Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
CULTURALLY COMPETENT CARE IN RECOVERY-ORIENTED SETTINGS

Erin Bascug, MS, Associate Director for Educational Initiatives and Research, Council on Social Work Education

Steven J. Onken, PhD, MSW Program Director, Associate Professor, University of Northern Iowa

August 3, 2015
Housekeeping

Technical issues?
Please use the Technical Support Chat to ask our technology coordinator for guidance.

Sound
This webinar will be broadcast through your computer speakers. Please make sure they are unmuted. Adjust your volume as needed.
SAMHSA’s Vision for Recovery to Practice

Through education, training, and resources, the Recovery to Practice (RTP) program supports the expansion and integration of recovery-oriented behavioral health care delivered through multiple service settings.
Recovery in Behavioral Health

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
SAMHSA’s 10 Components of Recovery in Behavioral Health
RECOVERY TO PRACTICE Curricula

- American Psychiatric Association (APA) & American Association of Community Psychiatrists (AACP)
- NAADAC – Association for Addiction Professionals
- American Psychiatric Nurses Association (APNA)
- Council on Social Work Education (CSWE)
- American Psychological Association (APA)
- International Association of Peer Specialists (INAPS)
RTP Training and Technical Assistance

WEBINAR SERIES

Interdisciplinary recovery-oriented practices

Decision Support for Clinicians and Physicians

Practicing Recovery: Expanding Person-Centered Care

RTP Newsletter

Sign up: RTP@AHPNET.com
Multidisciplinary Practice Manual and eLearning Module

Peer Specialist Manual and eLearning Module
Erin Bascug, MS
Associate Director for Educational Initiatives and Research
Council on Social Work Education
Purpose of Today’s Webinar

To apply a social work lens to cultural competence and discuss cultural humility as a central theme in interdisciplinary recovery-oriented practice.
Learning Objectives

Objectives

– Acquire knowledge of the Council on Social Work Education’s Recovery to Practice (RTP) curriculum.
– Recognize the value of cultural humility in recovery practice.
– Describe the intersectionality of culture, historical trauma and epigenetics and implications for recovery practice.
– Identify cultural humility skills and indigenous wellbeing models you can apply to practice.
Poll

When Did You First Learn About Recovery?

- Personal experience of recovery
- Conversation with someone with lived experience
- Educational setting
- Formalized professional training
- Employment setting
- Conversation with someone with lived experience
- Reading first-hand accounts of recovery
- Other
Council on Social Work Education

Accreditation
• BSW and MSW programs

Faculty Development
• Journal on Social Work Education

Research and Dissemination
• Research on Social Work Programs, Faculty, and Students
• Grants

Center for Diversity and Social and Economic Justice
• www.cswe.org/Diversity.aspx
CSWE’s Recovery to Practice Webinars

1st Session
What is Recovery

2nd Session
Recovery in Social Work

3rd Session
Putting it into Practice

15
Question for the Group:

Why do you think an understanding of and respect for culture is important to supporting someone else’s recovery?

Use your chat box to respond
Acknowledgements

Cultural Competence and Cultural Humility

Robert M. Ortega, Associate Professor, University of Michigan School of Social Work

Part of “Infusing Recovery in Practice and Field Instruction”

Available on-demand at

www.cswe.org/Recovery

Free for CSWE members and non-members

1 CE credit available for course completion through Association of Social Work Boards (ASWB)
### Toward Culturally Responsive Practice

<table>
<thead>
<tr>
<th>In best practice we:</th>
<th>To be culturally responsive, we:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Emphasize knowledge base</td>
<td>• Appreciate unique cultural experiences (of self, client, others)</td>
</tr>
<tr>
<td>• Maintain a “sense” of what is helpful (e.g., relevant goals, methods, skills)</td>
<td>• Encourage collaboration</td>
</tr>
<tr>
<td>• Recognize power differential in working relationship</td>
<td></td>
</tr>
</tbody>
</table>
Connecting Cultural Competence with Cultural Humility

Cultural Competence + Cultural Humility → Cultural Responsiveness

The Elements of Cultural Humility

- Self Awareness/
  Self Acceptance

- Openness

- Appreciation for difference
Cultural Humility Skills for Bridging Cultural Perspectives

Active listening  Reflecting  Reserving judgment  Enter their world
Question for the Group

What are some ways that you have engaged/could engage in culturally humility to support recovery in your interdisciplinary setting?

Use your chat box to respond
Contact Information

Erin Bascug, CSWE
recovery@cswe.org

CSWE’s Recovery to Practice Webpage
www.cswe.org/Recovery

CSWE Center for Diversity and Social and Economic Justice
www.cswe.org/Diversity.aspx
Culture – Trauma – Recovery
Each characterized as

- **Process**
- **Outcome**
- **Complexity**
- **Adaptively Challenging**
  - Hard to define
  - Unclear solutions
  - Gradual implementation
  - Resource demands
  - Significant change
  - Increases anxiety
  - Inevitability of risk

- **Uniqueness**
- **Messiness**
- **Intersectionality**
  - Psychological
  - Physical
  - Emotional
  - Spiritual
  - Relational
When faced with complexity, human beings and human groups will engage in REDUCTIONISM

**Biological Reductionism**
- All cause is biological – chemistry and genes

**Psychological Reductionism**
- All cause is individual – maladaptive behavior

**Social Reductionism**
- All cause is cultural – economics, class, race

**Spiritual Reductionism**
- All cause is non-human, incorporeal, supernatural
Recovery

An ongoing personal journey
Restoring a positive sense of self
Meaningful sense of belonging
Actively self-managing symptoms
Rebuilding a life within the community
Holistic Wellbeing

