Professional Perspectives of Cultural Awareness and Humility Revisited

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Professional Perspectives of Cultural Awareness and Humility Revisited

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Professional Perspectives of Cultural Awareness and Humility Revisited:

Moving Beyond the Obvious

Facilitated by:
Marjorie B. Lewis, PhD., D. Min., LMFT, LAC
Behavioral Economist/Public Policy Analyst

CULTURAL HUMILITY IN THE SPACE OF SUBSTANCE USE FACILITIES:
Seeing Beyond Race/Class/Gender/Sexual Orientation/Exogenous Variables

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WELCOME to our training. Be open, honest and ready to discuss surprising topics.

Introduction

• Who I Am:
• Please share in the chat the following:
  • Your Name
  • Place of Employment (Organization/City/State)
  • Type of Employment
Professional Perspectives of Cultural Awareness and Humility Revisited

Our Facilitator: Marjorie B. Lewis

- Marjorie B. Lewis, Ph.D., D. Min., LMFT, LAC

Dr. Lewis holds various degrees including Public Policy Analysis, Pastoral Care and Counseling and Business and Public Administration. She hails from the Washington, DC, Metropolitan area by way of Shaw University, University of Maryland, Norfolk State University, Howard University, Southeastern University, Carnegie Mellon University, UC Berkeley, University of Colorado, and the University of Minnesota. She combines academic and applied orientations as a Behavioral Economist, applying these skills in Military and Prison Reentry, Addiction Counseling/Therapy-Education, and mental/behavioral health supervision. Her 32-year tenure in Denver features service through the Metropolitan Academy for Behavioral Health as a Behavioral Economist and Public Policy Analyst, University of Colorado, Denver’s Graduate School of Public Affairs (Tenured Track Professor), and a founding Tenured Faculty Person of the American Pathways University. She has served as a member of the Colorado Board of Parole, and the Colorado Justice Institute and is currently serving on the WellPower (MHCD) Board of Directors, as well as the Greater Metropolitan Denver’s Ministerial Alliance.

OBJECTIVES:

1) Addressing Professional Implicit Biases and Micro-Aggressions

2) Minimizing the Stigma of At-Risk Substance Use

3) Enhancing Insight and Awareness of Professionals in the Addiction Counseling Profession
Background

• Evolution of At-Risk Substance Use Intervention.
  • From a Grass Roots Movement Into the Arena of Professionalism

• Evolution of the Recognition of the Impact of Diversity/Equity/Inclusion/Belonging
  • Intolerance of Diversity is A Character Trait to be Managed Not a Character Flaw to be Denied.

• Evolution of Traditional Research in Defining Culture:
  • Cultural Competence
  • Multicultural Cultural Competence

WHAT ADDICTION IS NOT:

• A CHOICE
• A MORAL FAILING
• A MATTER OF WILLPOWER
• A SIGN OF WEAKNESS
• A CONDITION TO BE ASHAMED OF
• A SITUATION WHICH WILL SOLVE IT SELF
• SOMETHING WHICH SHOULD BE FACED ALONE

WE HAVE COME A LONG WAY:
Revisiting the Moral Model of At-Risk Substance Usage (Moral Model)
What At Risk Substance Use Intervention Is:

Grass Roots Movement (William White)

Newest Professionalized Mental Health Cohort

Most Diverse as a Function of: Race/Class/Age/Gender/Sexual Orientation

WHAT ARE THE IMPLICATIONS (CHALLENGES) OF THESE FACTS?

DEFINING CULTURE

Race we are born with.

Ethnicity we are born into.

Culture is organic, changing from day to day. It is the sum total of our life’s experiences.
Applying The Concepts Across Traditional Axes

- Culture is the sum total of our life Experiences
- Ethnicity is the context of our perspectives
- Race is an exogenous variable (unchangeable)
- Race and Ethnicity inform Our Cultural Definition
- Other factors informing our Cultural Definition include
  - Education Level and Approach to Learning
  - Systemic privilege of marginalization
  - Dress Codes
  - Approaches to work/play/grieving/nutrition/beauty/procreation/what others
• The image of an iceberg was used by Sigmund Freud to illustrate the hidden force of the subconscious mind. This image has become widely used in the public domain as a helpful illustration and/or exercise to gain knowledge about, and understand the aspects of, culture that are not easily discerned, invisible, and/or at the subconscious level, but all nevertheless influential aspects of culture. For example, the Peace Corps uses an iceberg exercise as part of its training curriculum, Culture Counts (see Exercises).

