

Culturally Responsive Substance Use Disorder Treatment With Parents and Caregivers

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Presenter Information



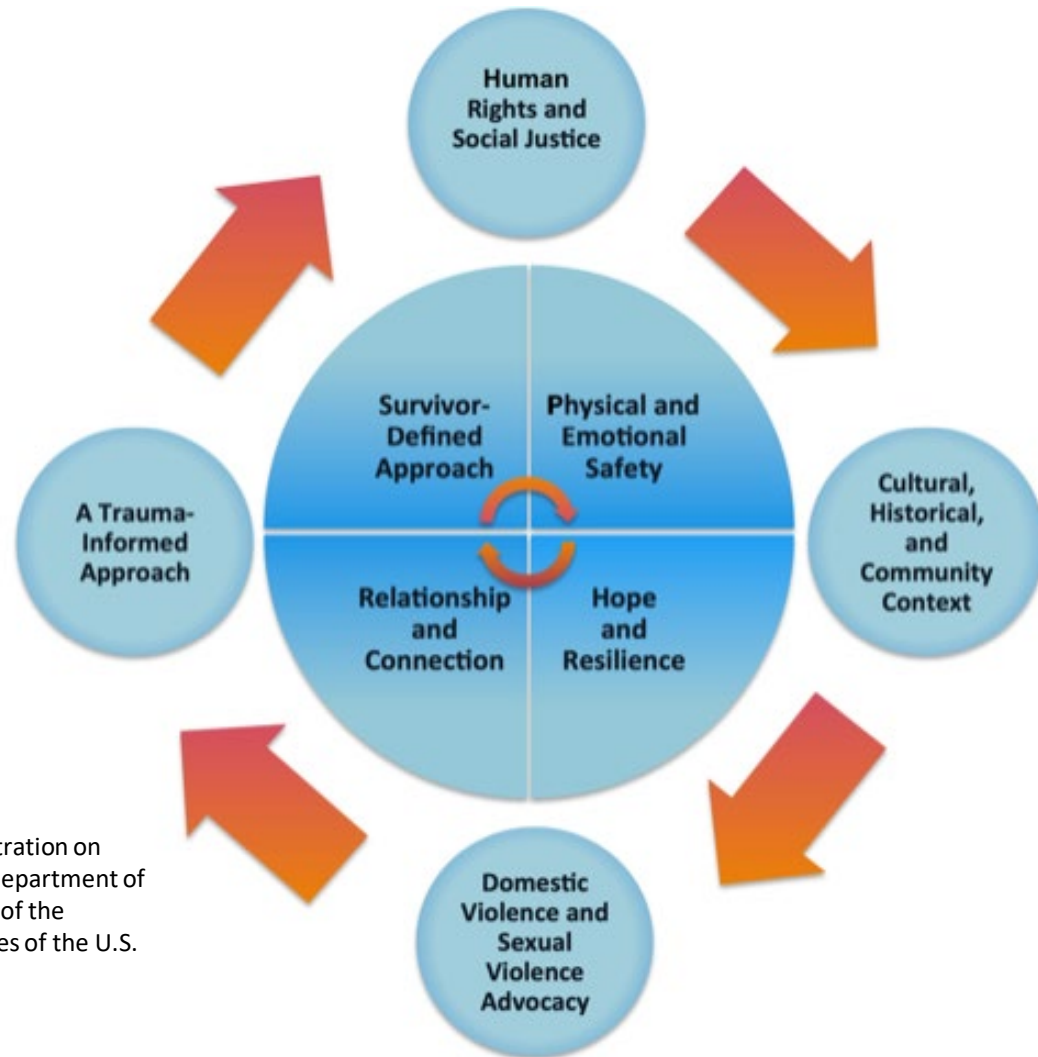
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NCDVTMH is a Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use and Mental Health

- Comprehensive Array of Training and Technical Assistance Services and Resources
- Research and Evaluation
- Policy Development and Analysis
- Public Awareness

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Learning Objectives

- Identify at least four common barriers that parents face, and the resources needed to address those barriers to increase access to Substance Use Disorder (SUD) services.
- Identify at least four culturally specific strengths and strategies to cultivate and build on individual, family, and community strengths.
- Become familiar with at least three evidence-supported culturally specific treatment programs for Black, Indigenous, Latinx, and other parents of color.
- Identify at least two strategies to increase culturally responsive services for parents.

Poll: What's your current role?



Increased Barriers and Risks



**What are common barriers
that parents and caregivers
experiencing a substance
use disorder face?**

Structural Barriers

- Added burdens of collective, racial, and/or migration stress and trauma
- High recognition of need but low access, retention, and satisfaction
- Economic disenfranchisement
- Disproportionate levels of system involvement



Intersectionality: Race and Gender

A systematic review by Redmond et al. (2019) of Black women's treatment barriers found themes of:

- Economic disenfranchisement
- Family support
- Discrimination by staff
- Lack of trauma-informed and trauma-care services

