Terrence Walton, NAADAC Executive Director: Hello, and welcome to the Fourth Annual fourth annual engagement in the Black Community Virtual Summit.

Terrence Walton, NAADAC Executive Director: I'm Terrence Walton, and for the last roughly, 40 days and 40 ninth. That's Biblical. For the last 40 days and 40 nights I've had the honor to serve you as the executive director for Nada. The Association for Addiction professionals.

Terrence Walton, NAADAC Executive Director: That's your association, your advocate, your partner in the effort to foster healthy, thriving communities.

Terrence Walton, NAADAC Executive Director: all communities. And today we focus on communities of color black communities. We are thrilled to have you join us, for this vital virtual event is virtual, but it's real. And today and tomorrow afternoon is all the way live over the next 2 half days you will hear from prominent industry professionals about critical issues in the black community involving addiction.

Terrence Walton, NAADAC Executive Director: treatment, recovery. healing and happiness.

Terrence Walton, NAADAC Executive Director: Nadech is committed.

Terrence Walton, NAADAC Executive Director: I am committed to fostering diversity, inclusion, and cultural relevance within the recovery and treatment community nationwide.

Terrence Walton, NAADAC Executive Director: My folks, my friends. it's all about community

Terrence Walton, NAADAC Executive Director: community matters, even for those of us who work in clinical settings work inside of schools and treatment centers and inside of churches work with instructions at the end of the day. The difference between success and failure between thriving and Beta thrive is about community

Terrence Walton, NAADAC Executive Director: a committee where you see both

Terrence Walton, NAADAC Executive Director: support and do service. It's about connection and contribution. You know this. If, if, when when people need to help in moving forward when they are tracking addiction and the other ails of life. They need support. They get that from a community of people.

Terrence Walton, NAADAC Executive Director: But it's not just about receiving support. It's about being of service, finding ways to give and do where you get nothing from it except what it feels like to serve others.

Terrence Walton, NAADAC Executive Director: It's about connection and contribution.

Terrence Walton, NAADAC Executive Director: in fact, of all the things that help people get better, all the effective interventions that you know about for prevention and for treatment and for recovery and life management. All the stuff that matters. Nothing matters more than connection with other people who care
Terrence Walton, NAADAC Executive Director: best. Committee, my friends. and it's about contributing about finding ways to exercise your purpose in a way that is meaningful. The faces of what you messed up

Terrence Walton, NAADAC Executive Director: that makes communities better than before you got there. That is the potential. That is the whole. That is part of what does. Yes, we serve additional focus professionals. We're serving people who need help.

Terrence Walton, NAADAC Executive Director: But we recognize that the people who need help. They return to places where they live, work and play. And we're about helping to build strong communities. We want your help in that effort. Join us in the effort to build healthier communities that thrive. That's what this summit is about. That's what Nanick is about. Thank you for being a part of it.

Terrence Walton, NAADAC Executive Director: Now listen. This, you know, didn't just happen, and it took people to make this happen into into and to make it free to all of you. We are incredibly grateful for our sponsors this year will help make this summit possible.

Terrence Walton, NAADAC Executive Director: Thank you. To our platinum sponsor. The National Association for Addiction Treatment providers, our good friends, and thank you to our gold sponsors, the National Institute on alcohol, abuse and alcoholism, and Walden University.

Terrence Walton, NAADAC Executive Director: Thank you to our sewer sponsor Masai University. Thank you. To our bronze sponsors. Ce. Learning systems, M. Dft, international shadow proof, treatment, acne and University of Utah College of social work, social works, social workers like me and some of you.

Terrence Walton, NAADAC Executive Director: We thank you for your Jennifer support. Listen, folks, they're supporting us. You go to the websites, check them out. You support them, too. They support us. And also thanks again to the National Association of Addiction Providers for sponsoring our first session today.

Terrence Walton, NAADAC Executive Director: Now,

Terrence Walton, NAADAC Executive Director: I like to take just a moment to acknowledge the hard work of the individual who put this summer together. Listen! I came along late to this party, so this baby was already happening and and and planned out. Before I showed up. This event was conceptualized by mainx critical issues, and the black community committed, which is made of dedicated people from across the country.

Terrence Walton, NAADAC Executive Director: through dedication, hard work, collaboration, and lots of frank, rich discussion and working with medics didn't extend. They have brought this incredible 2 Day event to fruition that made it real again this year.

Terrence Walton, NAADAC Executive Director: It's one of the highlights of our year.

Terrence Walton, NAADAC Executive Director: Thank you. Committee members and staff who support
them for everything you do in just a moment. I'm gonna introduce you to the 2 leaders of this important committee. But first

Terrence Walton, NAADAC Executive Director: listen, you know, I'm a new kid once they have me doing all the stuff, including the housekeeping. So I didn't go to the housekeeping with you right? This is important stuff. So perk up. Now, you should take notes on this.

Terrence Walton, NAADAC Executive Director: We're using Zoom Webinar for today's live event. You will notice the zoom control panel that looks like the one on my slide at the bottom of your screen.

Terrence Walton, NAADAC Executive Director: There are 3 main items to be aware of on that menu. The first is the chat box, and it's for just like it sounds. It's where it allows you to send chat message to the host, to the panelists and to other attendees. So chat away on the topic being discussed.

The second is the QA. Box. If you open the QA. Window, you can text questions to the host and panelists. If they see it, they will either reply, via text in 3 window, or they might answer your question. Live

Terrence Walton, NAADAC Executive Director: now as time allows, we'll get into questions and direct them to the presenters during the live QA little curve towards the end of the session, so you could text it in. Maybe they'll see we'll pay attention to it, and if we have time we will read those to the presenters and allow them to answer it. During the QA. Session.

Terrence Walton, NAADAC Executive Director: Third is a lot. There's a live transcript button we will be using. Zoom Webinar proposed caption today for those who need that live transcript has been enabled.

Terrence Walton, NAADAC Executive Director: if you like, to view the subtitles, just click the live transcript button and select show subtitles. Alright, okay, almost done. But not quite cause. There's more immediately follow the session. Those of you who wish to earn cease would need to complete the Ce quiz and survey evaluation to access the Ce. Certificate. If you don't do that, you can't get the certificate.

Terrence Walton, NAADAC Executive Director: Live virtue event attendees can navigate the Ce quiz by clicking on the link in the thank you box, or through the link on the same web page where you access this session.

Terrence Walton, NAADAC Executive Director: Please make sure to save the ce instructor guide attached to the checkbox during the session. When say that, so tell you exactly how to get your CD, so you all need that.

Terrence Walton, NAADAC Executive Director: Now remember, we will have a live interactive question. Answer time with our speakers, so make sure you send in any questions had in the Qa. Box. We'll try to get to them. You can also vote up any questions that other people ask to say, Hey, I want that answer to that. I'll make it more likely that we're able to select that question for the the the presenters to answer.

Terrence Walton, NAADAC Executive Director: Okay, you got all that. If not, I'm sure you'll figure it
out. I trust you on that.

Terrence Walton, NAADAC Executive Director: Alright. So finally, I would like now to introduce you to the 2 committee co-chairs for our critical issues in the Black Community committee. They'll take you through the rest of what will happen during this opening session. So thanks for being here, and I want you to meet 2 important people.

Terrence Walton, NAADAC Executive Director: Peter Mott has been in the behavioral health profession for over 30 years. He began his behavioral health career in community based mental health facilities in his hometown of good old Memphis, Tennessee.

After moving to Texas 26 years ago. He was instrumental in developing a substance use prevention program for at-risk youth in South Dallas.

Terrence Walton, NAADAC Executive Director: That program serve over 500 acres.

Terrence Walton, NAADAC Executive Director: He also provided some procedures or counseling for Cbs clients, homeless women and children and prison inmates at a local criminal justice facility.

Terrence Walton, NAADAC Executive Director: He is provided Svd. Counts and services and program oversight in the queue care hospital, residential and outpatient treatment settings. For the last 3 years he was program director for a comprehensive iop program, specializing in chronic pain, dependency and opioid use disorders. In addition to all this.

Terrence Walton, NAADAC Executive Director: He's sometimes somehow found time to get himself elected to the Texas Certification Board in 2020 is one of the first people I met when I took this position. He's been very involved in his local chapter of Nadex, Texas State affiliate and has been available of the critical issues in the Black Community Committee since it's inception you're gonna be excited to meet or see again. Peter Mile.

