Culturally Competent Care

Good afternoon and welcome to the second session in our Recovery to Practice webinar series. Today's session is titled, "Culturally Competent Care in Recovery-Oriented Settings," with Erin Bascug and Steve Onken as presenters.

My name is Tahisha Victor, and I will be your moderator for today's webinar. First I'll provide a brief overview of the Recovery to Practice Project, and then I'll review some housekeeping tips.

I'd first like to acknowledge our webinar participants. We have about 125 people in the room today. On behalf of SAMHSA, Substance Abuse Mental Health Service Administration, we'd love to welcome you all and thank you for your participation. I'd also like to thank our presenters, Erin Bascug and Steve Onken, for sharing their expertise on this important topic.

Now let's review the page layout to help you get the most out of the webinar features.

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If you have questions for the presenters, enter them in the "Presenter Q&A" box; and our presenters will respond to as many of the questions as possible at the end of the presentation.

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You can download a PDF version of today's presentation, additional resource materials, and a Certificate of Attendance directly from the "Download Materials" box below.

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We have posted a webinar evaluation link, which will appear in a box below after we close the polls. Please take a few moments to complete the evaluation. Your information will help us evaluate today's presentation and develop future webinars.

The presenters have made a few items that are relevant to their talk today available to you. This includes images from Mr. Onkin's slides that are very rich in content and might be difficult to read on the screen. You will find all materials for today's session in the "Download Materials" box below.

Recovery to Practice, or RPT, is a workforce development initiative that focuses on integrating recovery into behavioral health through multiple disciplines and service settings. The initial phase of the RTP initiative was launched in 2011 and focused on working with six professional disciplines to create discipline-based curricula that promoted the understanding and uptake of recovery principles and practices. Each discipline had latitude to use language and frameworks that made the most sense for their membership. Each discipline has developed ways to integrate the curricula into disciplined professional development activities, including academic preparation, residency education, continuous education events, certificates for programs, and certificate procedures.

A colleague and advocate of recovery-oriented approaches in behavioral health, Ron Manderscheid, described recovery as one of the most powerful words in our behavioral health. Because it creates real lives, it and promotes future hope. It can even open key doors to enlightened and dramatic care reform. The promise and actuality for recovery are a chance for transforming the mental health and substance use landscape in ways almost unimaginable just a decade ago. Consumers have fostered this vision, and SAMHSA has made this vision an everyday reality for many.

Historically, persons with serious mental illnesses and serious substance use conditions were widely assumed by community members, by professionals, and even themselves to be in a permanent state of

chronic illness, a state of defeat. These concepts persisted broadly into the early 2000s. Despite evidence to the contrary, they still persist in some areas today.

Recovery is not a journey alone. Other people…such as peers, family members, friends, practitioners, and good care…are fellow travelers on a person's road to recovery. A trusted provider who understands trauma can play a key role. So can the community that reaches out to be inclusive and offers support.

In 2011, SAMHSA released a new working definition of recovery and a set of guiding principles. The revised working definition and principles incorporate aspects of recovery from substance use that were missing from the set of SAMHSA dimensions of recovery, and underscored that an individual may be in recovery from a mental disorder and a substance use disorder or both. The four major dimensions….home, health, purpose, and community…and these 10 components of recovery and behavioral health form a strong structure and foundation for developing recovery-oriented lives, building recovery-oriented services and systems. To help the field incorporate these principles and help the behavioral health workforce bridge from where they have been to where they are going, SAMHSA initiated the Recovery to Practice Initiative.

These are the six disciplines that helped to develop RTP curriculum: the American Psychiatric Association with American Association of Community Psychiatrists, NAADAC, the Association for Addiction Professionals, Council on Social Work Education, International Association of Peer Specialists, American Psychological Association, and American Psychiatric Nurses Association. To a degree, the curricula are in the public domain. Each association has a webpage dedicated to Recovery to Practice. You can find information about these curricula on those websites.

This webinar is the second in the series that draws from these discipline-based curricula to make the information available across disciplines and others who may not be members of these professional groups.

One way we are doing this is through this webinar series, which is presenting fundamental information derived from the discipline-based curriculum, making it available to wider audiences. Each of these webinars will be recorded and archived for your future reference and use in training or professional development activities.

We will continue with the webinars next year. A second webinar series is in development and focuses on decisions for clinicians and physicians. We expect to make those webinars available soon. We are also developing two new resources. Resource manuals are in development on multidisciplinary applications, interprofessional collaboration, and one for peer specialists working with people experiencing homelessness. Each of these manuals will be followed by an interactive eLearning manual, which will be developed next year.

I'd now like to introduce our speakers for today. Then I'll turn the mic over to Erin, our first presenter.