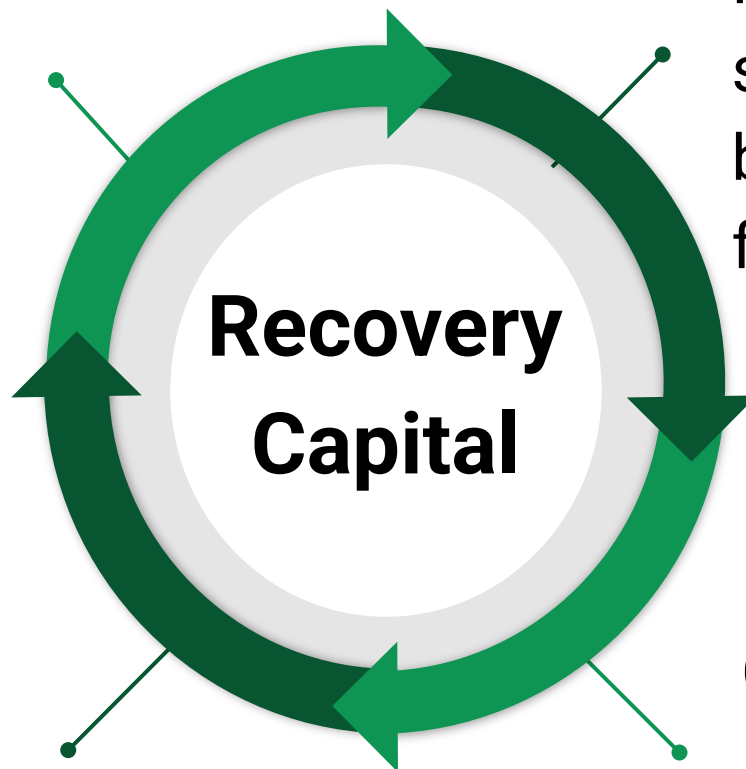


HUMAN

Skills,
education,
self-efficacy,
hopefulness,
personal
values

SOCIAL

Family,
safe intimate
relationships,
kinship,
social supports



PHYSICAL

Physical health,
safe shelter,
basic needs,
financial resources

COMMUNITY

Anti-stigma,
recovery role
models,
peer-led support
groups

(White & Cloud, 2008)

Culturally-Specific Sources of Support and Recovery

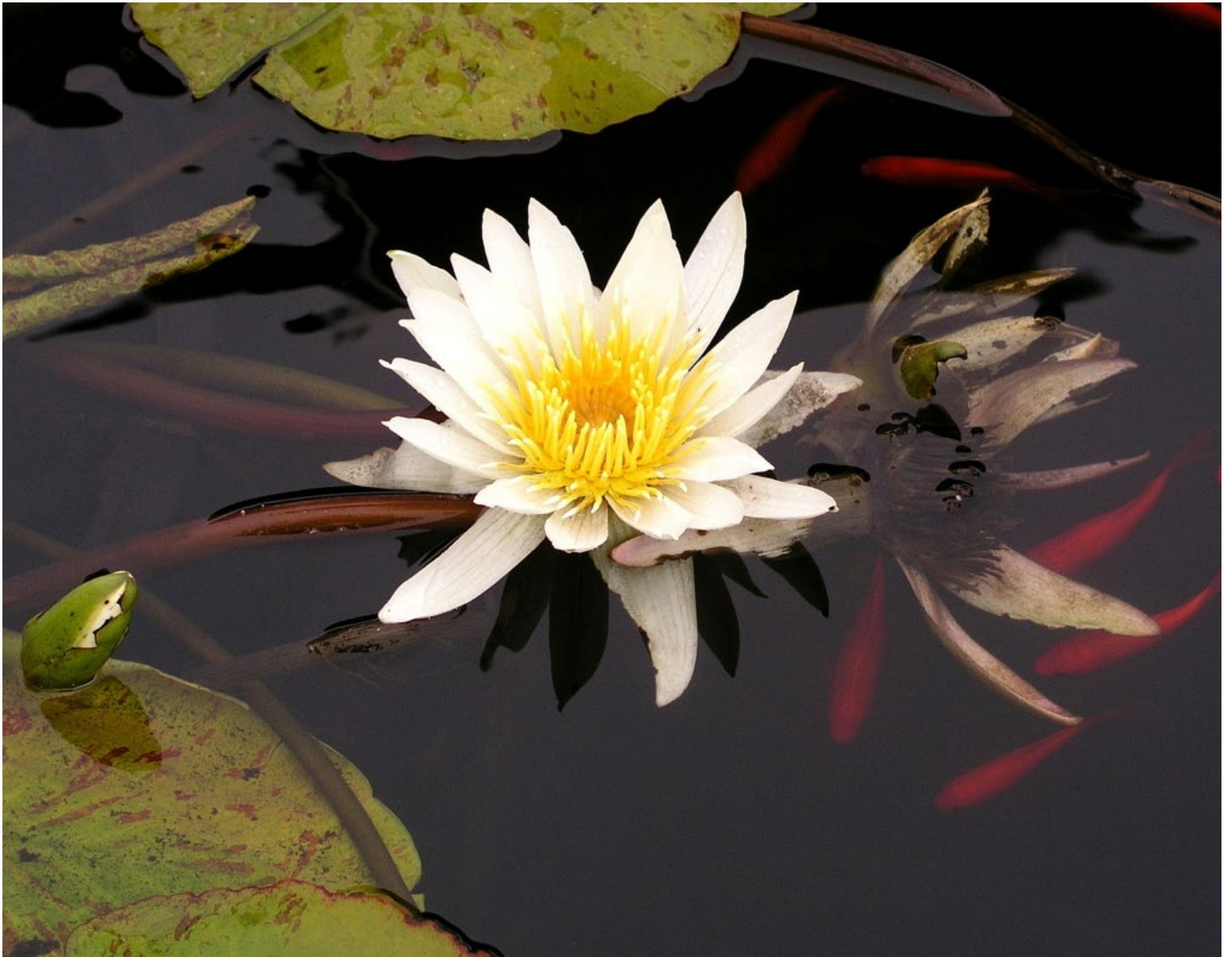
Yet despite these complex risks and barriers, some evidence suggests that people of color experience similar recovery outcomes at follow-up.