Terrence Walton, NAADAC Executive Director: Moniker rich is the CEO and founder of paramount consulting group which provides accreditation preparation services to organization. They provide payable health services, children and youth services and opioid treatment programs. She's also the CEO of resolution counseling and therapy services.

Terrence Walton, NAADAC Executive Director: This is an organization, a company that provides direct clinical services to adults in need.

Terrence Walton, NAADAC Executive Director: Mark has been involved as a board member of Madex, Michigan State affiliate, and has also been a valid member of the critical issues in the Black Community Committee before being elected to

Terrence Walton, NAADAC Executive Director: Co. Chair that committee this past year. Hey? Y'all, please join me in some kind of Ver virtual way in welcoming Peter and Monica.

Peter Mott, MA, ICPS, LCDC: Thank you, Terrence.
Peter Mott, MA, ICPS, LCDC: and Hello, everyone. We're glad to see that you're here to join us this afternoon for our fourth annual engagement in Black Community Virtual Summit.

Peter Mott, MA, ICPS, LCDC: Thank you for being here today in pursuit of knowledge, conversation, and understanding. I'm so proud to share that each year the summit

Peter Mott, MA, ICPS, LCDC: has grown exponentially.

Peter Mott, MA, ICPS, LCDC: This year we have nearly 2,900 registrations, and so you should give yourselves a round of applause.

Peter Mott, MA, ICPS, LCDC: for being present today in making this a success.

Peter Mott, MA, ICPS, LCDC: In fact.

Peter Mott, MA, ICPS, LCDC: your dedication to the addiction prevention and recovery community is deeply appreciated, and we're so happy that you've chosen to spend the next 2 days learning and engaging with us.

Peter Mott, MA, ICPS, LCDC: and at this time I would like to talk about Black history month.

Peter Mott, MA, ICPS, LCDC: you know, when this committee came together, we purposely

Peter Mott, MA, ICPS, LCDC: plan this event in the month of February.

Peter Mott, MA, ICPS, LCDC: as critical issues in the black community, we're all about making sure that we showcase black addiction professionals.

Peter Mott, MA, ICPS, LCDC: at their excellence.

Peter Mott, MA, ICPS, LCDC: And so we couldn't think of any other month to have this event other than in Black History month. You know, Doctor King had a dream.

Peter Mott, MA, ICPS, LCDC: and although he's no longer with us today.

Peter Mott, MA, ICPS, LCDC: his dream is still alive, and it's our responsibility to make sure that we keep his dream alive.

Peter Mott, MA, ICPS, LCDC: And this committee, and what we do is that we are.

Peter Mott, MA, ICPS, LCDC: Our mission is to continually to inspire.

Peter Mott, MA, ICPS, LCDC: empower other black addiction professionals.

Peter Mott, MA, ICPS, LCDC: because we know that you on the front lines.
Peter Mott, MA, ICPS, LCDC: saving people's lives. And Dr. King was all about saving people's lives.

Peter Mott, MA, ICPS, LCDC: And so I want you all to understand the importance of what we do as a committee, in making sure that we are advocating

Peter Mott, MA, ICPS, LCDC: for black people to access services.

Peter Mott, MA, ICPS, LCDC: and for us as addiction professionals to be able to

Peter Mott, MA, ICPS, LCDC: reach Alha's Al-ha's potential.

Peter Mott, MA, ICPS, LCDC: We've been quite vocal with Nadac and challenging some of their diversity, equity, and inclusion issues. No, Nadac is about 52 years old.

Peter Mott, MA, ICPS, LCDC: and I'm proud to say that Nadac made history in the last 12 months.

Peter Mott, MA, ICPS, LCDC: We now have a black president, Dr. Angela Maxwell.

Peter Mott, MA, ICPS, LCDC: and, as Terren mentioned, he's our newest executive director, and so I couldn't be any prouder to have these 2 black people of excellence at the hem of this great organization.

Peter Mott, MA, ICPS, LCDC: And so if you're not a member of this organization. then you know what you need to do. You can become a member. Today.

Peter Mott, MA, ICPS, LCDC: I want to applaud act

Peter Mott, MA, ICPS, LCDC: for being open and vulnerable and in acknowledging their issues.

Peter Mott, MA, ICPS, LCDC: Because we

Peter Mott, MA, ICPS, LCDC: figured in our role as this committee is that it's our responsibility to make sure that we are

Peter Mott, MA, ICPS, LCDC: informing and making sure this organization understand the needs of the black community. So again, I want to

Peter Mott, MA, ICPS, LCDC: give a round of applause to terms. Walton and Dr. Angela Maxwell, you know, for their leadership, and then, and to let them know that they have the support of this committee.

Monica Rich-McLaurin, MHSA, MSW, LMSW: Thank you, Peter. Hello, everyone. I'm so excited to be here with all of you all today. I was floored when I found out we had 2,900 participants in this summit, and as Peter mentioned, we, we are just growing exponentially year by year. So thank you. To all of you all who have logged on, and they're looking forward to spending 2 great half days with you.

Monica Rich-McLaurin, MHSA, MSW, LMSW: As you heard this 2 day summit was developed by natex critical issues in the Black Community Committee. This is the fourth annual engagement in the Black
Community Summit, and we are so proud of all the work that we put into it, and we hope that you will enjoy it as well.

Monica Rich-McLaurin, MHSA, MSW, LMSW: When the committee first started back in 2,020, our focus was on developing the mission statement and deciding on the core key areas in which we wanted to focus our time and efforts. The mission statement is as follows.

Monica Rich-McLaurin, MHSA, MSW, LMSW: the critical issues in the Black Community Committee provides a voice and a platform for the black community identifies issues that are unique and pervasive within the black community advocates and provides support for the various challenges that impact addiction, recovery, and mental health within the black community and provide professional advancement, opportunities and mentorship for black professionals, specializing in addiction treatment.

Peter Mott, MA, ICPS, LCDC: Let me talk about advocacy just for a few seconds. I know we're limited here in time.

Peter Mott, MA, ICPS, LCDC: but advocacy is important.

Peter Mott, MA, ICPS, LCDC: and the the premise of advocacy is storytelling, you know, whatever venue you might be, whatever table you might be sitting at.

Peter Mott, MA, ICPS, LCDC: of whatever Government official that you might be talking to.

Peter Mott, MA, ICPS, LCDC: It's important to tell your story about you as a professional in this field, or about the people that you are working with who need the needs and services in order to live productive and happy lives. And so

Peter Mott, MA, ICPS, LCDC: we will have more about advocacy as this conference goes on. But I want you to understand that you should be able to advocate on a daily basis, and whatever role that you might be playing in in your life today.

Peter Mott, MA, ICPS, LCDC: I do want to share with you all. Some call to action agenda items that this committee has made a priority in the last year

Peter Mott, MA, ICPS, LCDC: what we wanted to do in regards to developing a relationship with historically black colleges and university is because we know that we have black students at these universities who want to be in this field, and and who better than this committee or black addition professionals who can develop mentorships?

Peter Mott, MA, ICPS, LCDC: And we can also help those universities help develop addiction education programs in order for those students to get the information that they need in regards to being the type of addiction, professional, that we need for them to be in working with the population.

Peter Mott, MA, ICPS, LCDC: recovering the black community.

Peter Mott, MA, ICPS, LCDC: destigmatizing substance, use disorders and recovery, and making access
to recovery support on black college campuses, workplaces, and other environments that are in need of this type of support.

Peter Mott, MA, ICPS, LCDC: And last, but not least, is Nadac's Minority fellowship program. This program is made possible by Grant from the substance, abuse and mental Health Services Administration

Peter Mott, MA, ICPS, LCDC: to administer up to 40 master degree level counseling fellowships of $15,000 for addiction, counseling students

Peter Mott, MA, ICPS, LCDC: plus the travel expenses to participate in other program-related trainings. And you'll learn more about this from Dr. Romal Johnson during our first break.

Peter Mott, MA, ICPS, LCDC: But I want you all to understand that we have a problem here. This bonding is in jeopardy because we don't have people applying for his fellowship, grant

Peter Mott, MA, ICPS, LCDC: and I know I could talk about this, probably for another hour. We don't have time, but I want you to go to our website, and you can find more about this minority fellowship program. But I want you to know the importance of keeping this program in place because it's beneficial in helping to support black students who want to become addiction professionals.

Peter Mott, MA, ICPS, LCDC: And now, last, but not least, I want to remind you all about Ned's annual conference in Hill day.