• The iceberg model offers a picture to understand how cultural awareness may help health and mental health professionals be alert both to the “invisible,” below-the-surface cultural factors that influence health and well-being, as well as the tendency to respond and react to the visible factors alone.

EXPANDING THE DEFINITION OF CULTURAL COMPETENCE TO INCLUDE:

- Cultural Humility
- Cultural Attunement
- Cultural Responsiveness
- Cultural Congruence
- Cultural Awareness
- Cultural Sensitivity

CULTURAL COMPETENCE
**CULTURAL HUMILITY**

Cultural Humility “requires that we take responsibility for our interactions with others, by actively listening to those from differing backgrounds while at the same time being attuned to what we are thinking and feeling about other cultures; cultural humility encourages self-reflection and self-awareness” (Clark et al., 2011) over the achievement of cultural knowledge/ awareness. It requires that we:

- Entails an awareness and reflection of groups’ contexts and the history of the context of one’s cultural experiences.
- Entails consideration of others as experts in their own experiences.
- Entails historical awareness of others and how our culture is impacted or impacts others.
- Entails a life-long learning process.
- Entails a Balancing of Power by Recognizing the legitimacy of others.

REFERENCES:

**CULTURAL ATTUNEMENT**

- Culturally attuned indicators are indicators that are deeply grounded in local cultural contexts. They can help us to understand complex interactions between people and place and provide a basis for self-defined sustainable development and resource management.
CULTURAL RESPONSIVENESS

• Being culturally responsive requires having the ability to:
  • Understand cultural differences,
  • Recognize potential biases, and
  • Look beyond differences to work productively with children, families, and communities whose cultural contexts are different from our own.

https://www.google.com/search?rlz=1C1CHBF_enUS920US920&ss sr=APwXEdfnuH4Sj0ktc9bCNIoswM2SNFuDyw:168290291842&q=What+are+the+3+main+components+of+cultural+responsiveness%3F&sa=X&ved=2ahUKEwiVzbP6sMH-AhVnH2QjHYEvBd8Qzmd6BAgEAY&biw=1920&bih=937&dpr=1

CULTURAL DIVERSITY

• Although much of the extant work on cultural diversity has focused on issues of race, ethnicity, language, and religious difference, we endorse a much broader diversity perspective that includes many dimensions of both difference and similarity between groups and within groups. Issues of age, gender, sexual orientation, socioeconomic status, and education also must be considered when working with concepts of culture. Individual backgrounds, experiences, and exposures to diverse human cultural patterns vary widely from place-to-place and change over time based on the number and type of people encountered and the nature and intensity of cross-cultural interactions.
Cultural Awareness as a Preventative to Cultural Shock

- **Cultural awareness is promoted by the process of encountering difference.** When one perceives that another person does not behave according to one’s own deeply held cultural expectations, this collision is an opportunity to consider these expectations more fully in light of this encounter and to assess how they are culturally bound.

- Although the term “culture shock” usually applies to experiences with people raised in different countries, shocks of much smaller scale can occur as people encounter different families, schools, and work or home environments.

- It is also common for people to perceive themselves as normal and others as different or deviating. This perception is related to ethno-centricism, a tendency that seems to be common to every culture—viewing one’s own group as superior as well as the norm. The following figure, adapted with permission from Storti (2001), offers a depiction of what happens when people behave contrary to our expectations, or we behave contrary to theirs.
CULTURAL AWARENESS: Implementing the ARC Model

- **Awareness**: Knowledge and thought are necessary to appreciate the ways in which cultures vary and are similar, the ways that cultural contexts influence personal meaning, and the profound effects that culture has on healthcare from both provider and recipient perspectives.
- **Relationship**: Stepping out of our zones of familiarity in order to engage the thoughts/perspectives of individuals who are or appear to be VERY different from ourselves.
- **Commitment**: Taking steps to engage policies/procedures/laws/personal orientations to optimize the art of CLIENT CENTERED BEHAVIOR through the lens of culture.