Points to culturally-specific sources of recovery

(Schmidt et al., 2006)



Image Source: Community art by people who access www.streethealth.ca services

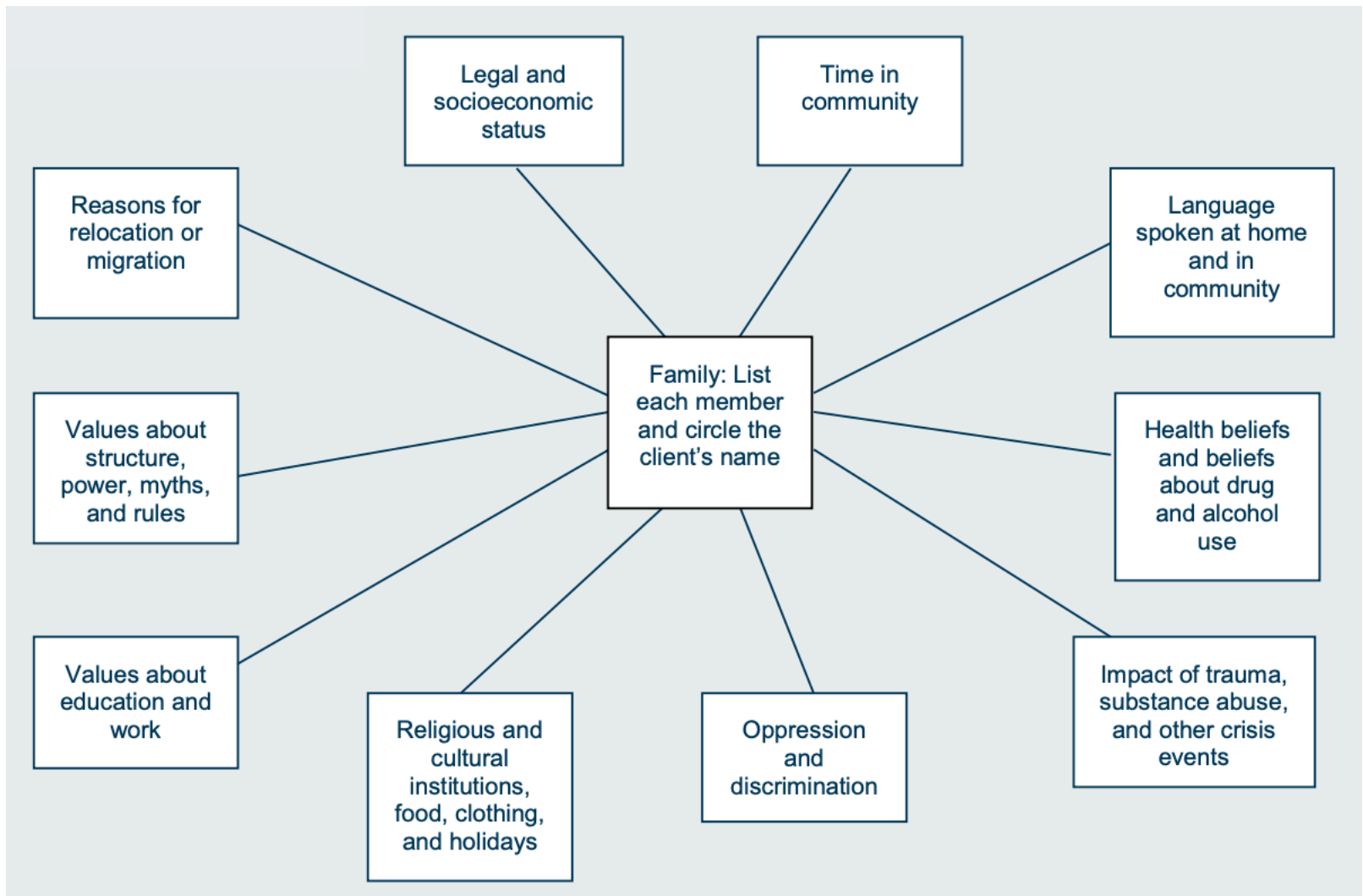


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Cultural Strengths and Resources



Culturagram



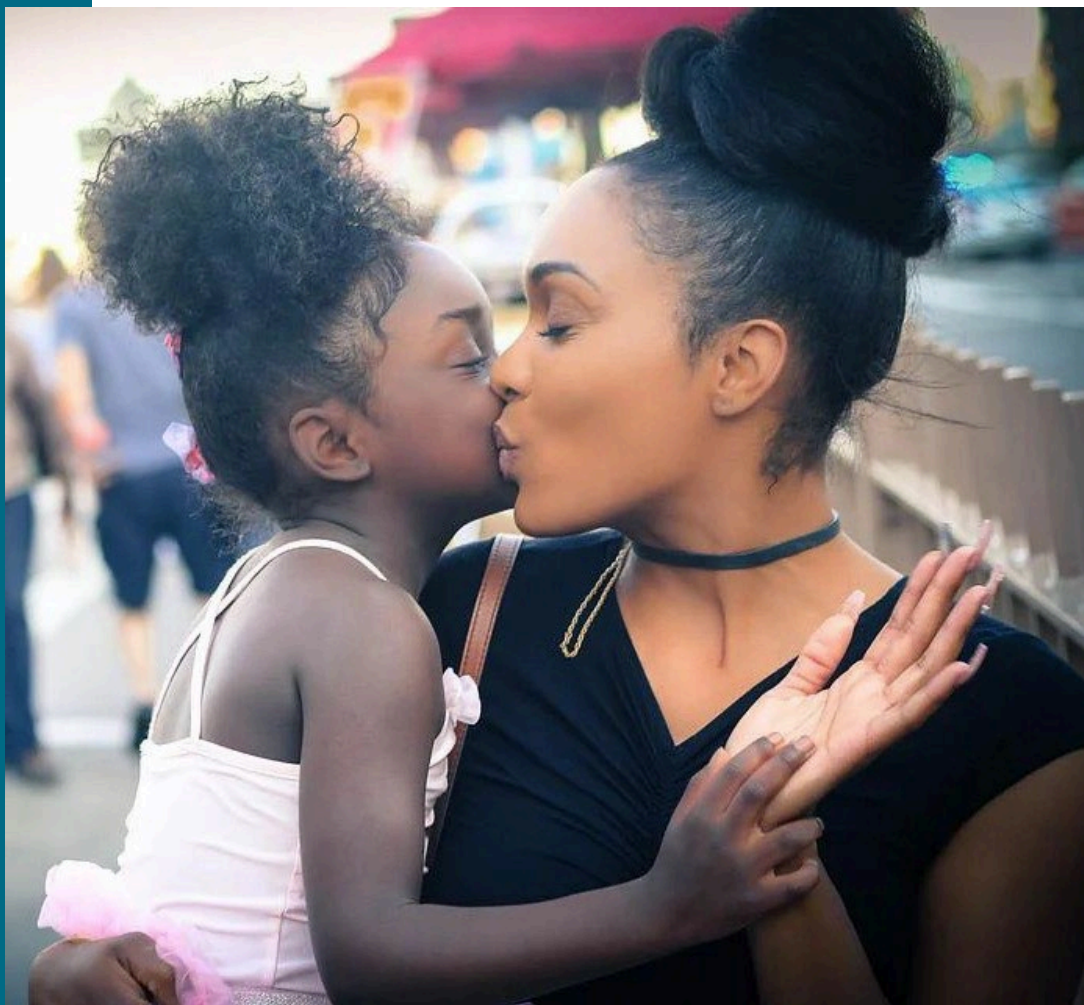
Recognizing Cultural Strengths and Resources