Peter Mott, MA, ICPS, LCDC: October eighteenth, to the twenty-third and Washington, DC. So if you want to see real time and live advocacy going on, then you need to be in Washington, DC. The week of October eighteenth, through the twenty-third.

Monica Rich-McLaurin, MHSA, MSW, LMSW: Thanks, Peter. So a lot of times. People who are not members of an organization wonder what privileges. Does Nadac offer? What what benefits does Nadac offer? And on the screen before you you can see the myriad of different committees that Nadac has? And this is Nadac on the national level, and we do have affiliates in each State. So there is a chapter that's local to you, and we encourage you to get involved.

Monica Rich-McLaurin, MHSA, MSW, LMSW: Some of the committees that I would like to highlight our our Ethics Committee. Of course, critical issues in the Black Community Committee. Our Public Policy Committee is another very integral one in the work that Nadac does.

Monica Rich-McLaurin, MHSA, MSW, LMSW: So what does critical issues in the black community do?

Monica Rich-McLaurin, MHSA, MSW, LMSW: The core areas of focus for the committee are as follows, one. To identify how Nadac is impacted and perpetuates any systemic racism and help our membership move away from systemic racism.

Monica Rich-McLaurin, MHSA, MSW, LMSW: promote policy change and proposals that impact legislation. Advocate for those in more vulnerable black communities.

Monica Rich-McLaurin, MHSA, MSW, LMSW: and develop credentialing requirements that mandate cultural humility training as part of biannual renewals. So as Peter spoke of, we're big on advocacy, so I can't continue to focus on that enough.

Monica Rich-McLaurin, MHSA, MSW, LMSW: So we are offering a membership promotion this year for all of the attendees who sign up to be members during the engagement in the Black Community Summit to get $20 off of your membership. Membership includes both membership with Nadac as well as with your State. Affiliate, and even current members can add a year of membership at the discounted price. You can sign up on Nadac's website and to use the code on the slide at the Checkout.

Monica Rich-McLaurin, MHSA, MSW, LMSW: Nadac members can get all of their ces from the summit for free, and have access to an on-demand library of over 360 h of ces, all included in their membership, and for any professional in this group. We all know how valuable ces are. So just imagine getting some for free.

Monica Rich-McLaurin, MHSA, MSW, LMSW: Nadac members also can get access to other benefits from other discounted professional insurance to reduce tuition at certain colleges and universities, and so much more. You may have noticed a new and recent addition to the schedule for this year's summit. Spark talks.

Monica Rich-McLaurin, MHSA, MSW, LMSW: There were so many additional sessions and topics that we wanted to include this year, but could not fit into the schedule. So we decided to add 15 min spark talks during the breaks. During the summit.

Monica Rich-McLaurin, MHSA, MSW, LMSW: you can see on the screen a list of spark talks that will take place over the next 2 days. I encourage you to attend and join the conversations.

Peter Mott, MA, ICPS, LCDC: Thank you, Monica, before we start our first session of the day. I'd like to take a moment to thank our sponsor for this session. This session is sponsored by the National Association of Addiction Treatment Providers. This summit will not be possible without sponsors like them.

Peter Mott, MA, ICPS, LCDC: I'd like to introduce to you our presenters for this afternoon.

Peter Mott, MA, ICPS, LCDC: Donna Dima zir

Peter Mott, MA, ICPS, LCDC: Ph. D. Licensed Mental Health Clinician Ncc. Is a full-time faculty member, clinical supervisor and licensed Mental health counselor. She also worked as a developmental specialist and in community mental health. For many years

Peter Mott, MA, ICPS, LCDC: Donna holds a doctoral degree in counseling a master's in psychology with the concentration of mental health counseling and a bachelors in psychology.
Peter Mott, MA, ICPS, LCDC: She's a national certified counselor, and is committed to working with undeserved populations and bridging the mental health gap. In these communities her interests include culturally responsive interventions, but diverse ethnic populations and to improve mental health, utilization and culturally competent supervision and counselors in training Donna is involved in numerous counseling organizations, has given many presentations in the areas of interest, and is a 2021 Nbcc. Minority doctoral fellow.

Peter Mott, MA, ICPS, LCDC: Thank you, Donna, for being here this afternoon.

Peter Mott, MA, ICPS, LCDC: Our next presenter curvints.

Peter Mott, MA, ICPS, LCDC: Clement LCMH. C. Sat. Curvin's dissertation is focused on exploring the experiences of black men struggling with sex addiction, and our culture is integrated in their treatment

Peter Mott, MA, ICPS, LCDC: curves is the owner of Clement counseling and consulting Plc.

Peter Mott, MA, ICPS, LCDC: He provides mental health services in Louisville, North Carolina.

Peter Mott, MA, ICPS, LCDC: He also provides individual couples and family counseling, and has given several presentations at the local, State and international level. Curvins has received awards for his hard work. The most recent ones are 2022 outstanding graduate student award.

Peter Mott, MA, ICPS, LCDC: from the International Association of addictions and offendo counselors.

Peter Mott, MA, ICPS, LCDC: 2021 empowerment scholarship award from I tap, and the 2022 Smiley award global education, ambassadors.

Monica Rich-McLaurin, MHSA, MSW, LMSW: welcome curb and sandanna

Kervins Clement, LCMHC, CSAT, NCC, CFLE: alright. Thank you. Everyone for joining us this beautiful afternoon.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Before I start this presentation, I want to acknowledge the amazing people who have put this together. I also want to express appreciation for Nadac for supporting the committee.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: and also highlighting Samson for reaching out to Donna. And I for this amazing opportunity.
Kervins Clement, LCMHC, CSAT, NCC, CFLE: alright. So we already did the intro. So thank you so much for that amazing introduction.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Before we start the presentation, I wanna start off by by giving context to this presentation. Our goal today is to plant a seed.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Don and I have done extensive research.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: We specialize in this area, and there is a lot of content, you know, a lot of content. And so our hope is that, you leave this presentation with the planets see, and you water it by looking at the resources that we share with you. I think the presentation will also be provided to you all. And so.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: technically, this presentation could be a 3 or 4 h workshop. And we're gonna try to do this in 60 70 min. So pray for us all. But yeah. So I just wanted to contextualize that again, the goal is to plant the seed.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Donna, do you want to say anything before we, before I jump in. No, no, I just go ahead. Go ahead.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Alright. Bye, thank you.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay. So

Kervins Clement, LCMHC, CSAT, NCC, CFLE: before I share the video. I wanna describe who Rev. Williams is, and so they go by. They then pronounce

Kervins Clement, LCMHC, CSAT, NCC, CFLE: I purposely left their name, Laurie based, and the reason why is because, they value their calling over their name. And so that is why I capitalize Rev. Instead of their name. And so Rev. Williams, is an author, a spiritual teacher, master, trainer, and founder of center for transformative change.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: They facilitate an amazing grounding activity. And I wanted us to engage in this before we started this presentation. And the reason why is that when culture is talked about, culture responsive is talked about for some people. It's a very activating conversation. So I wanted us to start this

Kervins Clement, LCMHC, CSAT, NCC, CFLE: journey together with all of us being grounded. And so, without further ado, I'm going to

Kervins Clement, LCMHC, CSAT, NCC, CFLE: stop sharing because I did not do what I needed to do and share sound.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Donna let me know if play the sound works

Danna Demezier, PhD, LMHC, NCC: sure got you got you.
Danna Demezier, PhD, LMHC, NCC: So let's find our core.

Just wake up.

No, it doesn't have to be really vigorous, but we want to just like feel and get in the practice of like feeling and connecting with our core. Okay?

Because, again, so much of what the way that our society currently works, it's about cutting us off from that right, and that cuts us off from what matters. So we want to wake that up. First make sure that we can feel it.

Yeah.

and then find our seat. It's really important that we take our seat with intention. Not just plop down in it right? It's not just like a chair. It's like you're really, truly taking your seat.

A seat of your power must be taken intentionally.

So those sits bones. If you have fleshy parts, I have fleshy parts, you move the fleshy parts out of the way, so your sits bones can fully connect.

feel a sense of my connection, like your roots, right through right down through to the earth.

She's got you. She can hold you.

So you feel that's where you get that integrity from by sending that tap root down. saying, like I'm here and spiral the energy upward crown towards the sky. Your crown is not the top of your head, it's the crown. It's slightly behind the top of your head. And so the thing about that is, it actually causes your chin to drop a little bit.

So we don't want to create that right.

But actually the crown goes up towards the sky, and it drops the chin.

and we feel what kind of dignity.

what's the thing about inherent dignity.