Implications of Cultural Awareness

- **First step—culture shock.** According to Storti (2001), the first step of cultural awareness, realizing that we expect others to be like us, is the most difficult, because these expectations, thoughts, feelings, and attitudes are subconscious.

  “It so happens, however, that we have readily at hand a fool-proof mechanism for raising this particular instinct to the level of conscious awareness: it is none other than that frustration, surprise, or anger that arises in us at the time a cultural incident occurs” (p. 76).

- One recommended method of learning from cultural incidents is to schedule at a time each day to recall these encounters and reflect on them, alone or with others. With practice, greater awareness may become available during a cross-cultural incident.
CULTURAL SENSITIVITY

- An affective or attitudinal construct. Each clinician’s attitudes about themselves and others and their openness to learning about cultural dimensions and diversity are essential to cultural sensitivity. Openness to self-exploration of personal cultural heritage and experiences, the disciplinary heritage into which clinicians are socialized, and the organizational cultures within which services are provided is essential to cultural sensitivity.

Three subtypes of MICROAGGRESSIONS:
Micro-Assaults, Micro-Insults and Micro-Invalidations

- **Micro-Assaults:** UNCONSCIOUS messages that are insensitive and disparaging to our client’s identity or background.
- **Micro-Insults:** Verbal and nonverbal communications that SUBTLY convey rudeness and insensitivity and demean our client’s identity.
- **Micro-Invalidations:** Behaviors and statements that are MEANT TO exclude, negate, and dismiss our client’s personal feelings, thoughts, and experiences.
“CLIENT IMPLICATIONS: THE CATCH-22 OF RESPONDING TO MICROAGGRESSIONS”

EXHAUSTING! AND DISTRACTING!
Imagine the impact of the following questions!!!
TRADITIONAL RESPONSES TO MICRO AGGRESSIONS

• Did that really happen?

• Can I prove that it happened?

• Should I say anything?

• What will happen if I respond?

• WHAT OTHER QUESTIONS MIGHT THE CLIENT PONDER? What other questions would you ponder?
Can I prove that happened?

Should I say anything?
Will anything happen if I respond?

IMPLICATIONS FOR OUR CLIENTS

The client considers whether his or her actions will be negatively interpreted.

Self-questioning can be exhausting and can take an emotional and physical toll on the client.

By not addressing the microaggression, the client carries the weight of the experience on his or her shoulders, exacerbating existing mental health and wellness challenges.
IMPLICATION:
FOSTERING IRRATIONAL BELIEFS WITHIN OUR CLIENTS:
The issue of Should Statements

CONSIDER ALBERT ELLIS’ FIRST PERSON “MUSTERBATIONS”:
The issue of guilt and/or shame

• I must....
• There is something wrong with me.
• I am incapable of moving forward.
• I am a bad/immoral/inappropriate individual.
• Misappropriated definitions associated with guilt often are confused with shame. Guilt in and of itself is neither good or bad. However, shame is an emotion that contributes to ambivalence (resistance).

PROFESSIONAL IMPLICATIONS:
Implicit Biases and Micro-Aggressions

• While Sue and Sue make a strong case for racial/gender/socio-economic and other implications of micro-aggressions, there are additional, perhaps more impactful implications of professional orientations moving beyond these traditional dimensions. While we know such micro aggressions invalidate a client’s utility (https://ct.counseling.org/2016/06/raising-counselors-awareness-microaggressions/) our professional use of micro-aggressions also result in negative therapeutic (psychological/emotional/behavioral) implications for our clients.

• To this extent our professional authorities have informed some changes replacing the afore mentioned affronts with more objective, client centered approaches when defining our client’s condition during their journey towards rehabilitation.

• Counselors can empower clients by addressing certain professional microaggressions, substituted by strategies to combat these professional microaggressions in the therapeutic setting.
CLINICAL IMPLICATIONS OF Implicit Biases and Micro Aggressions:

- Inhibiting the therapeutic relationship
- Compromising our client’s capacities to make decisions to change as a function of:
  - Self Efficacy
  - Autonomy
  - Insight and Awareness
  - Potential to own one’s circumstances and associated implications

In the chat or in your groups: Identify synonyms for the following terms
ABUSE:
- Harm
- Violence
- Assault

DEPENDENCE:
- Weak
- Needy
Lack of Autonomy
PROBLEMS:
- Disempowering
  Increases Ambivalence (resistance)

CONCERN:
- Condescending
  Increases Anxiety
HELPING:
Compromises Motivation
Missionary Syndrome

Dysfunctional/Disorder:
Invalidates
Increases Ambivalence
Challenges Client’s Self Efficacy
Challenges Client’s Ambivalence
What are other examples of professional micro-aggressions?