- Pride and participation in one's culture
- Social skills, traditions, knowledge, and practical skills specific to one's culture
- Bilingual or multilingual skills
- Traditional, religious, or spiritual practices, beliefs, and faith
- Generational wisdom

Recognizing Cultural Strengths and Resources

- Extended families and nonblood kinships
- Ability to maintain cultural heritage and practices
- Perseverance in coping with racism and oppression
- Culturally specific ways of coping
- Community involvement and support

Parent-Child Attachment



How does your program support parent-child attachment?

How are these strategies adapted across children's developmental needs and stages?

Family Bonding Activities: Moving and Playing Together

Cooperative games (9-12 years old)

The advocate can have games like Jenga or Kerplunk available for the caregiver and child to play. The focus is on “*winning*” as a team and not individual competition. Jenga can be used with multigenerational families or multiple children. Jenga blocks can also have questions or prompts taped or written on the sides of each block to encourage dialogue between caregivers and children.

Family Bonding Activities: Moving and Playing Together

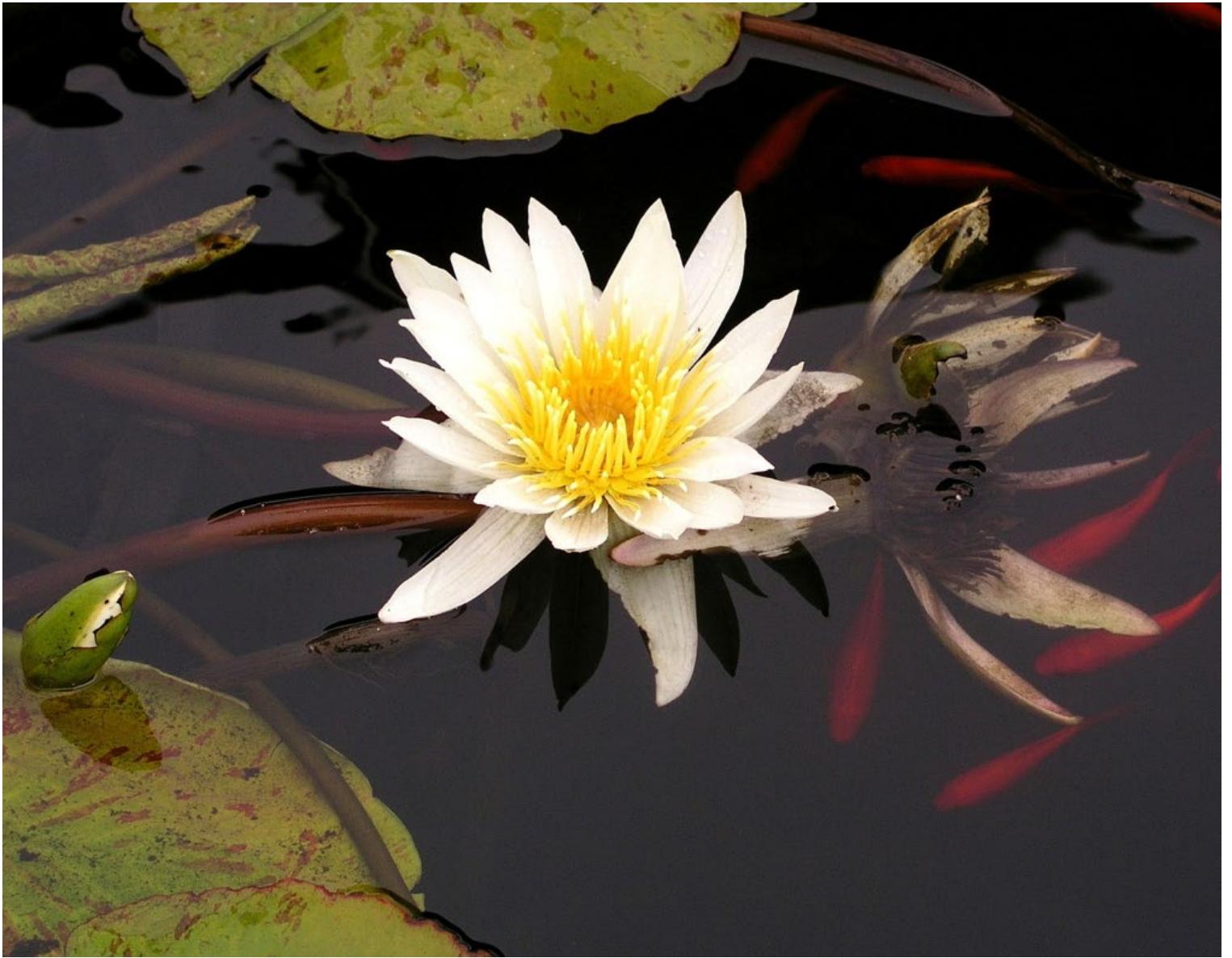
Feelings charades (13+ years old)