Our first presenter, Erin Bascug, is the Associate Director for Educational Initiatives and Research at the Council on Social Work Education in Alexandria, Virginia. She was member of CSWE's Recovery to Practice team from June 2010 to September 2014. In that role, she worked to develop a recovery-oriented curriculum and a webinar series for social work field instructors and helped to outline advanced practice competencies in mental health recovery.

Currently, she is managing CSWE's role in a partnership formed with Indiana University School of Social Work and the University of Kansas School of Social Welfare to advance recovery-oriented social work practice. Her recent work also includes coordinating CSWE's support for curriculum development projects focused on building the capacity of social workers to include economic self-sufficiency as an essential part of their response to poverty and Screening, Brief Intervention, and Referral to Treatment for adolescent substance use.

She previously worked for Serco, Inc., as a project director to the U.S. Navy Reserve and U.S. Marine Corps Reserve Psychological Health Outreach Programs and served as a deputy project director and senior training coordinator to the U.S. Army Victim Advocacy and Sexual Assault Prevention and Response Program. Ms. Bascug received her master's degree in human development and family studies from the University of Delaware.

Our next presenter is Steven Onken. He is the MSW Director in the Department of Social Work at the University of Northern Iowa. Steve has been described as a recovery scholar and practitioner, a national and international expert in recovery and its measurement. He would disagree, describing himself as a recovery guide. One can learn from many sources, and he is only one such source.

Dr. Onken has been extensively involved with the workforce, program and community development activities, as well as cross-system infrastructure to advance recovery-based, trauma-informed services and care across the life span. His state and territory collaborations include Arizona, California, Colorado, Guam, Hawaii, Iowa, Michigan, New York, Oklahoma, Rhode Island, South Carolina, Texas, Utah, and Washington; and his international collaborations include New Zealand, Switzerland, Canada, Australia, Scotland, England, Columbia, and India.

Now I'd like to welcome both our presenters; and I will turn over the mic to you, Erin, and you may begin.

Okay, hi, Tahisha. Now, I just tried to start my Webcam; but it doesn't seem to be going. So I think I might be having the same issues. Should I just go ahead and start?

Yeah, I think you just could go ahead and start.

Okay, sorry about that.

Good afternoon, everyone. While this webinar series is focused on interdisciplinary implications for recovery-oriented practice, my co-presenter and I will be approaching the topics of cultural competence and cultural humility from a distinctly social work perspective. Social work's person in environment framework is key to understanding our profession and our approach to recovery. We attempt a complex holistic understanding of individuals, their families, and communities within their environment. The social work profession views a person as indivisible from the influences of biological/psychological social context…what we often refer to as biopsychosocial…as well as cultural and spiritual influences. These contexts can change and shift throughout the lifecycle.

Social workers are trained to consider influences from the micro or individual level through the macro, societal, and policy level; and our environment has a profound impact on one's physical health, behavioral health, and life circumstances and opportunities. Our profession is also deeply committed to addressing issues of social and economic justice and recognizing the interplay of power and privilege. Social work wants to understand and have an impact on the disparities that exist, and we seek to have a positive effect on those outside privilege spheres…so in many cases, the most vulnerable members of our society, those with mental health or substance abuse issues and those experiencing poverty.

Behavioral health research suggests that there are tangible differences in the way racially, ethnically, and culturally diverse populations experience mental health and substance abuse issues and the ways in which they experience and participate in their recovery. I hope that today's presentation will help you to understand more about social work's approach to culturally competent care. We also look forward to hearing more from you about the unique strengths and perspectives that your profession brings to interactions with service recipients.

Let me just go ahead and move on to our objectives for today's training.

We'll try to help you acquire knowledge of the Council on Social Work Education's Recovery to Practice curriculum; we'll help you to recognize the value of cultural humility in recovery-oriented practice; to describe the intersectionality of culture, historical trauma, and epigenetics and implications for recovery

behavior; and finally, to identify cultural humility skills and indigenous wellbeing models that you can apply to practice.

To get us started, we have a poll. I'd like to get a better understanding of your introduction to the concept of recovery and what may have led you to participate on this webinar today. I see that you already have delved into this. So if you could please take part in the interactive poll that appears at the bottom of your screen, it reflects your responses in real time. For those of you who select "Other," you can send a chat to let me know about your own experience.

Great, it looks like…let me take a look at this poll. Many of you have personal experience of recovery, and others have also learned about recovery within their employment setting. That's great. So if the last few of you will take part in this poll…excellent.

We also have some folks who…educational settings and formal professional training it looks like and in conversation with people with such experience. Wonderful, great…thank you so much for participating in the poll. It just gives me a sense of who is in our audience our today.

I want to tell you just a little bit about the Council on Social Work Education for those of you who aren't familiar with our organization. CSWE is a nonprofit national membership organization. We're the sole accrediting body for social work bachelor's and master's educational programs in the United States. There are currently 506 accredited bachelor's programs and 238 accredited master's programs…just to give you a sense of the size of our field. We've got over 100,000 students currently enrolled and about 11,000 faculty members.

