

Questions Asked During Live Webinar Broadcast on 6/10/2020



Substance Use Disorder in the African American Community

Presenters: Sherrá Watkins, PhD, LCMHC-S, LCAS, CRC, CCS, BC-TMH

If addiction among AA clients is escalated by systemic racism, how can this be addressed effectively?

A: It can be addressed from a systems-approach: better education systems from K-12, access to higher education and/or job training, laws that penalize racial acts and impose fines on organizations that promote and sustain racism or racial practices, culturally-relevant substance use programs (i.e. reduce barriers to treatment engagement, treatment completion, and program satisfaction), confront racism in our Health and Justice Systems.

How can NAADAC help advocate for this systemic change in response?

A: NAADAC to continue to offer trainings related to this topic. Additionally, another initiative that NAADAC is advocating for is reoccurring and mandated hours related to cultural competency as it relates to licensure and renewals.

What are examples of cultural competent intake questions?

A: Who was raised in the home with you and what was your experience like? What was (or is) it like to grow up in your family and how has this affected your view of family, relationships, etc? Tell me about some traditions, celebrations or rituals your family participates in. Have you ever been treated poorly because of your religion, beliefs/ethnicity/race, etc and what are some of the ways you have been treated poorly? Does your culture have a perspective on mental health therapy or counseling? What are things your culture does that help with your sadness, anxiety, bad experiences or other troubles?

How do you address a racial, discriminatory or pejorative statement in a therapy group without shaming but also supporting inclusivity and equality?

A: You should address the statement head on. Depending on stage of the group, conversation can be led by group and/or Counselor. Processing should also take place, along with adding additional rules to the list.

APA's DSM 5 Does not recognize that racism and sexism exist as far as causative of disorders i.e. no Ethnic Identity Dysphoria. However, Black Psychologist and therapists have created constructs that describe types of ISM's, like microaggressions, and the response microresistance... how do we promote this as a component of cultural competence?

A: It is important that those within the APA organization who make the decision on what can or cannot belong in the DSM have representatives that mirror the population in aspects of race, gender, sexuality, etc... Though it may not be considered in the DSM, clinicians can focus on treating the symptoms expressed by the client which may resemble other diagnosis.

How do we help our clients with issues of internalized oppression?

A: In our role as therapist, this may include, but is not limited to:

- Helping clients learn to regulate their nervous system during acts or moments of oppression.
- Employing positive adaptive strategies in the face of discrimination and violence.
- Attending to the conflict between activated parts when feeling unsafe.
- Navigating symptoms exacerbated by increased stress.
- Connecting people in therapy with additional resources.

Regardless of the theoretical framework, we can help people make a radical shift in their relationship to the difficult thoughts, feelings, and bodily sensations that compromise mental and emotional health.

Please explain more about code-switching? I have heard this term more in the last two weeks.

A: Code-switching in other terms can be called assimilation. a survival technique, a tool to help someone seamlessly blend into different social and professional situations – particularly to fit into white (majority) norms. adjusting one's style of speech, appearance, behavior, and expression in ways that will optimize the comfort of others in exchange for fair treatment, quality service, and employment opportunities. Research suggests that code-switching often occurs in spaces where negative stereotypes of black people run counter to what are considered “appropriate” behaviors and norms for a specific environment.

How and where do we get the resources necessary to assist with the barriers to treatment, especially for individuals or couples that have children and in need to get into treatment?

A: I suggest reaching out to local mental health organizations, non-profits and national organizations to see what is offered locally. For example, there are many programs set up for women with children. It can be difficult at times to find treatment for single fathers with children and keeping families with children all together during treatment.

How to help clients with the stigma they may have related to seeking treatment, assistance with substance abuse. How to motivate past or through the stigma?

A: Discuss the clients reasons for not wanting to seek treatment, address any “elephants in the room” and discuss stigma, discrimination and historical oppression which may have led to a clients decision. Create a treatment plan with internal and external motivational components identified by client and created with help from therapist.

How can I be an ally on race and still act as an agent for change in chemical health, especially when addiction treatment programs have historically been complicit in the system of mass incarceration in the United States?

A: The intersection of oppression and internalized oppression is where therapists and counselors have the greatest opportunity to help empower clients by becoming an ally. Allies choose to commit themselves to actively supporting others. They use their privilege to help reduce the impact of discrimination and suffering. Just being present and creating a safe space for your clients is key to being an effective ally. Second, allies can act of agents of change by participating in local, state and national organizations, education and government to advocate for change in issues that lead to oppression.

Are African Americans more resistant to SUD treatment than other groups? Does trauma play a factor to not being able to engage in SUD treatment among clients?

A: African Americans are slightly lower when entering treatment however that can be attributed to lower numbers in population. Data does show they are less likely to engage, be successful and like the programming when compared to their White counterparts.