Pathway of Recovery

Person-Focused First Order Change
- Hope
- Sense of Agency
- Decision-Making Control
- Meaning & Purpose
- Awareness & Potentiality
- Re-Authoring — Coping
- Re-Authoring — Healing
- Re-Authoring — Wellness
- Re-Authoring — Thriving

Building Personal Capacity: Trauma-Informed Orientation

Relationship-Focused Empowering Exchanges
- Secure Relatedness
- Enduring Partnerships
- Shared Decision-Making
- Shared Risk-Taking
- Peer-to-Peer Connection
- Cultural Responsiveness
- Meaningful Choices
- Interdependence
- Vital Engagement

Community-Focused Second Order Change
- Basic Material Supports
- Sense of Place/Habitat
- Social Circumstances
- Social Connectedness
- Social Opportunities
- Human Rights
- Citizenship
- Substantial Freedoms
- Integration

Building Community Capacity: Inclusive Orientation

Steven J. Onken, PhD, University of Northern Iowa Department of Social Work, 241 Sabin Hall, Cedar Falls IA 50614-0405. Email: steven.onken@uni.edu
Indigenous Healing

an ongoing, interactional spiritual journey
outcome of restoring that which is born within
incorporating therapeutic change
cultural renewal
rebuilding the community
Aboriginal Ways Tried and True
Lōkahi and pono speak of balance, harmony and unity for the self in relationship to:

Ka`uhane (the spirit)

Ke kino (the body)

Ka Honua (the world)

Ka mana`o (the mind)
Te Whare Tapa Wha – Maori Traditional Briefs

**Worldview**

**Taha wairua** – Spiritual wellbeing is the capacity for faith and wider communication. The spiritual essence of a person is their life force. This determines us as individuals and as a collective, who and what we are, where we have come from and where we are going. This is about how we see ourselves in this universe, our interaction with and perception of others.

**Taha hinengaro** – Emotional and mental well-being is the capacity to communicate, to think and to feel mind and body are inseparable. Thoughts, feelings and emotions are integral components of the body and soul.

**Taha tinana** – Physical well-being has the capacity for physical growth and development. Our physical being supports our essence and shelters us from the external environment. For Maori the physical dimension is just one aspect of health and wellbeing and cannot be separated from the aspect of mind, spirit and family.

**Taha whanau** – Family/human relationships provide a capacity to belong, to care and to share where individuals are part of wider social systems. Whanau provide us with strength to be who we are. This is the link with our ancestors our ties with the past, the present and the future.
Fonofale Model of Health
by Fuimaono Karl Pulotu-Endemann
First Nations Mental Wellness Continuum Framework

What Does Trauma Do?

Changes parameters of affect, thought, behavior and sense of self

Shapes basic beliefs about identity, world view, and spirituality
Multi-generational or Historical Trauma

Historical Trauma Experience

- Dominant Oppressor: War, Violence, Laws, Language, Culture

Historical Trauma Response

- Targeted Group
- Bystanders

Intergenerational Transmission of Trauma

- Internalized Oppression
- Trait Expression
- Parent-child Relationships
- Stereotypes, Unrecognized Privileges
Core Elements of the H⁵ Model

- Human Rights
- Humiliation
- Trauma Story
- Healing (self-care)
- Health Promotion

Richard Mollica’s H⁵ Model
The Multiple Identity Predicament

**Stigma**
- Individuals from non-dominant racial and cultural groups experience prejudice, discrimination, labeling, violence related to their group membership – now and in the past

**Compounded Trauma**
- The experience and diagnosis of mental illness, which is its own trauma, further perpetuates prejudice and discrimination, and compound the trauma experienced with multiple concurrent often negative identities

**Compounded Internalization**
- Even though different racial groups have little variations as to public prejudice or negative stereotypes regarding mental illness, African American had significantly higher internalized negative self image when compared to their white counterparts
"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Maya Angelou
References and Resources


Fonofale Model [http://www.hauora.co.nz/resources/Fonofalemodelexplanation.pdf](http://www.hauora.co.nz/resources/Fonofalemodelexplanation.pdf)

Marva L. Lewis, School of Social Work, Tulane University

Lokahi Wheel, Kamehameha Schools’ Safe and Drug Free Program

Richard F. Mollica, Harvard Program in Refugee Trauma, Harvard Medical School, [www.hprt-cambridge.org](http://www.hprt-cambridge.org)

Steven J. Onken, Department of Social Work, University of Northern Iowa

Maria E. Restrepo-Toro & Uma Chandrika Millner, Center for Psychiatric Rehabilitation, Boston University

Join Recovery to Practice!

RTP@ahpnet.com

http://www.samhsa.gov/recovery-to-practice
Coming up!

- **August 5** - Including Family and Community in the Recovery Process
- **August 10** – Peer Services: Creating an Environment for Success
- **August 12** - Evidence-based Practice and Recovery-oriented Care
- **August 17** – Building Recovery-oriented Systems
- **August 19** – Whole Health and Recovery (part 1)
- **August 26** - The Role of Medication and Shared Decision Making in Recovery
- **August 31** - Partnership, Engagement and Person-Centered Care
- **September 2** - RTP Applications: Incorporating Recovery-oriented Practice Competencies in Practitioner Training
- **September 3** – Whole Health and Recovery (part 2)
- **September 9** - Health Care Reform and Recovery
Please provide feedback and comments by clicking on the Participation Evaluation link below in the link box.