In addition to our accreditation role, we provide faculty development; and we have a publications wing. So you'll see some examples from CSWE press on the Journal on Social Work Education on your slide.

We also engage in a variety of research and grant projects. One of our initiatives that might particularly appeal to you is the CSWE Center for Diversity and Social and Economic Justice. Under the leadership of the new Center Director, Dr. Yolanda Padilla of the University of Texas at Austin, the Center will advance the quality of social work education for professional practice that promotes individual, family, and community wellbeing and will provide social workers with the skills needed to address issues of social inequality and injustice. There are close to 100 links to resources on the page for the Center for Social and Economic Justice. We have syllabi, reports, videos, et cetera, some of which address cultural competencies and health and behavior health disparities. So please visit our website to learn more about our center.

During the first wave of Recovery to Practice, CSWE focused on educating field instructors who are social work practitioners supervising students in field placement settings. Field component is known as the signature pedagogy in social work education, and all students at the baccalaureate and master's level must spend a mandated number of hours in field placement during their educational program. So we felt that field instructors would be a valuable crossroads between social work education and practice; and by educating the field instructors, we may also impact their students.

Because we are an educational organization, we also developed our curriculum package with our social work programs in mind because ideally, what students learn in the classroom would be consistent with the lessons imparted in the field…which is not always the case, as we discussed some of these challenges in our webinar series.

Using the 2008 CSWE Educational Policy and Accreditation Standards, or EPAS as we call it for short, these are the guiding principles used to accredit social work programs, specify core competencies needed to practice effectively with individuals, families, groups, organizations, and communities. So CSWE took the EPAS, and our Steering Committee helped us to formulate the Advanced Social Work Practice Competencies in Mental Health Recovery. I know that's a long title. This guide is actually one of the PDF resources that's available to you on the webinar today, so I encourage you to take a look at it after the session.

What this document does is bridge our core standards and knowledge, skills, and practice behaviors that would need to be demonstrated for a student to achieve competency in recovery-oriented practice. The Advanced Competencies became the backbone to our development of our suite of webinars and resources to support field instructors and educational programs to be more recovery-minded. So the supporting tools that we also offer include syllabi, bibliographies, student exercises, and even a field assessment instrument.

In our first recovery webinar, we used a broad lens to define mental health recovery and its connection to social work history and values. Our second webinar in the series applied a recovery framework to competencies and practice behaviors for social work practice. And the last installment focused on ways that recovery could be mobilized in personal practice agencies and field instruction. All three webinars are on-demand. They're free for both CSWE members and non-members, and we offer one CE credit from the Association of Social Work Boards for the completion of course requirements. I'll give you some more information on how to access our webinar series and resources in just a few minutes.

Okay, so I have another question for you all. Before I share more about our approach to cultural competency, let me ask you in the audience: "Why do you think an understanding of and respect for culture is so important to supporting situation else's recovery?"

And to make this a little bit more interesting, we'd like you to split into two groups to respond. So on the left-hand side, if you have a birthday between January and June, please let me know what you're thinking. On the right-hand side, if you have a birthday between July and December, go ahead and respond.

Again, the question is: "Why do you think an understanding of and a respect for culture is important to supporting situation else's recovery?"

Okay, and Lauren has just responded…we have a lot of quick typers here…"to tailor recovery to an individual." Great.
"Because we are unique individuals."
"Personal-centered approach."
"Meeting the client where they are."

Perfect, okay, and I'm now looking in the July through December folks. Fast and furious the comments are coming in here. Let's see…wow, so fast I can't even read them.
Something about Western culture that I missed.
"It helps one to view others' perspectives," perfect!
"Different beliefs and values determine why they may be able to feel the way they do," wonderful.

Well, it seems like you all have a really good sense of why you're here today and why this topic is important. Thank you so much for the overwhelming response. I'm excited to share this information with you, and I know Dr. Onken is as well.

Let me go ahead and move on to the next screen, and thank you again for your comments.

Okay, on our third webinar of that series set I just mentioned, the title is "Infusing Recovery in Practice and Field Instruction." On that webinar, Dr. Robert Ortega, an Associate Professor at the University of Michigan School of Social Work, discusses cultural competency and cultural humility as an integral piece to understanding recovery. Dr. Ortega is an expert in applying the paradigm of cultural humility in social work and child welfare practice, and my presentation today summarizes many of the lessons that Dr. Ortega so eloquently imparts in our RTP series. So I encourage you heartily to follow up on today's webinar by hearing his presentation first-hand.

"Practice that is culturally competent and acknowledges social diversity is part of social workers' ethical responsibilities to their clients." I'm not sure if that was one of the comments that came through from the

audience in terms of why is it so important that, at least for social work and for many other disciplines, there's an ethical mandate to engage in cultural competent practice. In social work, this is explicitly outlined in the National Organization of Social Workers' Code of Ethics, as well as the Council on Social Work Education's EPAS.

