) definition of social justice for additional context:

Social justice is both a process and a goal that requires action. School psychologists work to ensure the protection of the educational rights, opportunities, and well-being of all children, especially those whose voices have been muted, identities obscured, or needs ignored. Social justice requires promoting nondiscriminatory practices and the empowerment of families and communities. School psychologists enact social justice through culturally responsive professional practice and advocacy to create schools, communities, and systems that ensure equity and fairness for all children and youth.

Keeping in mind the centrality of social justice to school psychology practice, the SJC encourages school psychologists to organize groups (e.g., school-based colleagues, district colleagues, graduate education program faculty, and students) to read and discuss the book. Videos with tips for facilitating book reads will be available via the Social Justice page of the NASP website. We also offer this guidance document to help organize book read groups.

To help coordinate your book read, we suggest using one of the following timelines:

Number of Meetings	Time Per Meeting	Chapters to Cover
1	1.5–2 hours	1. Intro–Conclusion
2	1 hour	1. Intro–Chapter 4 2. Chapter 5–Conclusion
3	30–45 minutes	1. Intro–Chapter 2 2. Chapter 3–Chapter 6 3. Chapter 7–Conclusion

In addition to the use of Zoom for synchronous virtual group discussions, there are several ways to engage readers in asynchronous formats using sites such as:

1. [Flipgrid](#)
2. [Padlet](#)
3. [Seesaw](#)
4. [Nearpod](#)
5. [Discord](#)

Facilitators are encouraged to create learning objectives to help guide their group’s book discussions. We offer the following learning objectives as examples.

The learning objectives of this book read are that attendees will:

1. Expand their knowledge to learn the ways in which implicit biases are developed and maintained.
2. Enhance their understanding of the ways in which implicit biases create health disparities among minoritized populations.
3. Identify strategies for addressing implicit biases and reducing the impact it has on health outcomes.
4. Develop their skills in using a social justice framework to describe ways in which school psychologists can address implicit bias and subsequent health disparities within their practice to improve the education and well-being of youth, families, schools, and communities.

We provide the following questions to help guide the book read discussions. Because each group will be organized differently, we have provided general questions as well as chapter-by-chapter questions that can be used for groups that are meeting multiple times. It is not intended that every single question be discussed, these are merely suggestions for facilitators to consider. For each question, we have indicated the corresponding learning objective (LO).

GENERAL

1. Before delving into the specifics of the book, start by discussing what socially just school psychology practice is, what it looks like, and how it impacts schools, students, and families (see [Demystifying Social Justice for School Psychology Practice](#)). (LO 4)
 - a. From a social justice lens, why is it important for school psychologists to help address health disparities in children?
2. Multiple times, Dr. Matthews states that “inferior education” is one of the structural and individual determinants of health disparities. (LO 3, 4)
 - a. What are some ways that schools might be providing “inferior education” to certain student populations, and in particular racially minoritized youth?
 - b. What role does education play in the systemic inequity in healthcare?
 - c. What is our role as school psychologists in the relationship between education and health disparities?
3. Consider the following quote (LO 4):

“On one hand, injustice and inequality are anathema to our professional national identity. Yet on the other hand, unconscious bias has become an entrenched and acceptable social normal, empirically demonstrated to control decision makers . . . ”

- a. In what ways is this description true for school psychologists?
- b. What role does socially just school psychology practice play in addressing this contradiction?
4. Dr. Matthew outlines the process through which implicit biases (The Biased Care Model; see Chapters 2–6) result in health disparities of minoritized individuals. (LO 1, 2)
 - a. How does the Biased Care Model play out in education, and in school psychology specifically?
5. In Chapters 7–9, Dr. Matthew offers strategies (e.g., restoration of Title VI, accountability for addressing implicit bias) to address implicit bias and the impact it has on health for minoritized populations. (LO 3, 4)
 - a. How might these solutions be applied to education? To the practice of school psychology?
6. *Just Medicine* makes clear the connection between implicit bias and healthcare disparities for minoritized individuals, including children. (LO 3, 4)
 - a. How do these health disparities potentially impact children and their education?
 - b. How can we, as school psychologists, help address these disparities through advocacy at the (see Figure 1 below):
 - i. Individual level
 - ii. Group level
 - iii. School level
 - iv. Community level
 - v. National level
 - c. Are there ways to address these disparities through intervention or prevention services that school psychologists provide (see Figure 1 below, direct services)?

