Welcome to the Webinette!
July 12, 2016

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Great Lakes ATTC
Mid-America ATTC
New England ATTC
Southeast ATTC

Purpose:
The Center was established to develop a family-centered national curricula, web-based toolkit, and provide support for national training and resource dissemination.
A Woman and Her Healing: Addiction and Co-occurring Disorders from a Cultural Perspective

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CoE PPW Webinette # 4
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Webinette Overview

• For women of color and/or women with tribal affiliation, healing approaches from the chronic diseases of addiction and mental health problems are most successful when they include information on historical trauma as well as on cultural practices that contribute to a sense of safety, comfort, well-being, and spirituality.

• This webinette provides an overview of these strategies and how providers might offer a braiding of traditional and conventional services in order to address this dynamic with excellence and respect.
Introduction

What is Culture?

- Culture is complicated
- Culture is NOT Race
- Construct of Race and Bias
- Who gets to decide the definition?
- What is the Bio-Psych-Social-Spiritual Model?

- How do we create an atmosphere where biases, beliefs, and behaviors do not interfere with the treatment women receive when they are in our care? What does that look like and what is involved?

- What do we need to know about culture so that we do not interrupt the quality of care a woman receives in treatment but instead add value to the care she receives?
Definitions and Standards

- What is **Cultural Competence**?

- Are there Standards of Cultural Competence?
  - CLAS STANDARDS

- Does gender specific care fit into this definition?

- What is historical trauma?

- How do we include historical trauma in the treatment milieu? Is this possible?
According to the U.S. Department of Health and Human Services (HHS), cultural competence “refers to the ability to honor and respect the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services, as well as staff members who are providing such services. Cultural competence is a dynamic, ongoing developmental process that requires a long-term commitment and is achieved over time” (HHS 2003a, p. 12). It has also been called “a set of behaviors, attitudes, and policies that . . . enable a system, agency, or group of professionals to work effectively in cross-cultural situations” (Cross et al., 1989, p. 13).
The development of cultural competence can have far-reaching effects not only for clients, but also for providers and communities.

Cultural competence improves an organization’s sustainability by reinforcing the value of diversity, flexibility, and responsiveness in addressing the current and changing needs of clients, communities, and the healthcare environment.
Culturally responsive organizational strategies and clinical services can help mitigate organizational risk and provide cost-effective treatment.

Culturally responsive organizational policies and procedures support staff engagement in culturally responsive care by establishing access to training, supervision, and congruent policies and procedures that enable staff to respond in a culturally appropriate manner to clients’ psychological, linguistic, and physical needs.
Why is the construct of Culture important for us to consider?

- Ethics and Values
- Health Disparities
- Client Engagement
- Respect and Responsiveness
- Client Centered and Accessible Care
- Paradigm Shift for the Provider – IHI Triple AIM
  - Improving quality of care
  - Reducing cost of care
  - Improving client satisfaction with care
Considerations

• How does the provider begin to understand culture while redesigning the treatment environment?
  – Is there time for this?
  – Should we make time for this?
  – Are we able to do these things at the same time?
  – Create staff teams to work concurrently?

• What strategies might we explore in order to address this correctly and with respect?
Considerations (continued)

• Do we begin with assessment?
  – Who do we assess? Staff? Board?
• Who has access to whom?
  – Who has freedom to voice opinion?
• Where is accountability in the organization?
  – Does hierarchy get in the way of accountability? If so, how?
• Should we expect this to go smoothly or will there be conflicts?
Who Uses the Term: Cultural Competence?

• Most cultures outside of Western European do not use this term – typically this term is used by those who do not have to learn about culture in order to do well in life.

• We use it here in order to shine light on the absence of it and thus the necessity to learn and respond to it with respect.
What is Historical Trauma?

- An accumulation of emotional and psychological wounding, extending over an individual’s lifespan and across generations, caused by traumatic experiences.

- The systematic oppression over time from one culture over another.

- The inability to state your condition of distress for fear of severe reprisal or violent consequences on you or a loved one.

- How do we include historical trauma in the treatment milieu? Is this possible?
Does Gender-Specific Care Fit in this Definition?

Yes.

To exclude it would be overtly choosing to bias that culture which has traditionally determined treatment designs and would ultimately result in a disservice to the population we serve.
Concurrent Strategies

- Resource Insulation
- Staff & Stakeholder Competency
- System Safety
Actions for Provider Organization

This is not a linear process. Be prepared to be flexible.

Continuous Learning and Response

- **MUST** be a priority in every strategic plan
- **MUST** be appropriately staffed
  - embed leadership vs. one staff being the cultural liaison
- Staff training throughout organization multiple times per year
- Board of Directors’ training multiple times per year
- Working with members of partner agencies to conduct walk-throughs of your treatment environment and provide analysis
- 4-6 personnel and operational policy reviews per year
‘We serve women.’ Does this mean we . . . ?