Virtual Town Hall Event

Presenters: Sherrá Watkins, PhD, LCMHC-S, LCAS, CRC, CCS, BC-TMH and Anthony Andrews, PhD, CRC, LCMHC, TF-CBT

Do you and if so how do you address historical, inter-generational trauma and post traumatic slave syndrome with clients who are resistant or uncomfortable with the information especially when counselor is white?

A: If a client is resistant or uncomfortable, ask is there 1 or 2 things that you can do to provide a safe and open space for the client to share. Talk about the uncomfortableness “identified” (Motivational Interviewing – Rolling with Resistance). Explore ways or topics the client does feel comfortable talking about. Be mindful with the use of CBT-interventions which can diminish a client’s experience. Lastly, refer out if a Black or Minority therapist is available and if applicable.

How do you have the conversation with your staff to help them become aware of their cultural encapsulation? And how do we as clinicians take the first step in becoming culturally sensitive on purpose to meet the client where they are?

A: It is critical that providers seek to educate themselves on what systemic racism is and how it impacts all aspects of the current system and our clients of color. There are numerous resources available to provide historical context and emphasize white privilege and white fragility, and the meaning of anti-racism. This education is vital and must come before providers can effectively provide emotional support without further invalidating Black clients' reaction to the recent deaths and other daily injustices.

When engaging a client in a discussion about how systemic racism impacts their personal well-being, it is imperative that we actively listen to our Black clients during these discussions and avoid acting based on feelings of defense, anxiety, and/or guilt. It is important for clinicians to be mindful that effective science-driven techniques based on cognitive behavioral therapy (CBT) such as cognitive restructuring can be invalidating to patients of color. Experts in addressing race-based stress underscore the importance of emotionally processing the deadly nature of systemic racism and warn against utilizing restructuring skills early on in this process (Carlson et al., 2018). Further, utilizing reflective listening skills during this discussion can help to increase engagement in the conversation [for more information about using reflective listening, see Miller and Rollnick (2002) and Bennett-Levy (2006)] By focusing on empathetic listening, we can further understand how systemic racism impacts our clients' clinical presentations.

It is also important to have conversations led by those trained and actively involved in training others and agencies. Additionally, there are resources that have been created for agencies or individuals on a budgets which contain book recommendations, self-assessments, guided discussions, etc...

Can you talk some on coexisting issues of substance and/or alcohol abuse with African Americans impacted by domestic violence?

A: This is not my expertise however research shows that 40 to 60% of IPV incidents has been associated with substance abuse.

Dr. Andrews, what are additional ways to change the stigma associated with substance abuse in the black community?

A: Increased conversations on prevention, use, harm reduction and treatment in spaces associated with the Black community (i.e., community centers, churches, schools, local non-profits, beauty and barber shops).

Are the experiences of intergenerational trauma found across socioeconomic levels in African Americans?

A: Yes, they are. Each generation will have its own experience which will contribute to the next generation.

How do we as clinicians continue to promote research as it relates to co-occurring issues within the African American community?

A: We need to complete the research ourselves, challenge national organizations to provide grants to study these topics within the Black community, encourage Black clients to enroll in studies and create platforms that share information specific to this topic.

What do you see are issues of systemic racism in the addiction field? What kinds of things do you think need to happen to dismantle these systems. What can individuals do?

A: Just to name a few...Punitive approach to treating Black clients, biased and different legal and medical treatment of crack versus cocaine, fewer long-term and holistic residential programs in black communities and available for Black clients. Individuals can sit on local, state and national boards and organizations and advocated for reform in the legal sector, cultural revision to substance abuse treatment modalities and access to treatment regardless of insurance or socioeconomic status.

I recently discussed with a client the notion of historic/generational trauma, when she could not link her depression with her childhood experience. Is it appropriate to introduce this information early in treatment?

A: Yes, it is. Allowing client to process and draw more connections ti

Knowing that there is so much racism in the medical field presently and past how do you convince a African American client to go to their PCP?

A: I don't believe we can convince clients to go to the doctor. However we can present them with facts, pros and cons to going and not going, and acknowledge there fears and rationale. Additionally, you can go with them to help ease their concerns (if possible). Other option will be for a family member or friend to go with them.

What were some of the coping skills, that African/African Americans used outside of the church to deal, before, during and after being enslaved.

A: There are a wide variety of coping skills used. Asking a client what there's, they're family and communities traditions or frequently used ones can be apart of the intake process.

How is the disparity in the continuum of care in African American communities being addressed?

A: I have seen the disparities addressed from a public health model. Interventions, programs and action plans have looked at creating specific programming to address needs at each level of the "Treatment Cascade". An example of the "Treatment Cascade" can be seen with programming geared to working with clients living with HIV/AIDS. Programming over the last few years addressed: 1) Testing, 2) Treatment Retention, 3) Access to care and holistic treatment, and 4) PrEP.