You don't have to earn it. and it can't be taken away really important for us to get that. You don't have to earn it. and it cannot be taken away. There's not an incident. There's not something that can happen to you. There's not something that you can do
which that inherent dignity is taken away. You just have to choose it again and again, and choose to step into it. and it's yours.

So we align ourselves first vertically.

and then we extend out horizontally. That's where the sense of like our generosity and giving and openness can happen once we're aligned vertically

in our own integrity, in our own integrity and our own dignity. Right? So you have to do that first. and from there, with that strength and that rooting, then you can extend outward.

Some of us want to extend outward right away, right? And if we're not grounded and we extend outward right then we're we're off balance.

So we feel our sense of just width, and so, maybe drawing your shoulders up and out.

and then you extend into the space and feel the space around you.

and extend that space further as you feel relationship with others. And further.

and you can fill the whole room.

you feel feels like that's too much. Then you just bring it back in a little bit.

Look at you out on the horizon, the generations in front of you

feeling the generations behind you. and really taking your place right here.

that seat.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: integrity and dignity.

and then finally connecting and organizing all of your action around what matters?

We can't always find our yoga mat. We can't always find our meditation cushion we can't always like burst out into into ecstatic dance. But we can take that 30 Si center in

like 5 s flat. It's a muscle. You build it. You come back to what matters you keep building that muscle. You come back to what matters. and as long as you keep coming back to what matters for you we all benefit.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Wow! What a powerful

Kervins Clement, LCMHC, CSAT, NCC, CFLE: activity or grounding activity! And I hope that was refreshing for you all.
Kervins Clement, LCMHC, CSAT, NCC, CFLE: one statement that I always pull out in these presentations that Donna and I do, and the statement is.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: if we are not rounding and extend upward. Then we're off balance. And so going back to the C. analogy that I talked about earlier, which is the goal of our presentation. To plan to see our hope is that through this presentation

Kervins Clement, LCMHC, CSAT, NCC, CFLE: that the see that is planning today helps activate this, a grounding experience for you through not only this presentation, but also the work that you will do outside of our session. So thank you for joining that activity.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: So I like to start my presentations by starting off with the Y right? Because if you know why this was created, then it will make sense to you, and also. It will give context to how this thing even emerged. Emerged. And so

Kervins Clement, LCMHC, CSAT, NCC, CFLE: there's a statement that as I was doing this presentation that I that as I was talking to Don and other people in my life, and the statement is as you see it on the screen is, if you don't know my history and my story. Then you can't help me. You might cause me harm similar to other people in my life.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: and the reason why I'm sharing this like this statement with you all today is because when you look at me, all you see is a black man, right? But what you don't know is that my parents migrated from Haiti.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: that my Florida, a low income area and my parents would leave for several months throughout the summer to go work in Virginia as migrant workers to be able to make enough money. And and so all of these substance and layers that are within me. If you just only pay attention to my blackness in regards to being a black man, and you are losing a great amount of information, and the harm is ignoring all of this substance that I have within that you have no idea about. And so when I think about addiction treatment, there are all of these cultural elements that we can integrate into treatment, that, will strengthen the recovery of the clients and the patients, or wherever where, position you work at. And so the why is

Kervins Clement, LCMHC, CSAT, NCC, CFLE: really understanding the importance of culture, and also how to integrate it particularly into addiction treatment.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Alright. So.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: I will disclose that one of my identities that I have different abilities, and that is Adhd. And so, as you all know, I'm currently doing my dissertation. And as I was reading in the literature, this reading and constantly reading

Kervins Clement, LCMHC, CSAT, NCC, CFLE: one of the things that stuck out to me would be 3
import elements, right? And it's differences, power and privilege.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And what I want you to see in this diagram is that what I want you to get is that these elements will forever be in the counseling room or the environment that you are working within. Okay? And so the question is, will you acknowledge

Kervins Clement, LCMHC, CSAT, NCC, CFLE: these elements that are in the room. Okay? And I'm gonna break down these different elements for and give examples of what I'm talking about. So differences can look like, for example initiative.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: It could also look like gender.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And so the differences is basically the elements that you can see for the most part, and so when we get to power. It looks is different. But what I want you to see is that I'm going to say gender, not rhythm, because sometimes they overlap. Okay. So an example of power is being a health, a mental health provider. Right? And so for some cultures

Kervins Clement, LCMHC, CSAT, NCC, CFLE: being being the person that is helping the other person, that is a form of power. And so for some people, not acknowledging that, or not being aware that that you carry a sense of power in a room can again, going back to the statement, can cause the person that you're working with on.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And so another example of this is being an adult in the room. If you're working with adolescents. Another aspect of that, too, is being Gen. Gender. Okay? And so, being a male working with a woman. And so tha, that's the power element that's in the room.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: The other element is privilege. Okay? And privilege can look like heterosexual, able body, religion, level of education or gender. And so my hope for you is to understand is that

Kervins Clement, LCMHC, CSAT, NCC, CFLE: when we talk about culture. there's so much more than just a black and white name.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: There's so much substance, there's so much dynamics. And as we, for as we move along in this presentation, you will see that as human beings, we are so much more diverse.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay? And the goal, this presentation is figuring out, how do we engage this? Particularly when we're working with black clients and also within an addiction environment

Kervins Clement, LCMHC, CSAT, NCC, CFLE: that's in the baton.

Danna Demezier, PhD, LMHC, NCC: Thank you, Curvin. So thank you all for joining. I'm so impressed by all the attendees who are here today. We're so excited and happy to have you share this space with us. So Curvin and I like talking about culture a lot, because we know personally and professionally the
difference that it makes.

Danna Demezier, PhD, LMHC, NCC: So we think about when we're having this conversation about culture, responsiveness, what does it really mean? What is culture? The Aca de defines it as membership in a socially constructed way. And this attends to values, beliefs, norms, boundaries, lifestyles. And it's a co-created experience, right for those individuals who share similar world views.

Danna Demezier, PhD, LMHC, NCC: And it's influenced by biological, psychosocial, historical, psychological, and other factors. So Curvin says, has mentioned, and when you didn't say you didn't use the word complex, it isn't as simple and dichotomous as black or white, and that's something that we really wanna consider when we're thinking about working with clients not just black, but those who are of of different identities. We wanna see more than their skin. We wanna see more than their ethnicity, because there's so much more that that comes with that, especially if we want to make sure that we use their culture to benefit their healing process.

Danna Demezier, PhD, LMHC, NCC: Culture is also considered according to Harris, as a socially acquired life way or lifestyle of a group of people. So it's it influences thinking and feeling in acting. And this is characteristic of members of a particular society or a segment of society. And what's important to consider is that there's a shared experience. Right? So when we're thinking about culture, we're really considering what's going on with that individual that is not necessarily specific to them, but could be shared with someone else or another group. And they it's based on how they identify according to different social locations.

Danna Demezier, PhD, LMHC, NCC: I don't know if you want to add anything? Curvins?

Kervins Clement, LCMHC, CSAT, NCC, CFLE: No, alright. Next.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: alright! So cultural iceberg. Going back to our speaking about earlier, and that a lot of time when we think about culture. We only think we the conversations only around what we can see, which an example of that is food, holidays, music, dances, language, and arts and cracks

Kervins Clement, LCMHC, CSAT, NCC, CFLE: last time Donna and I did this presentation. We wore our our Haitian flag flag day shirt. Because we did it at the Nbcc Symposium, and that was one of the way that we're trying to honor our culture and to also engage culture in the presentation as well, so those are all the things that we can see on the surface. Now, going back to the same that I said is that there are so much more

Kervins Clement, LCMHC, CSAT, NCC, CFLE: that we need to be aware of. And the question again is, will you get uncomfortable

Kervins Clement, LCMHC, CSAT, NCC, CFLE: to provide your clients opportunity to feel comfortable?
Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay? And so with that? It is asking some of these questions. Right in regards to what has religion play in your life? What does religion mean to you? And it’s another example is within your culture. What does marriage look like?