Caregivers and teens “act out” feelings and emotions while taking turns guessing what the other is acting out. Advocates can participate and start the charades with an easy or subtle example and then rotate acting out emotions between the caregiver and teen. This activity can help bring greater awareness to both the caregiver and teen about how different emotions are expressed and potential for misinterpreting feelings.

Beyond Parent-Child: Multigenerational Bonds



How could your program expand from dyadic to multigenerational family bonding?



(break)

Evidence-Supported and Promising Practices

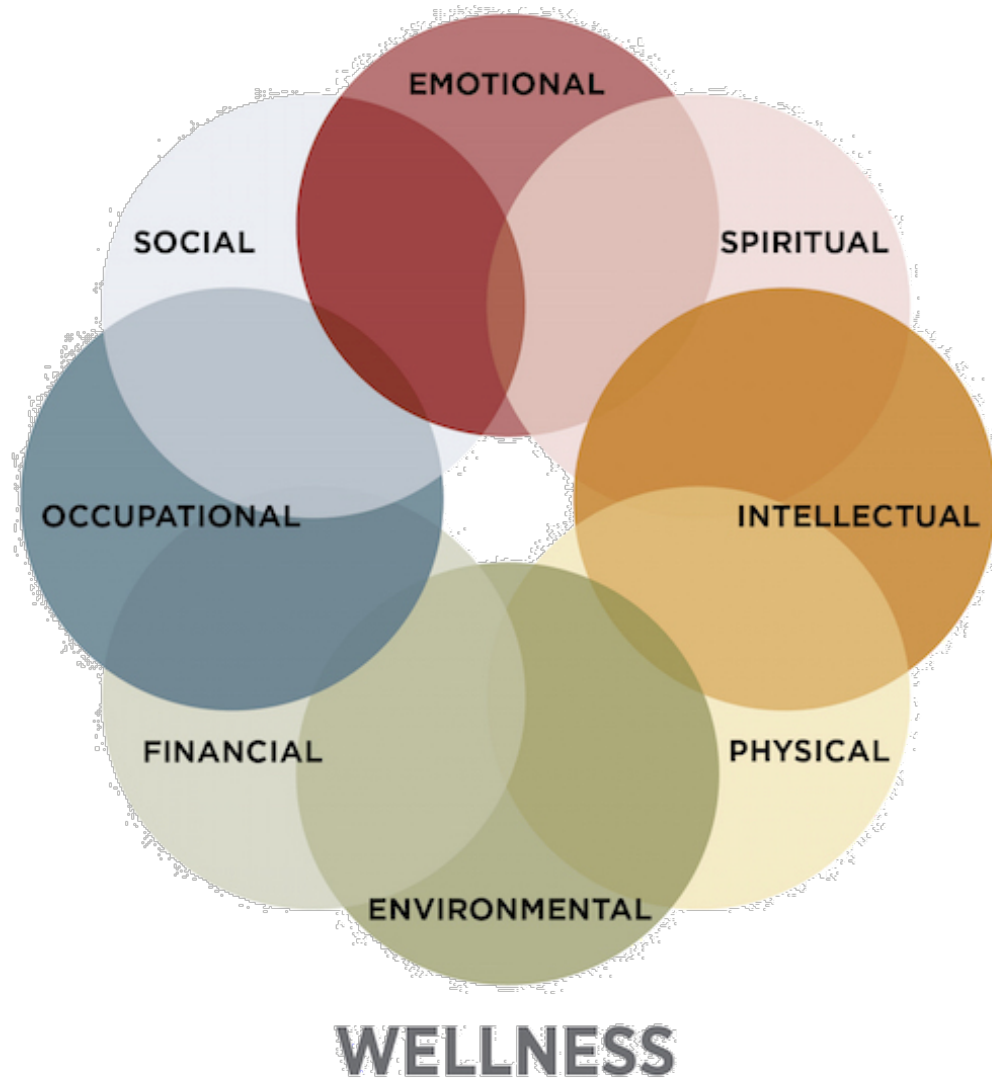


What SUD services
are you already
offering parents
and caregivers?



How are you building on
existing cultural and family
strengths in these services?

Holistic and Comprehensive



Accessible

- Actively address common barriers, including transportation, childcare, food insecurity, and stigma (Neger & Prinz, 2016)
- Language access
- Cultural humility
- Gender-Responsive