• Consider health and wellness patterns specific to women? Menstrual cycles, reproductive health, lactation issues, cellular trauma responses, interrupted emotional-physical-spiritual development, and/or physical responses to violence?

• Include self-esteem, empowerment, and role identity information in our psycho-education? Body image? Gender and sexual expectations? Social Media? Relational aggression?

• Include issues surrounding parenting? Childbirth? Teen pregnancy? Education goals of the mother?
• Consider providing in home services? Are we flexible about when we visit?

• Offer legal requirement education (car seat safety, child health, immunization requirements, safe sleep, child supervision, school enrollment, etc., in a context of societal necessity, not good or bad)
Actions for Provider Organization

Client Feedback and Observations

• Ensure you have client feedback processes in place in order to **institutionalize equity** into the fabric of the organization.

• Ask each client to give you one thing to improve your outreach and engagement skills.

• Learn who refers to your organization. Have you assessed this? Who is missing? Why do some referents not choose you as provider of choice?

• Make a commitment to trauma informed care throughout the organization – what does this look like? Who informs this? Who is accountable?

• Determine whether or not it is advantageous to partner with the criminal justice department, child protection, Indian Child Welfare?
Organizational cultural competence is a dynamic, ongoing process that begins with awareness and commitment and evolves into culturally responsive organizational policies and procedures.

This is a concurrent priority with building Counselor competencies.

A resolute commitment to improving cultural competence must include resources to help support ongoing fidelity to these policies, procedures, and staff development strategies in order for them to be sustainable over time.
Actions for the Counselor

Understanding socio-cultural aspects of substance use in communities of color and/or tribal affiliated groups

Many populations have been subjected to violence as a primary oppressor, which robs the community of the resources needed to solve drug problems.

- Violence does not only present in the form of crime or domestic disputes but also in the context of racial discrimination, lack of access to food and clothing, homelessness, overcrowded living conditions, lack of health insurance, and restricted social welfare policy (historical trauma).

- Many ethnic and culturally oriented populations have experienced other forms of violence, such as sexual harassment, gender discrimination, and a lack of protection from domestic violence.
Culturally Relevant Strategies

- Stories, narratives, art therapy, graphic narratives
- Sharing circles
- Talking pieces
- Weaving, tapestry making, quilting
- Song writing, poetry programming, expressive arts
- Mindfulness practices and meditation
- Self-Care strategies & ceremony
- Connections to the earth’s creatures – animals, birds, fish
- Rites of passage understanding
- Naming ceremonies & parenting culture
- Trauma culture (more later)
- Yoga, drumming, prayer, smudging, sweat lodges
- Nature walks, nature retreats
- Gardening, cultivating, pottery making, connecting to the earth
- 4 seasons, 4 aspects of self, 4 directions, 4 medicines, 4 colors
Culturally Relevant Strategies

– Set aside funding specifically so that the client might identify a cultural reminder for herself to keep with her in the treatment experience and be ready for her when she walks in the door; this can be in any level of care.

– In a residential setting take clients out to ethnic experiences that might be a source of comfort for her and/or be a learning experience.

– It is important to note that just because someone has the ethnicity of African American, Quran, Hmong, or American Indian does not mean she has had a traditional experience being immersed in this culture. She may want to explore some of this while in the safety of the treatment experience.

– Provide opportunities for clients to engage in cultural specific groups, for example where they might create something with their hands or through their eyes followed by telling stories to others about what was created.
The culture of trauma – It is important to mention that trauma has a culture of its own as well. The individual has actually experienced a systematic and adaptive interruption in brain development.

This interruption may have caused more skills to be built for defense than interaction and learning. As a result, many of the cultural traditions the client has experienced may be colored in some way by the trauma.

Avoid making assumptions about the cultural environment the client might prefer before talking with the client and gauging her response.

Always co-create the Service Plan (Treatment Plan) with the client sitting next to you...working side by side, not across a desk. This co-creation is not only trauma informed but will assist the client in stating those approaches where she is most safe and most at ease.
Final Thoughts . . .

Be patient. If done well; this takes time.

If done with commitment; we will endure the associated conflict and disagreement.

If in doubt, prioritize respect and humility every time you encounter someone else’s worldview, culture, ethnicity, and bias.

Our goal is saving and enhancing lives.

We cannot afford to let our lack of understanding or our bias stand in the way of someone else’s opportunity to live their life.
References


Thanks for Participating!

- By attending this **live webinette**, you are eligible to receive .5 NAADAC contact hour.

- In the next few days, the **ATTC Network Coordinating Office** will email you instructions on how to download your certificate of attendance.

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