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay? Talking about mental health? What? What does mental health look like? How how do? How do they? How do your culture communicate about mental health? And so all of these important questions will provide us opportunity to see the deep culture within the person and really provide a holistic and

Kervins Clement, LCMHC, CSAT, NCC, CFLE: intentional recovery plan specifically for that individual that you are working with. And so as you are listening in this presentation. One of the things I wanna encourage you to think about are what are some of the cultural elements that I'm missing, particularly on my clients that I could go back to and engage with. And I hope, is that you can see that there's a lot of

Kervins Clement, LCMHC, CSAT, NCC, CFLE: elements and substance to a person that we can engage with, particularly in the room.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Alright, don't! Do you wanna say anything about that? Or moving on? Alright.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: good! Alright! So I wanna start off this presentation by showing love to all the amazing people there in the room. And so, without further do, I would like for you to drop all the identities that shape your life and I just want to see all the lovely participating individuals, and if you don't want to participate. That is completely okay.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Well, for those that want to, I would love to see all of the cultures. I'm gonna pull out this chat. And hopefully, I see a lot of posting.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: So as you all are doing. That one of the things that I do with my clients

Kervins Clement, LCMHC, CSAT, NCC, CFLE: is when I which is something called approach. Okay, when I start off my session, every client that I see the question that I, the the way that I do. This is II share all the identities that I have with in regards to being a black male

Kervins Clement, LCMHC, CSAT, NCC, CFLE: being Haitian, being Christian. All of these different identities that I carry. And I asked them this very the same question, right? Which is, what are the identities that shape your life?

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And then we get to start talking about culture. And so and so I'm giving you this example to help encourage you to give you different examples of how does this look like in the room. And so I appreciate all of the lovely post Christian faith, and all these amazing identities that are in the room. And so thank you so much for participating. I appreciate it. I love it so great.

Danna Demezier, PhD, LMHC, NCC: nice energy.
Kervins Clement, LCMHC, CSAT, NCC, CFLE: So we talk about, and particularly when we think about so we are very thankful that we are getting to do this presentation, and we know it's black history month. And and it's particular engagement in a black community.

Danna Demezier, PhD, LMHC, NCC: And so we talk about blacks, or African American. But this presentation we take a moment, at least in this slide to talk about the black diaspora. And that's when you see the title. I think we were really intentional about using that term versus an all encompassing African American. So we know that there's a lack of differentiation within the subgroups of of African Americans. So when we think about it.

Danna Demezier, PhD, LMHC, NCC: kinda go a little further and say within the black diaspora individuals who identify as African, American or not cause. I've been told there are some people who don't identify as African American they are these individuals who are black with ancestral roots to Africa those that they are tend to be native born to the United States, and oftentimes they're labeled as African American.

and we have those who are foreign born

Danna Demezier, PhD, LMHC, NCC: English speakers from countries in the Caribbean, sometimes, like Jamaica or Trinidad, and we have foreign born non English speakers from Caribbean, like Curvin, says Haitian, and while I'm also Haitian, I didn't identify that earlier and then we also have individuals who are from the African subcontinent. And so for us, it's important for us to know when we're talking about black individuals or African Americans.

Danna Demezier, PhD, LMHC, NCC: We really wanna consider their ethnicity because that can influence their cultural identity and shapes, how they see themselves and influence their recovery, or even engagement, or use of alcohol, and what that means for them so black. In short, to say that black individuals

Danna Demezier, PhD, LMHC, NCC: often identify as different parts of the with it with different subgroups, and that's something sometimes. We don't consider research doesn't differentiate sometimes. What type of black you are? Right? It's just African Americans. And we don't know. What does that mean about their cultural

Danna Demezier, PhD, LMHC, NCC: background. Ethnicity, wise curvins.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay, so one of the things that I wanted to highlight, and one of the articles that we took from from this. For this presentation is this, despite the increase in opioid use and overdose death in the black community, they are less likely to receive substance, use treatment and more likely to be primalized for their substance, use disorder.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And I thought this was a very powerful statement from Jane and Jordan, because, as we talk about addiction treatment.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Well, there are. There are 2 elements that we gotta be cognizant of, which is the policies
Kervins Clement, LCMHC, CSAT, NCC, CFLE: that are creating the organization, but also looking into okay, when they finally get into the room, how are we supporting them? And how are we being culture responsive?

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And so I thought, this was a very important

Kervins Clement, LCMHC, CSAT, NCC, CFLE: quote to highlight to to show the

Kervins Clement, LCMHC, CSAT, NCC, CFLE: the the things that we are navigating, particularly with black individuals who are pursuing treatment.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Do you wanna contribute that? Donna?

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay? So I have a lot of literature. And as I disclose earlier

Kervins Clement, LCMHC, CSAT, NCC, CFLE: with my ad a d

Kervins Clement, LCMHC, CSAT, NCC, CFLE: I'm going to try to be as concise as possible. But there are. There are some. There are some statistics

Kervins Clement, LCMHC, CSAT, NCC, CFLE: that I want to highlight. to contextualize some of the barriers in regards to addiction treatment. So we'll start off with access.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: which is, I said. Right here black people are accessing additional treatment at a significant lower rate than their counterparts.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay, so I'm going to give context. So like exactly what this look like. But I'm also going to highlight, some research about that as well.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: So an article in point 21, they're highlighted, basically looking at treatment accessibility for black individuals. And what they found was that there are greater

Kervins Clement, LCMHC, CSAT, NCC, CFLE: of accesses, particularly for my minor minoritized communities. Okay? So something for us to be mindful. Another I also looked at the substance, abuse and Mental Health Services administration

Kervins Clement, LCMHC, CSAT, NCC, CFLE: their article that was published in 2021, 20, and one of the things that really set out to me in this particular article. There are several things, but I'll just go down and read, read through them. Despite much progress, Opioid use disorder significantly increase in African Americans. Age 12 to 17.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay, so a a very important issue for us to think about in regards to how are we? How are we being coached responsive and helping our added lessons and talking about issues around addiction and mental health? Another thing that how they highlighted was suicide thought plans and attempts were significantly increased, for African Americans, with substance
use, disorder

Kervins Clement, LCMHC, CSAT, NCC, CFLE: nothing that set up to me was outpatient rehabilitation centers where the main location that black individuals use to pursue and receive treatment.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Here's another alarming statistic that really stood out to me and take a breath, you know, cause. This is pretty strong. 65.4 African American young adults with serious mental health issues did not receive treatment in 2019,

Kervins Clement, LCMHC, CSAT, NCC, CFLE: but give them a read that statistic again, 65.4%.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: That is very significant. Y'all.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: that is, showing the the real issue around access and helping black individuals gain access not only to treatment but to mental health services.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Alright. So another statistic in regards to, I wanted to talk about medication, because that's an important issue, particularly around dictionary treatment. Alright. So I'm gonna try to pronounce this word.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: I literally sounds like it. Make sure to get it right. So in regards to black individuals.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: black patients, they were 70% less likely to receive

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Viewper for name. I think I'm saying that room. But

Kervins Clement, LCMHC, CSAT, NCC, CFLE: you're addicted specialist. You know exactly what I'm talking about. And so 70% less likely to receive that medication which in research is so that if you're struggling with substance, use that it is a very important medication to help the potential relapse or reuse of the this of the of the drug. And so if they're not getting if they're not getting into treatment, and they're also not getting the medication that's going to help with the recovery.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: That is a lot of

Kervins Clement, LCMHC, CSAT, NCC, CFLE: this this varies with, particularly around addiction treatment. And so again, y'all just a lot of issues. And then I'll highlight one more thing, which is particularly.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And and this article was in 2019, and it talked about cannabis use.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: and what what I said, what I highlighted was cannabis use is equally prevalent among black and white people.
Kervins Clement, LCMHC, CSAT, NCC, CFLE: Yet black people are 3.64 times as likely to be arrested for possession. Okay, so again, I'm trying to reinforce that when we talk about culture, responsive treatment, it’s not only

Kervins Clement, LCMHC, CSAT, NCC, CFLE: what are we doing within the room? It's also what are we doing within policy within the government to pro, to help provide access to that people pursuing addition treatment. Let's jump into cultural narratives, the stigmas and untrust that that people navigate while pursuing addiction treatment.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: So when you look at the the literature, one of the consistent things that are highlighting the literature is this, and I'll and I'll read it from my notes is that racism, discrimination, cultural mistrust, misdiagnosis, clinical bias.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: and in the form of support networks that contributes that contribute to treatment. Disparity. Again, race is a discrimination, cultural mistrust, misdiagnosis and clinic clinician bias. Right? And so when we think about cultural responsive treatment

Kervins Clement, LCMHC, CSAT, NCC, CFLE: is being aware that all of these different elements are within the counseling room are in the room that you are helping this individual in. And if we're not willing to acknowledge and talk about these really hardships that black people are going through.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Then again, we, we are reinforcing this, this, this, this this feeling unsafe feeling unsafe. Okay? And so this because we don't talk about it, doesn't mean it's not. It doesn't exist right? And so again, I'm trying to highlight a lot of these things for you. So you can again be aware