Figure 1. From Malone, Mann, & Parris (2019)

	Tier 3 & SPED	Tier 2	Tier 1	Society	
	Student	Classrooms & Groups	Schools & Districts	Families & Communities	Public
Direct	Individual Intervention	Group Intervention	School-Wide Intervention (e.g., PBIS)	Family Trainings	Join National Workgroup
Indirect	Advocating for Student Needs & Resources	Advocating for Student Group Needs & Resources	Advocating for Improved Policies and Systems-Level Procedures	Supporting Community Centers	Supporting Laws and Policies that Protect & Empower Youth

7. Given the information provided in the book, and reflecting on the current pandemic, what might be the experiences and needs of students we serve? (LO 4)
 - a. How will we meet these needs using a social justice framework?

CHAPTER 1: BAD LAW MAKES BAD HEALTH

8. On page 30, Dr. Matthew reports that physicians may provide better medical care to White patients due to their beliefs that Black patients are “inferior or uniformly uneducated” and “Latinos do not deserve to benefit ... because they are ‘illegals’ ...” (LO 1, 2)
 - a. What is the role of education, and subsequently school psychologists, in perpetuating these stereotypes?
 - b. Do you see similar biases, either consciously or unconsciously, in your schools?
9. On page 10, Dr. Matthew mentions that slave codes and land grants (this extinguished the rights of Indigenous groups) played a vicious role in causing injury to the health of minoritized individuals. (LO 1, 2)
 - a. What are some laws in place today that have nothing to do with the health or healthcare of children but have created disparate health outcomes in pediatric populations?
10. On page 19, Dr. Matthew reiterates that laws related to healthcare included prejudice and inflicted harm on minoritized populations. Name some of the consequences mentioned related to the harm that occurred in the past. (LO 1, 2)
 - a. Which of these consequences are still present in U.S. society?
 - b. How do these consequences impact children’s academic and mental health outcomes?

CHAPTER 2: IMPLICIT BIAS AND HEALTH DISPARITIES

11. What are some examples of social group knowledge that we, as school psychologists, have developed (p. 40)? How does this social group knowledge play out in educational settings (e.g., eligibility determination, goal development, etc.)? (LO 1, 2)
12. Based on Figure 2.1 (p. 40), how would the process of implicit bias development play out when meeting with students or families for: (LO 1, 2)
 - a. Assessment?
 - b. Counseling?
 - c. Consultation?
13. Based on Figure 2.1, how would the process of implicit bias development play out when meeting with stakeholders for Tier 1 services? Examples include, but are not limited to:
 - a. Universal screening
 - b. School-wide social–emotional learning
 - c. Positive behavior and interventions support
 - d. Prevention programming
 - e. School climate efforts
 - f. Violence prevention and intervention

14. On page 47, Dr. Matthew mentions the role of implicit bias in discipline in education. How have you seen this play out in your schools? How would socially just school psychology practices address this? (LO 1, 2)
 - a. What about special education placement?
 - b. Gifted placement?
15. Dr. Matthew describes the role of cultural competency training and exposure to people from minoritized backgrounds as a component of implicit bias in White individuals. What are the implications for graduate training and professional development in school psychology? (LO 1)
16. Dr. Matthew describes implicit biases that patients hold that may influence the outcome of the Biased Care Model. What are some of the implicit biases that children and families may have that influence how we provide socially just school psychology services (see Figure 2.2, p. 53)? (LO 1, 2)
17. Research indicates that most Americans hold implicit anti-Black and pro-White biases (p. 41). How might these biases influence school psychologists when assessing students and interpreting psychological test data? (LO 1)
18. Similar to the previous question, how might anti-Black and pro-White biases influence school psychologist when:
 - a. Operating within the general multitiered systems of support and across Tiers 1, 2, and 3?
 - b. Participating in processes such as manifest determinations, special education eligibility, considering social maladjustment, or consulting with teachers?

CHAPTER 3: PHYSICIAN'S UNCONSCIOUS RACISM

19. This chapter highlights the ways in which Black and Brown individuals, including children (see p. 61), receive less and poorer preventive care. (LO 2)
 - a. How might this impact children and, subsequently, their education (e.g., minoritized children being more likely to receive a diagnosis of autism spectrum disorder later in life, meaning they receive services later)?
 - b. How is this disparity similar in the prevention services—or lack thereof—provided by school psychologists?
 - c. What implications might a lack of preventive care have on the overall development of children, including dental care?
20. In this chapter, a study published in 2012 by Moskowitz (p. 69) demonstrated how unconsciously triggered group stereotypes can inform a physician's diagnosis. (LO 1, 2)
 - a. In school psychology, to what extent is the overrepresentation of Black, Hispanic/Latinx, and Indigenous students in educational programs for students identified with an emotional or intellectual disability related to unconscious bias among school psychologists?
 - b. How can such biases experienced by school psychologists have a negative impact on the lives of students?