Gender-Responsive Care for Women in SUD Treatment and Recovery Services



Responsive to women's unique experiences

Trauma informed

Relational approaches

Provides a healing environment

Comprehensive services address multiple needs

Family-Based and Multigenerational

Level 5

Family-based treatment

Level 4

Family services

Level 3

Women's & children's services

Level 2

Women's treatment with children present

Level 1

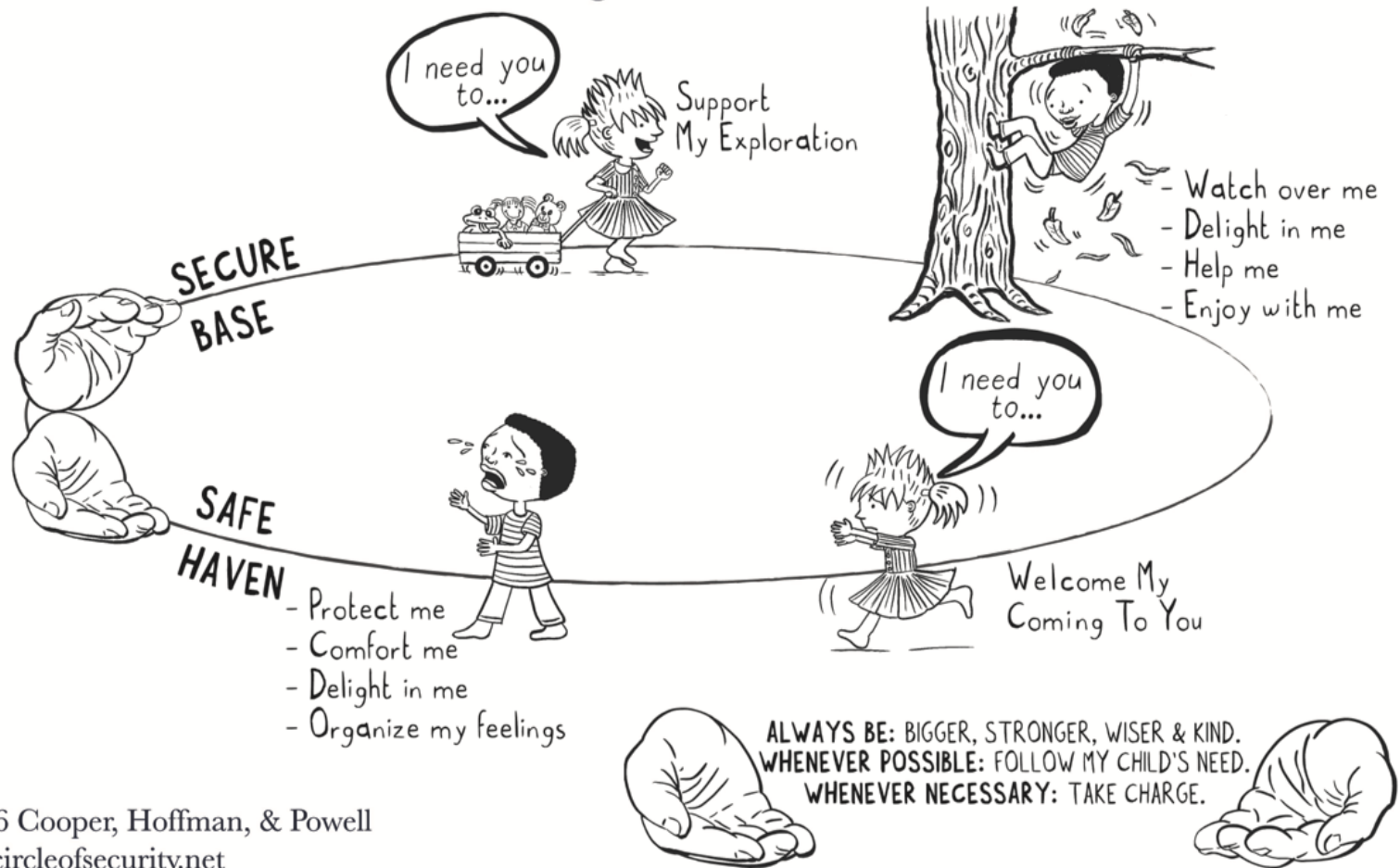
Women's treatment with family involvement