Kervins Clement, LCMHC, CSAT, NCC, CFLE: the treatment. Let's go into cultural responsiveness, the treatment that black people receive when they finally get into the room

Kervins Clement, LCMHC, CSAT, NCC, CFLE: and addiction treatment right? And so what are the experiences that they're receiving? And one of research looked at? Particularly African Americans

Kervins Clement, LCMHC, CSAT, NCC, CFLE: or black people have as we're gonna use in this presentation. One thing that was consistent is that Faith family and their churches were the 3

Kervins Clement, LCMHC, CSAT, NCC, CFLE: things that they would, that that would rather go to for support than trying to mental health profession. Okay? And so wireless relevant is for us to think about. How are we meeting people where they are right. And so, if we are aware that these are protective factors for black people, how are we leveraging this to support and strengthen their recovery plan.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And when when you look at that article, it talked about

Kervins Clement, LCMHC, CSAT, NCC, CFLE: barriers. And these are what some of the participants said in this particular research. I don't want to be labeled.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: I can't afford it.
Kervins Clement, LCMHC, CSAT, NCC, CFLE: And I don't know where to go for care. Okay? So as we're thinking about culture, responsiveness. How are we providing education? And also, accurate information about mental health and also different places to receive addition treatment. Alright. So let's talk about the Black Church alright. So this is a very delicate conversation for me, and so give me a second. I'm scrolling down through my notes.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And so there's a thing that I see with my clients, which is the end. Okay, sometimes we get lost in one or the other, and I want to hold tension with both.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay? And so I'm gonna read this statement, cause I thought about it. And I was very intentional when I wrote this statement.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: which is, the Black Church, has caused a lot of harm to individuals. and it could be used to provide accurate and grounded information on mental health counseling and addiction treatment.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay? And so the ad statement is holding the tension between those 2, because for some people the Black church is a representation of the trauma, and I also want to bring attention to the Black Church has also very consistently in the literature proven to be us a place of refuge for black people. And so when we're not talking, we think about the barriers. How are we leveraging the Black Church not only to provide accurate information about mental health, addiction, treatment, but also how are we leveraging the Church by going into the church and providing mental health services by also partnering with the Church in regards to addiction treatment. And so we'll talk more about what the literature has said in regards to addiction. How, when the church has partnered with substance with addiction treatment, how it has been shown to be very, very, very effective. And so I wanted to very delicately say that.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And, Donna, do you want to add anything, or should we move on? Cause? I know that time is moving.

Danna Demezier, PhD, LMHC, NCC: Yeah, I am not adding anything. Yeah, next slide, please. So and I'm gonna I tend to talk fast. So I'm sorry I'm just kind of warning you if I start talking a little quickly, but in essence what we really want to talk about. I know there's this idea. We we use the word culture,
competence and and

Danna Demezier, PhD, LMHC, NCC: culture responsive as a a lot? Right? And it's reinforcing. Why is it important? Why do we need to do it because mental health inequities exist, right disparities are still existing, and even modern day and 2024 we know that research has shown that a lack of culture, responsiveness. It exists and it's identified in diverse populations for black people.

Danna Demezier, PhD, LMHC, NCC: In other cultural groups. It's important for us to know that cultural knowledge, understanding an individual's identities, and who they are, really can inform how we make sense of the problem, how we organize.

Danna Demezier, PhD, LMHC, NCC: The diagnosis, or come up with an explanation for what's happening to them? And you know how they respond to our treatment, their engagement, or even disengagement from treatment.

Danna Demezier, PhD, LMHC, NCC: yeah. And it also helps to support our relationship with them as mental health providers. Generally, culture knowledge helps to generate better clinical outcomes in clients. And it's not necessarily where you have to be the same race or ethnicity. It's really understanding that person's cultural background and what that means, and how that could be impacting their presentation. Having that culture, knowledge and and engaging in culture. Responsiveness can really be empowering for the client.

Curvin's next slide, please.

Danna Demezier, PhD, LMHC, NCC: So we talk about decolonizing. And that's a really big word that we throw around. But for us we we wanna keep it simplistic and really refer to it, how it's how we do things and how we engage in treatment and treatment of clients who are from diverse backgrounds like black individuals. So we know the United States is diverse, and it's gonna get diverse overtime. It's really it's just the thing, right. And so we know, traditionally speaking, counseling theories and how we've learned how to do work as mental health providers.

Danna Demezier, PhD, LMHC, NCC: it's taken it traditionally, it's taken like a a eurocentric view, and that doesn't necessarily consider the distinct experiences of underrepresented groups or populations. There are individuals who engage in client and in counseling services, but their experiences aren't always positive. And so when we. What we wanna do is present a platform and create a space where clients don't have to be oppressed or aren't necessarily oppressed.

Danna Demezier, PhD, LMHC, NCC: and and not have their culture attended to, and when it when it's not decolonized, or if we do things traditionally, not considering that person's unique experience, it can be oppressive and not culturally sensitive. We wanna, ID honor the identity of our clients and engage in treatment or support treatment outcomes to really make a difference, especially for those who identify as black.

Danna Demezier, PhD, LMHC, NCC: Next slide, please.

Danna Demezier, PhD, LMHC, NCC: We talk about addiction treatment. We know what decolonializing
looks like for that for this particular approach or or field is really considering the lived experiences of of black individuals. So Curvin says that it so if they're used right, so if we're considering like race wise. If we're saying that individuals who identify from a certain worries

Danna Demezier, PhD, LMHC, NCC: use at the same rate

Danna Demezier, PhD, LMHC, NCC: right as blacks. But blacks are more criminalized. We're talking about inequity that could be structural in nature. Right? So that's important for us to consider. It's important to us to attend to, because that can shape just how clients engage with us. If we don't attend to that, because it is, it's not that they are more likely to use. It's they're using at the same rate. But they're criminalized more, and that can shape and impact their experience.

Danna Demezier, PhD, LMHC, NCC: So when we consider the lived experience, it's taking to into taking into consideration those factors that influence and impact their addiction, their treatment, utilization and the outcome and in treatment. And so we one way to do that is, to to consider the social determinants of health

Danna Demezier, PhD, LMHC, NCC: which could be like neighborhood access to care which Curvin's talked about as a barrier earlier and a few, few, few slides ago. Adverse childhood experiences, socioeconomic status, stress exposure, social relationships. It's important to consider those determinants and how they're impacting the individuals. Current experience. We know that when we can decolonize addiction treatment, it helps to improve

Danna Demezier, PhD, LMHC, NCC: treatment outcomes. An example of this is a research study that we came across where transportation was a barrier for those clients who were in a treatment program for opiate addiction. And once transportation was pro provided.

Danna Demezier, PhD, LMHC, NCC: you really saw an increase in recovery, right and treatment and relapse prevention. It's it was like they were able to maintain their recovery because they were able to stay in treatment. So we have to consider those factors that can work against the clients that we're serving

Danna Demezier, PhD, LMHC, NCC: next slide.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay? So thank you so much. Don. for this particular slide. This also has come from my dissertation as well. So, and reading the literature about coast responsive treatment.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: III went back and forth. And you you will see research articles that talk about cultural sensitivity, and you will look at other. That's not about cultural humility. As for me when I was trying to grasp this context responsive treatment.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: My beautiful brain

Kervins Clement, LCMHC, CSAT, NCC, CFLE: came up with this image came up with this culture responsive equation. And so I’m gonna break it down to give context to, how can you implement that within your room? Okay, so cultural sensitivity is the acknowledgement that culture
Kervins Clement, LCMHC, CSAT, NCC, CFLE: is there. Kosher is in the room. Culture is present. Culture is important. And and it's there. Okay, so this is okay, I have different culture. This person that's around me that I'm working with have had different cultures. Okay, cool. Now, the issue is that a lot of times people just stay there.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay, right? Okay, culture is here. Culture is important, cool.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: When I think about. And when I think about the room.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: I think one aspect that we lose and just say, just being aware and acknowledged, important is that we don't engage with okay? And so that's where cultural humility, which is this idea that okay, I'm going to step into this culture and engage with it and to talk about how is it showing up within the room?