CHAPTER 4: FROM IMPRESSIONS TO INEQUITY: CONNECTING THE EMPIRICAL DOTS

21. Map out the Biased Care Model (Figure 4.1, p. 78) as it applies to encounters we have with children, teachers, and families as school psychologists. (LO 1, 2)
 - a. How can we use a social justice framework to address the disparities that result from this model?
22. In this chapter, Dr. Matthew outlines that trainees are often less influenced by implicit biases, yet this increases over time, perhaps due to the influence of patient interactions and observing supervisors/role models. (LO 1, 2)
 - a. Do you think a similar trend would be found in school psychology?
 - b. What are the implications for school psychology training? Supervision?
23. Untrue negative perceptions can trump the clinical training of doctors. How can negative perceptions trump the clinical training of school psychologists? (LO 1)

CHAPTER 5: IMPLICIT BIAS DURING THE CLINICAL ENCOUNTER

24. Chapter 5 outlines several ways that implicit bias influences healthcare decisions, such as communication, the inclusion of patients in their healthcare management decisions, dismissing symptoms/complaints, etc. How might this shape the interactions these families have with educators? (LO 2)
 - a. In what ways might implicit bias influence the decisions or recommendations made by school psychologists?
25. Dr. Matthew presents findings that Black patients had the strongest negative reaction to physicians who were in the aversive racism group (low explicit bias, high implicit bias), impacting trust, compliance, etc. (LO 1, 2)
 - a. What do you suspect is behind this finding?
 - b. If a similar study were done related to the experiences of children and families with school psychologists, what would you predict the findings would be?

CHAPTER 6: IMPLICIT BIAS BEYOND THE CLINICAL ENCOUNTER

26. On page 133, the first paragraph describes the increased rate at which Black and Latinx youth were more likely to be restrained in psychiatric encounters. (LO 1, 2)
 - a. How does this align with findings regarding the use of restraint and corporal punishment in education?
27. Chapter 6 outlines the important fact that even when White and non-White individuals have the same access to healthcare, income, and employment status, minoritized individuals receive poorer medical treatment. (LO 1, 2)
 - a. What are your reactions to these findings?
 - b. Do you see this in your schools in terms of health? Education?
 - c. If you are not sure of your answer to the previous question, how could you determine this? What data would be most helpful? What processes could lead to bringing about change in this area?
28. This chapter also outlines that greater discrimination had an increased impact on health outcomes. (LO 2)

- a. What does this say for minoritized youth who experience prejudice and discrimination at school?
 - b. What is the role of school psychologists in ameliorating this negative impact on student health? On student education?
29. Chapter 6 highlights the ways in which physician and client biases lead to differences in treatment recommendations, healthcare compliance, and returning for follow-up care. Dr. Matthew applies this to pain management. Specific to youth, how might this look for: (LO 2)
- a. ADHD?
 - b. Asthma?
 - c. Intellectual disabilities?
 - d. Others? (see [this article](#))

CHAPTER 7: FROM INEQUITY TO INTERVENTION: WHAT CAN BE DONE ABOUT IMPLICIT BIAS

30. Given evidence that implicit biases are malleable, what can we do as school psychologists to address health disparities resulting from racial inequality? (LO 3, 4)
- a. Through education?
 - b. Through training?
 - c. Through advocacy?
 - d. Through prevention efforts?
31. On page 159–169, Dr. Matthew describes Type A, B, and C interventions and their effectiveness. (LO 3)
- a. How does this align with interventions we provide?
 - b. How can we as school psychologists provide, or advocate for, more effective interventions to address implicit biases to reduce health and other disparities for children?
 - c. What do these findings suggest we should do to improve training on culturally responsive practices?

CHAPTER 8: A STRUCTURAL SOLUTION

32. In Chapter 8, Dr. Matthew outlines several solutions to this problem of implicit bias and its role in healthcare disparities (e.g., education, regulations, ethical standards, equal access *and* quality, distributive justice). (LO 3, 4)
- a. How would these changes impact youth and their families?
 - b. How would these changes impact education (think about OHI eligibility)?
 - c. What are some similar solutions for education and school psychology?

CHAPTER 9: A NEW NORMAL: THE RESTORATION OF TITLE VI

33. Consider the Indiana case presented on page 213 and subsequent conclusions on page 214 regarding responsiveness and accountability. What would be the role of school psychology in this process? (LO 3, 4)
34. This chapter focuses on accountability and the need to provide evidence of efforts to address and reduce implicit bias, limiting the impact such biases have on patients. How might this play out in educational settings, and what would our role be? (LO 3, 4)

REFERENCES

Malone, C., Mann, A., & Parris, L. (2019, September 15). *Applying social justice principles to professional advocacy* [PowerPoint presentation]. National Association of School Psychologists Leadership Assembly, Bethesda, MD, United States.

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