Level 0

Individually focused, no meaningful
consideration of family

Circle of Security®

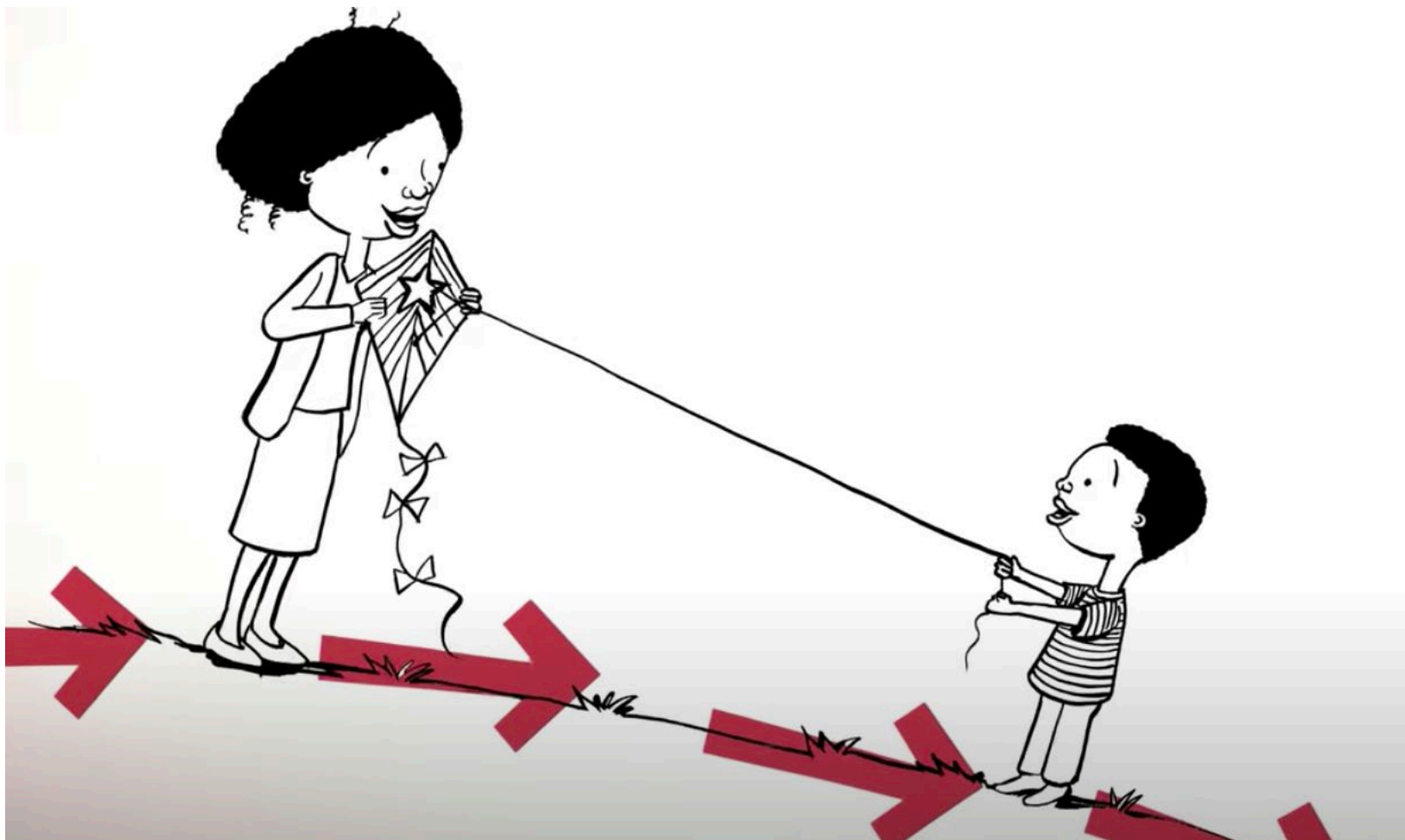
Parent Attending To The Child's Needs



©2016 Cooper, Hoffman, & Powell
www.circleofsecurity.net

Image source: www.circleofsecurityinternational.com/circle-of-security-model/what-is-the-circle-of-security

Video with overview: <https://youtu.be/1wpz8m0BFM8>



Video link: <https://youtu.be/1wpz8m0BFM8>



National Association for Children of Addiction

- [Celebrating Families!](#)
- [¡Celebrando Familias!](#) (adapted for Latinx cultures and in Spanish)
- [Wellbriety and Celebrating Families! Partnership](#) (adapted for Indigenous cultures and communities)



Sessions:

Family Dinner (precedes each session)

Session 1: Orientation and Getting Started

Session 2: Healthy Living

Session 3: Nutrition

Session 4: Communication

Session 5: Feelings and Defenses

Session 6: Anger Management

Session 7: Facts about Alcohol, Tobacco and Other Drugs

Session 8: Chemical Dependency is a Disease

Session 9: Chemical Dependency Affects the Whole Family

Session 10: Goal Setting

Session 11: Making Healthy Choices

Session 12: Healthy Boundaries

Session 13: Healthy Friendships and Relationships

Session 14: How We Learn

Session 15: Our Uniqueness

Session 16: Celebration!



Celebrating Families!™

L **LISTEN**
O **OBSERVE**
V **VALIDATE**
E **EDUCATE**

C **CONSISTENCY**
A **AFFIRMATION**
R **RESPECT**
E **EMPOWERMENT**

Boston Consortium Model

- Collaboratively adapted to better meet the unique realities of women of color with low or no income, primarily in urban settings (in English and Spanish)
- One primary point of contact that provides support and coordination across services
- Five modules
 - TREM curriculum with 3 added sessions on HIV prevention
 - Women's Leadership Training Institute (peer-delivered)
 - Economic Success in Recovery
 - Pathways to Family Reunification and Recovery
 - Nurturing Program for Families

(Amaro et al., 2005)

www.nurturingparenting.com/images/cmsfiles/npbostonconsortiummodel.pdf

Peer-Based Services and Community Health Workers

- Cultural responsiveness and service effectiveness is often enhanced through **both cultural adaptation and peer-delivery**
- This is especially true when there is low service access and high levels of stigma
- Community health workers and the *promotoras* model

Culturally-Specific Recovery Resources



<https://wellbriety.com/>

<http://lararecovery.org/>



www.facebook.com/blackrecoverymatters/

@blackrecoverymatters

www.ourjewishrecovery.com



Small Group Discussions

- What are some elements of evidence-based and promising practices that your setting already incorporates?
- What elements or program(s) would you be interested in exploring further?
- How could you enhance accessibility and comprehensiveness of services?

What Can We Do? Next Steps

- Recognize the unique risks and barriers that parents of color face and develop strategies and resources to increase equity
- Increase awareness of cultural strengths and resources, and incorporate these into services

What Can We Do? Next Steps

- Increase self-awareness and self-reflection as part of practicing cultural humility
- Build on family strengths and support family bonds
- Creatively strategize ways to increase accessibility, holistic approaches, and comprehensive services

What Can We Do? Next Steps

- Increase availability of and collaborate with peer support specialists and community health workers
- Consider evidence-supported and promising practices and how to integrate elements into programming

Additional Resources

Addiction Technology Transfer Center Network: Productos del ATTC en Español <https://attcnetwork.org/centers/global-attc/productos-del-attc-en-espanol>

National American Indian & Alaska Native Addiction Technology Transfer Center <https://attcnetwork.org/centers/national-american-indian-and-alaska-native-attc/home>