So cultural humility actually is a new addition to the 2015 EPAS, and I'll give you just one quote from the EPAS: "The social work program's expectation for diversity is reflected in its learning environment, which provides the context through which students learn about differences, to value and respect diversity, and development a commitment to cultural humility."

Let me just move on to the next slide.

When we talk about culturally responsive practice, in best practice we have an appreciation of complexity of the individual's problems and the inherent systemic challenges at play…the person and environment that I mentioned earlier…and to sort out complexities, research for relevant knowledge, that establishes our work as meaningful. And as professionals, we learn how to balance our knowledge with being effective, what we may call "gut-level or clinical intuition." We acknowledge that as professional helpers, there's definitely a power differential between the professional helper and the person receiving services.

To be culturally responsive, we flip the script, so to speak, on what we assume as the important tenets of best practices. We embrace the complexity to avoid stereotypes and biases. We appreciate unique cultural experiences. For example, we acknowledge that our feelings about our experiences are not likely to be the same as our client's. Even if we grew up in the same area, we've had similar backgrounds, and there's a totally different – it's a different experience from one person to the next. This is especially important to grasp from a cultural humility perspectives because while we know ourselves and we have a knowledge base as a professional helper, the client is the expert of their own cultural experiences. And the good news is that we can collaborate with them so that what we offer is relevant to them.

So what is cultural humility, and what exactly is the difference between cultural competence and cultural humility?

A cultural competence framework calls for expert knowledge and understanding the diverse and complex needs of people from various cultural groups. There are a number of professional manuals and publications by respected authors that can help the provider understand different cultures and the unique characteristics of viewing and adapting to behavioral change. Some of these are available from SAMHSA, and some links to other reports and publications can be found on CSWE's Center for Diversity and Social and Economic Justice.

On the other hand, a cultural humility perspective challenges us to learn from the people with whom we work, to reserve judgment, and to bridge the cultural divide between our perspectives. As Dr. Ortega explains during our series, it's the acknowledgement that others know more about themselves than what our expert knowledge tells us.

To give you one example from the Advanced Social Work Competencies and Mental Health Recovery that I mentioned earlier, the PDF that's available to you, in the educational policy that deals with engaging diversity and difference in practice, we elaborated on the following practice behavior. Recovery-oriented social workers practice cultural humility through the engagement of individuals with lived experience as teachers and respecting their knowledge and perspective. Cultural competence and cultural humility together equal cultural responsiveness.

Also, it's important to recognize that this is part of our life's work and learning. We will always be moving toward a place of being more culturally competent and humble if we apply ourselves to this work. We will never reach the finish line, but the journey will help us to understand our clients more deeply than a superficial understanding would or falling back on stereotypes and biases.

So let me go through some of the elements of cultural humility…three that I've provided for you here…self-awareness and self-acceptance, openness, and appreciation for the values of all differences.

The first one, self-awareness and self-acceptance, this includes an accurate assessment of one's own world view in terms of your upbringing, current life circumstances, and an ability to accept oneself…including our imperfections and our limitations.

The second is openness…openness to new ideas, openness to contradictory experiences, unique expressions, and alternative actions; for example, being other oriented, viewing others as separate from ourselves.

And finally, appreciation of the value of all differences and the many and unique ways in which people contribute to the world…we are all part of a larger and far more complex world in which differences are influenced depending on context and life stage, and weighing that privilege or oppress our differences.

Let me give you some essential actions to bring cultural humility skills into your interdisciplinary practice.

The first one I want to mention is active listening…focusing attention on what is being said and responding in culturally appropriate ways. To give one example of this, Native American culture and in most Latin American, Asian, and African cultures, direct eye contact is considered to be confrontational and aggressive. So part of an active listening strategy in a culturally appropriate way for someone of these groups may be not to make direct and consistent eye contact during conversation.

Reflecting, the second skill that I'm presenting here, is using the person's words to say back to them what it is that you heard. It also includes encouraging them and empowering them and for them to let you know if something gets lost in your translation.

Reserving judgment, I think, is maybe one of the most difficult pieces of the skillset I'm presenting here today. So rather than mind guarding, remain open to what is being said through remaining silent and letting their words sink in. For example, rather than focusing on how you will respond to what the client is saying, you take time to openly and fully absorb what it is that they're telling you. I just think this is particularly a difficult challenge because in the age of multitasking and the constant barrage of information all around us, we feel pressured to quickly assess and craft an intelligent response. And we could be missing opportunities to connect with our clients in an authentic way.

Finally, entering their world, which is sometimes referred to as joining…so considering yourself in the context of the person's world and as part of their culture and cultural experience.

Now, I did have another question built in; but because of time, I'll read the question and then ask you all to think about it and maybe give me some of your responses during the Q&A session at the end of Dr. Onken's presentation…just for time's sake. My question here is: What are some ways that you have engaged or could engage in cultural humility to support recovery in *your* interdisciplinary setting? So hang on to those thoughts, and we'll talk a little bit more about this during the Q&A portion of the presentation.