In the chat ...
Please share any other examples of micro-aggressions used in the therapeutic setting.
“Reaching Back” (for whom)

Nicknames Given Individuals Who Suffer At-Risk Substance Usage

- Junkie
- Pot Head
- Crack Head
- Dopehead
- Doper
- Druggie
- Drunkard
- Addict
- Burnout

https://www.addictioncenter.com/drugs/drug-alcohol-slang/
NICKNAMES GIVEN INDIVIDUALS WHO SUFFER AT-RISK SUBSTANCE USAGE

- Fiend,
- Hophead
- Stoner
- User
- Zombie

https://www.addictioncenter.com/drugs/drug-alcohol-slang/

NICKNAMES GIVEN INDIVIDUALS WHO SUFFER AT-RISK SUBSTANCE USAGE

- Bag
- Bent
- Hook(ed)
- Jones(ing)
- Kick
- Monkey on Your Back
- Strung Out
- Substance Use Disorder

https://www.addictioncenter.com/drugs/drug-alcohol-slang/
THE MISSIONARY SYNDROME

While this is not the case in all Missionary Movements, in many there was an implicit assumption that people needed their/our help. Even if we realize that the experience was as helpful for us as the missionary, this is the end result not the motivation for entering.

As therapists, counselors, and/or educators could we be engaging this same stance, even if it is not purposefully motivating a decision to enter into the field.

Implications of These and Other Professional Micro-Aggressions
IMPEDES THE THERAPEUTIC ALLIANCE (RAPPORT)

Impedes Client Autonomy and Self Efficacy
Increases Client’s Ambivalence (Resistance)

IMPLICATIONS FOR OUR CLIENTS

- The client considers whether his or her actions will be negatively interpreted
- Self-questioning can be exhausting and can take an emotional and physical toll on the client.
- By not addressing the microaggression, the client carries the weight of the experience on his or her shoulders, exacerbating existing mental health and wellness challenges.
WHAT WE CAN DO THROUGH OUR FACILITIES

Encourage Interventionists to Role Play With One Another In Order to Perceive as Does the Client When Participating In the Intervention Process

Require Training and Supervision of Clinical Staff Regarding Issues Presented During This and Other Presentations When Addressing Professional Micro-Aggressions.

Replace Any Communication Promoting Insensitive Terminology Throughout The Facility

Other Ideas Provided By Colleagues Throughout the Industry

What We Can Do As Interventionists

Universalizing the Issue of Conditioned Behavior

Honoring Coping Techniques Used by Our Clients Thus Far

Using Motivational Interviewing Increasing Clients’ Awareness and Insight as They Recognize/Realize Current Coping Techniques Are Not as, or No Longer, Useful for Their Original Utility

Practice Sensitivity In Our Use of Language and Linguistics

Replace Derogatory Terminology With Intentional/Strategic behavioral Change/Modification Substitutes

Consider Self Care Including but Not Limited to Therapy
QUESTIONS?

Thank You!
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Accessing the CE Quiz

[Image of Accessing the CE Quiz interface]

Courses > Haley and Jessie Test the... > Live, Interactive Webinar... > NAADAC - CE Instructional P...

Overview

THANK YOU

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By: Meghann Perry, CARC, RCPF and Paul Alves, NCPRSS, CARC

September 21st, 2023  
Peer Recovery Support Series, Part 8: Ethics, Confidentiality, and Boundaries in Peer Recovery  
By: Judith Landau, MD, DPM, LMFT, CFLE and Nanette Zumwalt, CADC, CCJP, CIP, CRS

September 13th, 2023  
Recovery Capital: Assets, Not Abstinence  
By: Alex Elswick, PhD

October 25th, 2023  
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By: Erica Spiegelman, CADAC II

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Thank You
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