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay? And so now, not only am I acknowledge that this exist. I'm also combining it with engaging it within the client that I'm working with, which creates this cultural responsiveness experience.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Now, if you are looking at this very closely you may miss something that's very important. and that is the loop that I have right underneath it, which is right here if my mom can come.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And it's this idea that okay.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: when I do this presentation about coach responder treatment, I run into clinicians who say. okay, I talked about the different cultural dynamics are in the room. Alright. I'm done.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay. And the the where we fall short in is that

Kervins Clement, LCMHC, CSAT, NCC, CFLE: there's a continuous, engaging, and acknowledging and engaging and acknowledging, because of the conversation that we're having right for some people you haven't consciously about their work and coaches integrated in that. And then you haven't conscious about their trauma coaches and great, and that. And so it's this idea that throughout your time, with this individual there is a constant looping of acknowledging and engaging, acknowledging and engaging, acknowledging and engaging. And so here's an example of what I'm talking about.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: If you all know hipaa. Alright exit client. Everything's okay. I changed up some of the information. But here's an example. I was working with a black woman who has experience, sexual trauma, particularly by a black individual by blackmail. Okay? And as I was working with this black woman we're talking about.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: we're traumaing. We're we're we're doing really good work. And at during the conversation I acknowledge
Kervins Clement, LCMHC, CSAT, NCC, CFLE: my blackness, and also being a black man.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And so I can see this to this day that she looked at me.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: and she was like

Kervins Clement, LCMHC, CSAT, NCC, CFLE: I was feeling something, but I didn't really know what it was.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: and so, through me, being uncomfortable cause it was uncomfortable with Hey for me to

Kervins Clement, LCMHC, CSAT, NCC, CFLE: speak about and acknowledge that right, and to lean into it, and to talk about that dynamic that's in the room.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: It gave her the opportunity to acknowledge what was happening in her body, and I will. I will share the quote that, she said with me that she said to me, after I acknowledge that was.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: she said this. And I'll leave you with this, too, she said. Curtains.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: now that you said that

Kervins Clement, LCMHC, CSAT, NCC, CFLE: one of the things that I'm extremely grateful for, as I think about this this dynamic that's in the room

Kervins Clement, LCMHC, CSAT, NCC, CFLE: is that my trust was taken by a black man. Am I? Healing was partnered by a black man. and I am extremely grateful for that. and I might go back to you after that session. I weep.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And the reason why is because there was just so much symbolic in that conversation, and and and and truth, and and and and empowerment in that conversation, not only for her, but just for healing as a whole. And so the reason why I'm encouraging you. The importance of cultural response and treatment is that if I wasn't willing to acknowledge

Kervins Clement, LCMHC, CSAT, NCC, CFLE: the identities that I carry, and how that was showing up within the conversation that we were having, she wanted to have that beautiful moment, to not only become sensitive to her body, but to also write that narrative

Kervins Clement, LCMHC, CSAT, NCC, CFLE: right, which is, which is what I share with you in the quote. And so that is an example of what I'm talking about engaging. It's not a black and white thing.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: It's not a black and white thing, young.
Kervins Clement, LCMHC, CSAT, NCC, CFLE: every client that I see black male black woman, white woman, Hispanic male, Hispanic.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: no matter who I see I wrote with them.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: I have a conversation about culture. Why? Because my experience as a black man is very different from the other black man that I’m working with. And so it's very important for me to understand and engage with their culture, and how their culture has shaped your life.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Alright, there's a lot more that I could say step, or we have to move on because that time is moving. Okay.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: alright. So

Kervins Clement, LCMHC, CSAT, NCC, CFLE: okay, I've been using this word broaching, broaching, brooch and broaching. And sometimes people have no idea what the word broaching is. Okay. And so broaching is basically engaging in a conversation about the cultural elements that are in the space. That's all brocher is, there’s a little there’s a technical definition. Give you the broken down, quick understanding of what it is. So broaching. This quote engaging the cultural dynamics are in the room. Okay. So, doctor, they find, came up with this beautiful model that

Kervins Clement, LCMHC, CSAT, NCC, CFLE: honestly, I could spend another 10 min breaking it down. But I'll just say this.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: There are different forms of broching right? Because there's broching regards to the enter counseling, which is what's happening. The room. And then there's the intro individual and the intro Rec, and also the insurer. Right? And so what you're seeing is that there are different dynamics that you can engage with right. An example of this is.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: I was working with the black man and his I'll say his mom

Kervins Clement, LCMHC, CSAT, NCC, CFLE: those intent and assassination, and what I mean by that is,

Kervins Clement, LCMHC, CSAT, NCC, CFLE: individual talk about her over, and also had a confederate. And so

Kervins Clement, LCMHC, CSAT, NCC, CFLE: this client that I was working with was struggling with addiction. Okay?

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And they actually came in because of this event. And they're they reused. Okay? And this was also during the George Floyd situation.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And so several months later that soon George Floyd
situation happened and they started reusing again.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay? And so

Kervins Clement, LCMHC, CSAT, NCC, CFLE: in my mind.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: my thought was. I'm struggling as a counselor. I want to talk about what is happening in our and our environment.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And instead of talking about his reuse.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: okay? And so through that conversation we were able to understand that what he was seeing on the TV was activating him. But he wasn't aware of that. He would. Just. He was just like, Wow! Am I using like a I had this. We had a great recovery plan, and I was doing good and and talking about what he was seeing on TV in regards to seeing people that look like him losing their lives.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: He began to understand that his body was being triggered and activated, and he had no awareness of that. And so culture, responsive treatment is not only engaging with the stuff that's happening in the room, it's also engaging with the stuff that's happening our society. And so if I was focused more on his recovery plan and not engaging in the cultural elements that are happening outside of our room.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: I would have done justice for him, and after we won and greed together he was able to get back on his recovery, and he and he did amazing. Okay, so that's what Dr. Dave, buying just talked about when it when she wa, when she's referencing the Mmb. Model again, there's so much more that I can say about this model. But again, I do not have time, so we are going to move forward. I am sorry. I apologize.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Okay.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: how do you like everybody? So that

Danna Demezier, PhD, LMHC, NCC: I feel like we can't change?

Danna Demezier, PhD, LMHC, NCC: Yeah. So this is the literature review. And and we really want to. I think by now you probably are tired of us. Say culture. Responsiveness is important, but there's research that shows it

Danna Demezier, PhD, LMHC, NCC: not just overall how I can influence treatment outcomes with black clients, but also with those who are who are substance users. So we know that when we lack there's a lack of culturally informed treatment. It impacts experience of black individuals

Danna Demezier, PhD, LMHC, NCC: with substance use disorders. We know that race impacts individuals and how they see themselves, but also how they connect with each other. We know that when we engage or utilize diverse interventions, that can attend to or speak to a person's cultural identity, it
helps to improve their counseling experience.

Danna Demezier, PhD, LMHC, NCC: We also know that integrating cultural factors in evidence based treatment does not reduce the quality of care or its effectiveness. So those are just 3 examples of all the ones that are on the slide that really reinforces why culture and how culture, responsiveness, can make a difference in the clients treatment process. Let me pass it on to Curvin. If you wanna add anything

Kervins Clement, LCMHC, CSAT, NCC, CFLE: alright. So I'm pretty sure that y'all got presentation. So I can look at all of these important statements. And and they're pulled from research articles. There are within 5 to 10 years. From this date. And so they're current. So we wanted to make sure that we gave y'all updated accurate information. The one thing that I'll highlight and it will move on is consideration. Thoughtfulness of language and culture enhances the counting.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And so, when you think about

Kervins Clement, LCMHC, CSAT, NCC, CFLE: no, no, no sorry diverse intervention, improved accounting experience. So

Kervins Clement, LCMHC, CSAT, NCC, CFLE: I like to give examples of what I am expressing because it helps ground the information.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Recently, I was working with another black woman, and we started doing her Emdr cause I specialize in Emdr

Kervins Clement, LCMHC, CSAT, NCC, CFLE: and and talking about Emdr to her, I also disclosed about Brace, by which, if I don't know is that brain spotting

Kervins Clement, LCMHC, CSAT, NCC, CFLE: their research around it showing to be very effective with black people or the beep up community. And so I shared that with her. And again, that is what culture responsive is. It's not only talking about engaging in the culture, but it's also providing information to the client.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And so II acknowledge that yeah, there, that there are some differences in that. I want her to go look at and do her own research, and and to see if that and to see what she decided to come back and let me know. And so, after do her research, she she concluded the same thing I did of what I shared with her, and so she ended up, decided to go with a clinician who specialized in bracelet.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And so.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: So what I'm trying to paint a picture of is also being aware of different modalities that are helpful for the client that you are working with. And so

Kervins Clement, LCMHC, CSAT, NCC, CFLE: I wanted to do what's right for her. And so in providing her, Emdr could have work. Yeah, but I wanted her to be aware, and for her to make her own decision, particularly around the modality that she received, her treatment and her healing in.
And so it was a very empowering experience for her, and she went and got based by. So that's an example of what I mean by, you know, adjusting your modalities. To be coached through responsive

moving on.

