

Seeing the Whole Person

By Mita M. Johnson, EdD, LPC, MAC, SAP, CTHP-II, NAADAC President

When is the last time you attempted to “see” the person across from you? So many of our clients have ongoing experiences where they were not seen – where a provider looked right through them or around them as if they were not there. Excellence in the delivery of treatment and recovery support services requires that we “see” the whole person in front of us. We cannot only “see” those parts of a client that we are most comfortable working with. We cannot realistically “see” our client through our pre-conceived understanding and perspective, using our definitions of health versus disease and functionality versus impairment. To truly “see” another person is to step outside of our comfort zone; to “see” our client requires us to step out of our own subjective perspective in order to discover and engage with what our client believes, fears, values and needs. And holistically “seeing” our client requires that we include their cultural identities and experiences. Culture provides the framework through which our clients, families, and communities define health, addictive behavior disorders including SUDs, treatment, and recovery. According to the National Institutes of Health, culture encompasses a body of knowledge, a body of belief, and a body of behavior. Culture embodies the personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions specific to each racial, ethnic, religious, spiritual, geographic, or social group. We cannot be blind to the cultural identities of our clients; culturally responsive care demands that we provide culturally respectful resources, education, and services. When we actively participate in the lifelong activity of examining our own beliefs and cultural identities while learning about our client’s beliefs and cultural identities, we are engaging in cultural humility.

If the events of the last decade have taught us anything, it is the need for a culturally responsive system of care, as evidenced by cultural humility. Culturally responsive, culturally sensitive care is the provision of high-quality services that takes into account the client’s diverse and unique cultural and linguistic identities, perspectives, and needs. Too often, our clients are unable to access holistic and unbiased treatment and recovery support services along the entire continuum of care due to challenges and barriers inherent within our cultural and linguistic differences. According to Dr. Nora Volkow (NIDA, 2019), minorities and those struggling with poverty, with opioid use disorders, are at a disadvantage when attempting to access treatment and women face greater barriers to treatment and overdose reversal than men. Not only do we as a profession have an obligation to ensure that clients have access to quality treatment and recovery support, we also have an obligation to identify and address disparities that get in the way of delivering culturally responsive care. In the process of learning from and alongside our client, we are indelibly changed. Our lives are enriched when we learn another’s linguistics, customs, belief systems, and healing rituals. We are working with the attitudes, beliefs and principles that guide our client; we are collaborating to build something greater than the sum of its parts.

Because we so strongly believe that healthy and relevant systems of care are a result of the collaborative efforts between clients, cultures, and service providers – NAADAC officers, board members, and staff are



committed to the use of cultural humility and cultural responsiveness in all our professional and personal activities. We seek to model the importance of cultural humility and culturally responsive care to our members, profession, colleagues, peers, and allied associations. This issue of NAADAC’s *Advances in Addiction & Recovery* is dedicated to exploring cultural humility and cultural responsiveness. Within these pages, we hope to expand your understanding of the cultural and racial disparities that exist in addiction treatment; the need for cultural humility and its application; the need to create safe therapeutic spaces for our Black clients; cultural considerations relevant to treatment and recovery planning; and role of advocacy as we look at drug legislation and policy. Please join me in reading and assimilating the key concepts and mandates highlighted in this very important and meaningful issue – as NAADAC proudly recognizes and celebrates February as Black History Month (also known as African American History Month) and convenes a two-day Engagement in the Black Community Summit. I look forward to learning alongside you.

Reference

NIDA. 2019, July 16. Access to Addiction Services Differs by Race and Gender. Retrieved from <https://www.drugabuse.gov/about-nida/noras-blog/2019/07/access-to-addiction-services-differs-by-race-gender>



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