Let me just give you my contact information. Thank you so much for the opportunity to share CSWE's RTP work and for your thoughtful comments and questions that have come in so far. We'll be able to address some of those later in the presentation. Through our new Recovery to Practice partnership with the University of Kansas School of Social Work and the Indiana School of Social Work, CSWE will be continuing to develop resources, webinars, and disseminate information about recovery.

We actually have a Learning Network already in existence to connect recovery-minded social work faculty, students, and professionals; and we would love to include our interdisciplinary colleagues in that conversation. We communicate through a Listserv. If you would like to join it, please e-mail me at the address at the top of your slide there. All of our Recovery to Practice webinars and resources, again, can be found at the Web address in the middle of the page. And to learn more about our Center for Diversity and Social and Economic Justice, you can click on the link at the bottom of your screen.

So without further ado, I am going to hand this presentation over to Dr. Onken.

Good afternoon. I tried my Webcam, but it doesn't seem to be working; so all the effort I took to look nice today sort of goes out the window. But I just want to welcome you all to the webinar. I am but one source, and that source that I'm providing has really been through the gift of having a lot of people who have stepped up to be cultural guides in the various communities I've worked with. I'm not quite sure what made them do that…reach out to me…perhaps because I shared some of that outsider perspective. I'm an older adult gay male, and so I do know what it does feel like to be outside the norms.

When I was growing up, being gay meant a mental illness. I'm also a trauma survivor…survived a near fatal hate crime. So I think those kinds of connections led to the opportunity to maybe in some ways seem less threatening when working across cultures.

What I'd like to do is share my approach. To do that, I want to focus on three core areas: culture, trauma, and recovery. And I want to point out that there's a lot of intersectionality across these areas. When you think of each concept, they're both thought of as a process as well as an outcome; and they're all very complex concepts. They're not complicated. Complicated means that if you have a nice manual, you can figure out how to problem solve. Complex means that as you're working within those areas…trauma, recovery, culture…the things you're working on are changing. So as you're working, it's changing.

It's almost like working with a software that's evolving as you're developing it. And because they're constantly changing, that does make challenges working across those concepts and in those concepts pretty difficult. It's hard to define sometimes what it is we're supposed to be doing. There are unclear solutions. It often takes a very incremental approach. There are a lot of resource demands when you go into these particular areas. There's a lot of anxiety involved because we're starting to talk about how people identify and define themselves. And there's a lot of risk taking. There's risk taking on our part, and there's risk taking on people reaching out to us. It requires courageous conversation.

It's also very unique to the person, which makes it also very messy. It's hard to have a nice, comprehensive, simple kind of definition. Within those three concepts, as I mentioned intersectionality, which is that really unique way of multiple forms of attributes produce distinct sets of perspectives and consequences. Well, within culture, trauma, and recovery, you've got psychological, physical, emotional, spiritual, relational intersectionality; and then you have that intersectionality across culture, recovery, and trauma.

And how do we respond?

Well, we're kind of a society that gets impatient in fast food restaurants. Think about that. That's pretty sad commentary. We're looking for quick solutions. My students say, well just tell us the 10 things we need to know to work with African American families. Like, no…there aren't 10 things. Each family is unique, and many families have things that can be in common; but there are also many things that are different. So what we have to do is resist the impulse to engage in reductionism, which is kind of how we handle complex and adaptive problems. We want to reduce them down either to biological explanations…it's a chemical imbalance…psychological explanations. Social reduction is all based on economics or class arrays or spiritual reduction. And we really need to step back and embrace the messiness and the complexity of what these concepts really are about.

So let's look at that intersectionality. A good way to do that is looking at the definitions that go across these different concepts. For instance, when we look at recovery, what we're really looking at is an ongoing personal and interactional process…this journey and outcome. So there's a process of restoring a positive sense of self, which is an outcome, and a meaningful sense of belonging *while* you're also self-managing a psychiatric disorder *and* rebuilding a life within the community. It's complicated by the fact that not only are you managing the symptoms that you may be experiencing, but you're also managing people's response to you for being diagnosed or labeled or seen as having those symptoms.

What I've got next, which is also an independent handout that you can download, is a scheme of recovery. It's kind of hard to read, but you can download it. Basically, this comes out of the What Helps and What Hinders Recovery Work across many states and involving multiple people in living recovery. And really what it says about recovery is there is first-order change, where we focus on the things that are important to the individual…such as hope, sense of agency, decision-making, control, meaning and purpose, re-authoring where there's potentiality.

But we also need to focus on second-order change, where we've got to change the environment to create bases and opportunities for people to develop and exercise their recovery capacity. So things become important…such as material supports, a safe place, a habitat, a connection, social circumstances, opportunities, human rights, et cetera and so forth.