Okay, so.

and having a conversation about this presentation Donna and I, just started talking about this, the literature and all the different things, and off the off the dome off the head. Donna said this amazing quote, and as she said, I was like we definitely got include that in the presentation issue. Apprehensive about - I’m definitely putting in there.

And so the quote is exactly what you see on your screen, which is no representation may affect treatment initiation.

What an amazing quote by Donna. And the way I want to contextualize this

is by actually showing your research about this particular issue. Give me a second to pull that

So our research was done around

Asam, which is the American Society of addiction, medicine.

And particularly looking at physicians, and what they found was that black individuals were less likely to have addiction board certification compared to white physicians. And so this is important, right? Because if you have individuals who are trying to seek treatment, and they're not able to find people that look like them. That's another form of barrier. And so I wanted to contextualize Donna's statement

by by research. And so what are we doing by providing and and shout out to the Mfp. Fellowship, because that's one way that they're doing that is, by providing individuals or people who specialize in helping the black community opportunities to pursue the greed to diversify the field.

and so also provide the help and and expand the representation that are out there, particularly in the addiction treatment

moving forward. Okay.

so you're not gonna get these slack. So the thing that I want to highlight in these 2
Kervins Clement, LCMHC, CSAT, NCC, CFLE: slides is that there is a lot of time when I do these presentations.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Sometimes people get very overwhelmed and figuring out, Okay, what? What does it mean to be culture responsive? What is? How do I do that? How do I make my practice culture responsive? And so what I want you to think about is again going back to Donna's quote, what? What does representation look like within your counseling firm?

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Alright also. What are the, what are the languages that are being? That you have within your intake paperwork. Is it be? Is it inclusive? Is it diversified? Does it provide opportunity for people to share their own unique experiences? And so

Kervins Clement, LCMHC, CSAT, NCC, CFLE: the you're gonna read this, and you're gonna look at this. But the the chest of of these 7 guidelines is tailoring

Kervins Clement, LCMHC, CSAT, NCC, CFLE: your approach to be sensitive to the people, that you may be working with right? And so if you're in a if you're in a low income community and majority of the population that's within that community, or black, individual or Hispanic individuals. How are you tailoring your your paperwork? Is it? Is it in Spanish? Right? Are they? Are they able to translate that are, are there Spanish speaking

Kervins Clement, LCMHC, CSAT, NCC, CFLE: individuals when they when when people call your counseling firm. And so that is what I really want you to talk to think about. Reflect that this presentation. How am I? How am I tailoring my treatment approaches? How am I tailoring my practice to meet the needs of the individual within the community.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: There you go now.

Danna Demezier, PhD, LMHC, NCC: that's not the time.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: I don't sort of okay. So

Danna Demezier, PhD, LMHC, NCC: an example of a culturally informed addiction treatment was a community based participatory research study by Jordan and colleagues. That was a pilot study of a of a church based

Danna Demezier, PhD, LMHC, NCC: so there's a substance, abuse, treatment, intervention that was conducted out of a church, and it had very promising results. Some of the cultural elements that were that were highlighted where black pride,

Danna Demezier, PhD, LMHC, NCC: ethnic, ex ethnic identity, spirituality, and religion. And all these things help to support recovery. And it was represented thi through the church, black identity, heritage and black. The the black experience were very important for the participants who engaged in that treatment intervention, and one thing that was really important is to consider from the very beginning, from the formulation of the research study, there was intentionality in making sure that there was representation. So the research assistants, the P. I's
Danna Demezier, PhD, LMHC, NCC: the flyers, and how they engaged. They were really intentional about making sure that they saw that this was like for black people and that they had black faces that were very familiar. And then we talk about the historical trauma that's happened because of mistrust and everything like that. But what's important is when we talk about representation, it's making sure that people know and creating a space where they can feel safe and not threatened. So this research study, it was just a pilot study, and it was

Danna Demezier, PhD, LMHC, NCC: so. What was really remarkable about it is, they have, like an anticipated a number of people that they were recruiting for, and they had to stop because the participation exceeded what they needed, and it was like they had to shut down recruitment because it was more than they needed. So it speaks to. There is a possibility to have culturally informed treatment, especially addiction treatment, and we have to really consider how we engage and formulate and structured from the very beginning. So, Curvins, I feel like we're running out of time.

Danna Demezier, PhD, LMHC, NCC: cause we next slide, please.

Danna Demezier, PhD, LMHC, NCC: I don't think we have time for our case study, but so I don't know if you wanna just kinda share briefly on it. Or if you want me to do that.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: yeah. So what? What I'll just say to this case study is that when I think going back to earlier. What I said in regards to there's so much debt in regards to culture, and I think a lot of we have conversation about culture, responsiveness. It's it's Taylor around black and white, when there's so much substance there than this being black and white, we're so much dive where we're we're more diverse than that.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And so in this case, study. What I wanted us to talk about was not only the different cultural dynamics that were in the room, but also talking about like, how do we engage that in the counseling room?

Kervins Clement, LCMHC, CSAT, NCC, CFLE: We didn't get that?

Danna Demezier, PhD, LMHC, NCC: Okay?

Kervins Clement, LCMHC, CSAT, NCC, CFLE: Alright. So relationship rupture, I I'll Doctor Linda and I create this wonderful picture.

Kervins Clement, LCMHC, CSAT, NCC, CFLE: And this is typically what it looks like in regards to counseling rooms or or the rooms right? And so the clinician is on the right or the mental health provider, and they are quenched. They have questions they're like, I don't know how to engage this. I don't know what to say. I don't want to say the wrong thing, and there's a lot of questions coming up for that person, and then, and the client that in the the room is experiencing it, mistrusting and afraid

Kervins Clement, LCMHC, CSAT, NCC, CFLE: distance and dangerous. I don't feel I don't feel comfortable. I don't feel safe. And so we wanted to create a picture of relationship ruptures, particularly with an accounting role. And how does that look like? And there's more than I wanted to say about this picture, and unfortunately we are out of time. So here are the resources
Kervins Clement, LCMHC, CSAT, NCC, CFLE: that donna and I particularly I have done from my from my dissertation. But also we wanted to provide you again. We want to plan to see. And the way that you water to see this by going out and reading and using these resources. Thank you so much for this opportunity. And thank you for joining us.

Monica Rich-McLaurin, MHSA, MSW, LMSW: Thank you so much, Donna and Curvins, for such an engaging presentation.

Monica Rich-McLaurin, MHSA, MSW, LMSW: Peter. I believe you're on mute, sir.

Peter Mott, MA, ICPS, LCDC: Thank you, Monica. You're welcome. I was saying. I don't think we have time for questions.

Peter Mott, MA, ICPS, LCDC: but I did

Peter Mott, MA, ICPS, LCDC: submit a question to find out if these questions would be a part of the on demand presentations. And so we will let you all know about that.

Peter Mott, MA, ICPS, LCDC: So just as a reminder that the live virtual event attendees can navigate to the C quiz by clicking on the link, and the Thank you box or through the link on the same web page where you access this session.

Peter Mott, MA, ICPS, LCDC: We recommend that you make sure to save the Ce. Instructional guide attached to the chat box during this session. If you haven't already.

Peter Mott, MA, ICPS, LCDC: And again, I want to thank the National Association of Addiction Treatment Providers for sponsoring our first session today.

Peter Mott, MA, ICPS, LCDC: Now we'll hear from N Atp briefly.

and Atp has a treatment outcomes program where any addiction treatment provider can share patient outcome data to look closely at how we're affecting our patients. Christina, can you tell us why you join the outcomes program? We want to address racial inequities and health disparities in the treatment world. Part of how we do that is to measure our outcomes. We send the data in, and then we're able to look at it and figure out is what we're doing working. Can we do it better? And can this conversation continue on a national scale

and a

Monica Rich-McLaurin, MHSA, MSW, LMSW: in a few moments today's first spark talk. What is the minority fellowship program will begin. You can join the session from the same web page on the Nat website that you use to join this session

Monica Rich-McLaurin, MHSA, MSW, LMSW: moderated by Samson teclomarium, enjoy your break.