What becomes really important is that the connection between personal change and community change has to be done through empowering exchanges. The paradox of trauma is that it's in relationships that we are hurt, but it's also in relationships that we heal. So core to bringing these two components together is empowering exchanges. And that really has to get at such concepts as enduring partnerships, shared decision-making, shared risk taking, the importance of peers and peer support, meaningful choices, vital engagement. So there's a list of things, all of which become important.

So, okay, you've got that. It's pretty complex. There are a lot of moving parts. Well, let's look at a definition of indigenous healing. Now, when we look at this definition of indigenous healing, what we see is a lot of intersectionality with recovery. It's an ongoing, interactional spiritual journey and outcome of restoring that which is born within while incorporating therapeutic change and cultural renewal while rebuilding the community. In this situation, it's not just rebuilding a place in the community; it's often about rebuilding a community that's been devastated.

Perhaps one of the things that kind of stands out in looking at this definition is what do we mean by outcome of restoring that which is born within?

The way it's talked about within indigenous cultures…and, again, I'm kind of awkward in this, so please excuse any mistakes I may make. It's really this notion of getting at the headwaters of one's existence. The headwaters are sacred. They must be protected. They are a very vulnerable space and place. It's from those headwaters that all negative interactions can flow downstream and, in a sense, pollute or dirty the waters downstream. So it's almost like this cleansing of the importance of who I am eternally and my connections to self and community and place.

So a big part of that is the incredible importance of getting into cultural renewal. I work by frameworks, and here are some wonderful frameworks I just want to share really quickly. This comes from Canada.

Thank you, Canada.

They're just doing amazing work…the aboriginal populations in Canada…of articulating models of cultural wellbeing. What you see here is an interconnection of mind, emotions, body, and spirit. And what you also see is the incredible importance of the immediate extended family as well as ancestors. You also see how community becomes involved in that in terms of not just the working conditions and the education, but the healing and physical environment. So we really need to recognize that these kinds of interrelationships between all things, including establishing a balance across these interrelationships are very, very important in terms of thinking about wellbeing.

I lived and worked in Hawaii for several years, and here is a cultural concept model out of Hawaii talking about the value of Lokahi and pono…which is, again, the importance of balance, and the importance of harmony and justice. What you see here is an interconnection of the spirit, the world, the mind, and the body.

Here we have a world view from Maori traditions in [Awtaru], New Zealand, where I've also had some opportunity to learn from the communities there. Again, you see an emphasis on the importance of

looking at the connection of family…family like a pillar of the central meeting house of the culture, the importance of spiritual wellbeing, the importance of physical wellbeing, and the importance of emotional wellbeing. They're all connected in this structure where you have the roots, the land, and the roof which often is viewed as your culture.

I think in this particular model next that I will be showing, that visibility becomes even more important in terms of seeing that connection. This is coming out of the work in Tahiti and other parts of the Polynesian Islands outside of and, of course, the populations living in New Zealand. And you see this foundation of family; and you see pillars of physical, spiritual, and mental strengths and other things such as class and gender and economic status. But the umbrella, the protective, the roof, the connection fabric there is culture; and that's influenced by time, context, and one's environment.

This is a very complicated one and, again, is available for downloading. But I do want to point out something. This gets at showing a mental health model of wellbeing from a cultural perspective. Again, this comes from our amazing colleagues in Canada. And what you see at the core or the center is the importance of meaning, purpose, hope, and belonging. And that's surrounded by community, clan, elders, and kinsmanship. That, in turn, is surrounded by the different categories…youth, adults, seniors, families, and communities…which, again, is surrounded by specific population needs such as crisis, such as the intergenerational impacts of colonialization…which, again, is surrounded by essential services like crisis response, early identification, and intervention, support and after care, trauma-informed treatment.

And the rings move out from that center…the green being supportive elements, such as governance and research and education and workforce development; the orange being indigenous social determinants of health; and the darker orange being key themes for mental wellness such as community development, ownership, and capacity building, which is moving beyond working with the individual and culture as a foundation. So it's a really, really wonderful model to spend some time in and to look and see, okay, in looking and transposing that on my program, on my service system, where are the gaps in terms of what I'm looking at?

The third component that I want to throw in here is trauma. I think given what I saw in terms of how culturally informed everyone is, I think you will probably all share a good basis and knowledge about trauma. We know that what happens to us, particularly when our resiliency is not reengaged, has a profound impact on our affect, our thought, our behavior, our center.

So it really starts shaping our world view, and so it really gets at this notion that we really need to be thinking about how those particular components of trauma understanding…and I'm talking about the neural science, neural biology…I'm talking about the ACE Study, Decker's childhood experiences studies… I'm talking about resiliency work… and I'm talking about epigenetics…is to look at how those impact from a cultural perspective. It's really an understanding that if we have profound neural biological changes happening as a result of unaddressed trauma, we can transmit that intergenerationally. It's this notion of moving from a trait, from a state…let's say hyperarousal…to where it becomes then an express trait that is then activated in the next generation.

I was just at a workshop, and it was just humbling to hear a researcher talk about the fact that they're studying in utero development of a baby. This is now the third generation out from the Holocaust. So these are the grandchildren of the survivors of the Holocaust. And what they're discovering is that in the womb, these babies are being already prepped to be able to survive concentration camps. So it's a profound amount of expression.

Genetics kind of stacks the deck, but our environment sort of then deals the deck that we have, that the genetics have exacted. Environment is if we don't address these kinds of things, we influence then the passage on of historical trauma. Marie Braveheart's work is just phenomenal here where she really talks about the incredible unresolved grief that happened in Native American tribes and how that can get expressed into what we now characterize as self-destructive behavior that probably at the time in the context were necessary for survival. And then that gets passed on.

This slide here really shows you that expression. You have the historical experience that happens, and you've got the targeted group and how it's impacted both in terms of internalized oppression and the trait expression I just talked about, and how many behavior patterns get passed down in parent/child relationships that again had adaptive qualities at the time that may be now being less so.

But it also impacts bystanders. In other words, historical traumas shape a lot of those stereotypes…those unrecognized privileges that we sort of take for granted. Those are the kinds of things that Erin was really talking about in terms of being sensitive to being culturally humble about really stepping into another person's world.

I really love the work of Richard Mollica. He's out of Harvard. He's working with refugees and torture survivors, and there's a SAMHSA webinar that he did. His work is amazing. Go to his website; it's in my resources. But he really talks about how in *his* work really through the point of creating an (inaudible) where you get into the actual story of what's happened, you will end up doing work in terms of the incredible amount of humiliation that has been experienced, both currently and down through generations; the human right abuses that have occurred that haven't been recognized and the outrage to that; the importance of state habitat and housing. The work cannot be done just in the office; you *have* to go into the community and work in the community in terms of the healing. And how complicated this because usually there's a mixture of a lot of other co-occurring disorders going on, disorders that you really need to be mindful of.

You really then get into the healing and self-care on the emotional, psychological, spiritual self. If I'm to put all of these together…the intersectionality of culture, of recovery, and of looking at trauma…what is my understanding of what's going on here?

It gets compounded. In other words, when you already have parts of who you are being discredited, oppressed, not recognized, dehumanized, then as you get more experiences, it compounds the trauma that you're going through.

What do I mean by that?

For example, research is showing that take different racial ethnic groups in the United States…say African Americans and Whites…how they perceive mental illness. The general public of African Americans and Whites…pretty similar; but when you look at African Americans who have mental illness and you like at a Whites who have mental illness, okay, how they internalize the negativity of having a mental illness is much, more significant and stronger in African Americans than in Whites…in part because it's compounded by all these other points of negative, disempowering ways that they have been dehumanized.

This becomes really important because I don't know of any group that doesn't struggle to reach certain ethnic or racial or gender groups. When I was working with NAMI…having a hard time reaching out to ethnic minority groups. Well, in part, maybe the whole experience and expression of mental illness and how that's internalized is so different, it's so much harder to step forward.

Peer support movements…difficult at times to find people of other ethnicities, races, genders within the peer support movement. Again, it's just that compounding of the stigma that's going on internally; and that's driven by real experiences in the community.

So what do I take from this? Well, this last slide here…and if nothing else, please, please, download this PDF. It comes out of New Zealand. Unfortunately, I cannot find it anywhere; so this is what you have. But it's really thinking about when you're working with people and you're working across recovery, trauma, culture…you've got to focus on four dimensions.

There's the personal recovering. The personal recovery journey is about regaining that sense of meaning and purpose, making sense of who I am…my story.

You have the clinical recovery, which is really getting into the physical sciences; and that really gets into a lot of the great things that we do in terms of symptom reduction. But it's only part of the picture and needs to go along with meaning and purpose and the re-authoring of who I am.

You also have social recovery, which means we've got to get into reconnection and inclusion in the community. It's not enough to build recovery capacity in the person; we have to build recovery capital in our community. I think the peer support movement is a good example of how some of that can be done.

Then there's cultural recovery. You've got to connect to, okay, what is it about the strengths of who I am and where I come from and my connection to people and the land that is important in terms of that affirmation and renewal of those cultural contexts? In other words, to bring forward values and beliefs that can help us in the current way of moving forward.

I love Maya Angelou. What I'd like to do is sort of end on this note that no matter what we say and what we do, what becomes really, really, really, really important is how we make people feel. That's what's going to be the way that's going – that's a message that's going to resonate when they leave our office.

So what do we learn from this?

All of these concepts are holistic. We've got to look at it in a holistic context. There is an incredibly important component to decision-making control…being in the hands of the person, the family, the community, the tribe. Family is defined as incredibly important and also much more inclusive than what we may view it as. In Hawaii, it was ohana; and that could be blood, adoptive, and intentional family members. There is a real importance to understanding the impact of history and trauma and the trauma (inaudible) in the experiences of the different communities we're working with.

There's a fundamental need to understand that a lot of the experiences we are, if we're giving that privilege of their stories being shared with us, our experience as a human rights violation. We need to recognize that, and people want to have those violations addressed. We don’t' do a good job of recognizing that, and we don't do a good job of restorative justice for those violations.

The United States is a signer of the International Declaration of Human Rights, which includes such things as universal healthcare, housing. What are we doing to hold ourselves up to those standards? We seem to be able to do that with other countries. I think we need to start looking at human rights lenses in our own communities.

And then it's really, really important to recognize the impact of the stigma and how it gets complicated. I think, finally, resilience is really important. Buying recovery guides, getting to know communities…it takes time. It's hard; you're going to make mistakes. Boy, I have made many myself. But there are so many amazing strengths: creativity, endurance, humor, compassion, spirituality. There are so many things we can build on.

So I'd just like to turn it back over. Hopefully we have a few minutes. I know we've run overtime. I hope some of these frameworks can be of help to you.

Great, thank you so much, Steve.

I want to go right into the question and answer portion, and I just want to thank Erin and Steve for their wonderful presentations. We can start off with this question, and I will ask you both: "As a peer specialist attached to the mental health service line, does all of this apply to me?"

As a peer specialist…oh, yes, when you think about the dimensions…personal recovery, clinical recovery, social recovery, and cultural recovery, I think peer specialists are really, really instrumental in personal recovery…you know, the importance of really making sense of what's happened to me and finding meaning and purpose and reconnecting the dots for my story and what I want to become. But

also, how do I then connect to larger communities? It's not easy; there's been so much exclusion, and exclusion itself can just reinforce so much of that stigmatization.

And I think that those kinds of knowledge bases really can help inform clinical, with whom you partner, and culturally. How are you bringing in cultural guides within your work?

The peer specialist…in Hawaii, we are using hula dancers, we are using elders from the community, we are using (audio break). We are using a lot of different indigenous ways of sort of processing what's going on that really helped with self-soothing and self-regulating behavior that then allowed for it to take in the clinical learning. So I think there's an incredibly important dimension that peer specialists can bring across all four of those areas.

Thank you, Steve.

Here's another question: "Can you talk about some practical things that providers can do to become more culturally competent in their practice?" And to really go further into that question, how can they make their services more welcoming to multiple cultures without breaking their budget?

Steve, do you mind if I just add something here?

Yeah, go ahead.

I know that one thing that social workers do that might be helpful in this case is we have a strength-based model that we can use to really get to know the individual, to get to know their strengths, where they draw their strengths from within their communities. It's something that may not necessarily break the bank, so to speak. We actually provide some more information about how to use a strength-based model on our second webinar of CSWE series, so you can learn a little bit more about that. But I think that's one way that you can really get to know someone…their cultural lens, where they're coming from…as a process of building a trusting relationship with your client but may not necessarily be a burden to the organization in terms of financial burden.

Again, I would really strongly suggest…what are your links and connections to the different cultural communities you have, and how do you use those links and connections?

I was working with a family counseling center in Hawaii, and they had a young native Hawaiian youth. Hawaiian families just don't give up on their own. In this situation, even the family was like…that's it. We don't know – *you* have him now. And it was like a family counseling center, and it was like, well, what are we going to do? So they turned to the elders that they had to advise them, and the elders said use what the youth has; he still has his ancestors. And they literally did family therapy with the youth and youth ancestors, which they accessed through the youth.

And they made really substantial progress as he started looking at the lens of how his ancestors might be viewing his current patterns of behaviors; and eventually, they were able to do a unification with the family. Would *I* know to do family therapy with ancestors? No…and it worked really amazingly well. So how do you connect it to the cultural guides in your community, the people that can advise you…and not only advise you but actually then follow through on what they advise you? And there's really no cost to that per se, other than as much as you can provide them reimbursement for their gifts to you. But this is just an example of ways of connecting.

Thank you, Steve and Erin.

Unfortunately, we are running out of time…or have run out of time. I just want to first say thank you to everyone for their comments and their questions. Please make sure that you are able to download the materials that are in the "Download Materials" area and also participate in the evaluation. It is the first link in the Participant Evaluation and RTP Resource link pod.

I also want to just say we all know that you have demanding jobs and appreciate your interest in learning about culturally competent care in recovery-oriented settings. Again, on behalf of SAMHSA, I want to thank our speakers for sharing their time and wisdom and expertise with us.

We are not able to offer preapproved CEUs for this webinar. You can download the certificate under the materials to download. Thank you all very much. This concludes our call. Have a great afternoon. All of the participants may disconnect at this time.