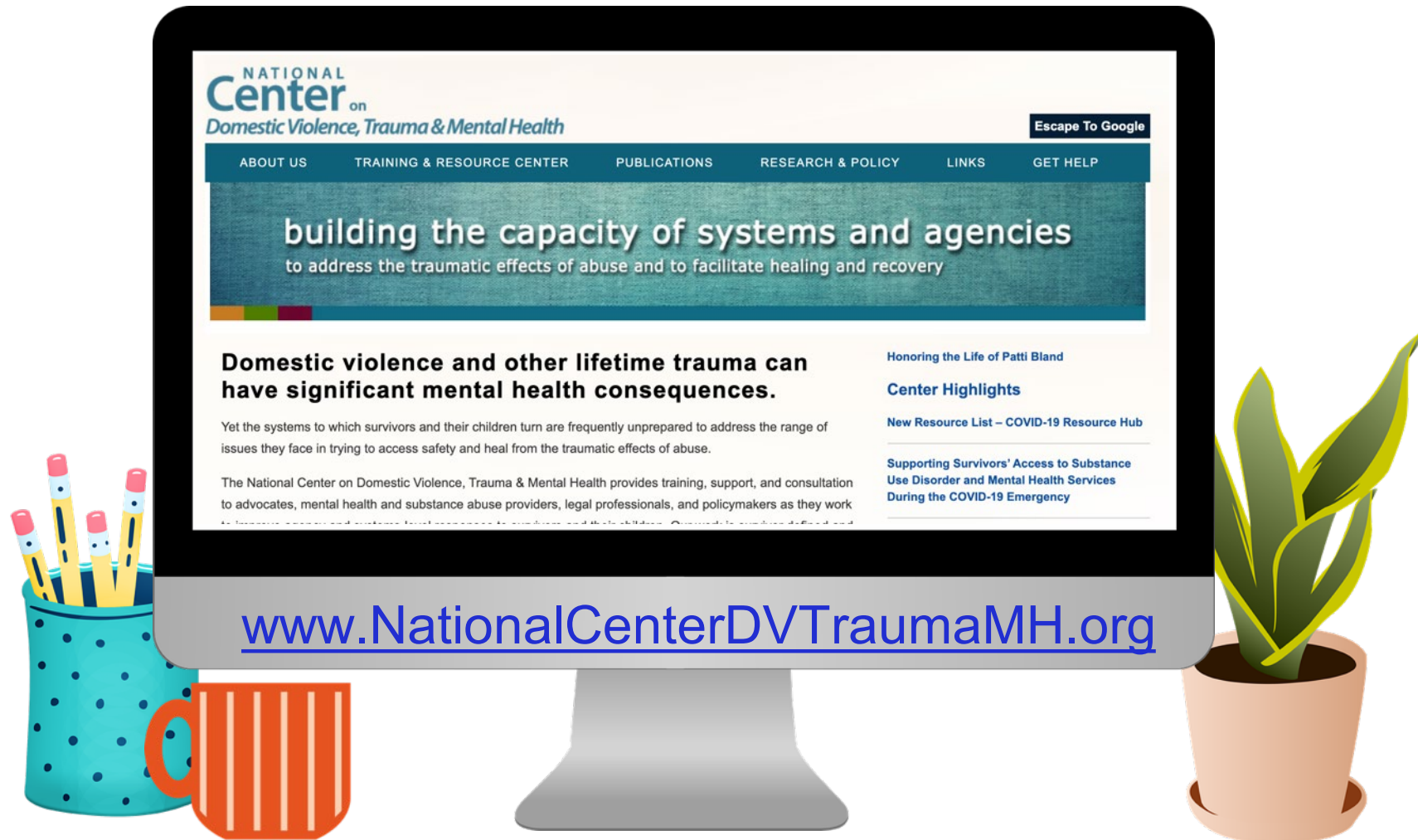
National Hispanic and Latino Addiction Technology Transfer Center <https://attcnetwork.org/centers/national-hispanic-and-latino-attc/home>

Southeast Addiction Technology Transfer Center: “From Minority to Priority” <https://attcnetwork.org/centers/southeast-attc/minority-priority-0>

Substance Abuse and Mental Health Services Administration. Improving Cultural Competence. Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>

U.S. Department of Health & Human Services: Improving Cultural Competency for Behavioral Health Professionals
<https://thinkculturalhealth.hhs.gov/education/behavioral-health>

Additional NCDVTMH Resources



www.NationalCenterDVTraumaMH.org



NATIONAL
Center on
Domestic Violence, Trauma, and Mental Health

COMMITTED TO SAFETY FOR ALL SURVIVORS:

*GUIDANCE FOR DOMESTIC VIOLENCE PROGRAMS
ON SUPPORTING SURVIVORS WHO USE SUBSTANCES*

GABRIELA A. ZAPATA-ALMA, LCSW, CADC

Committed
to Safety
for ALL
Survivors

7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors and What You Can Do Instead



NATIONAL CENTER ON
DOMESTIC VIOLENCE,
TRAUMA, AND
MENTAL HEALTH

7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors *and What You Can Do Instead*

High rates of DV among
women accessing substance
use disorder treatment

47%-
90%

Report DV in
their lifetime

31%-
67%

Report DV in
the past year

NATIONAL
Center
on
Domestic Violence, Trauma & Mental Health

➤ Keep in Mind ➤

- **Use a universal precautions approach:** It can be difficult and dangerous for a survivor to talk about intimate partner violence (IPV). Trauma-informed approaches are essential even if someone has not disclosed abuse.
- **Avoid labeling:** Many people will not identify with terms such as *survivor*, *abuse*, *victim*, or *intimate partner violence*.
- **Not just intimate partners:** Abuse may come from another social contact.
- **Not just physical or sexual violence:** Learn more about the many forms of abuse and coercion at www.nationalcenterdvtraumamh.org.

➤ 1) Practices Surrounding Program Intake and Exit ➤

Risks and Barriers:

- **Delays in service access:** Survivors need to be able to access resources when there's a window of safety. Delays often mean the window of safety will close.
- **Strict treatment schedules** can increase the risk of stalking and victimization.
- **Administrative discharge due to missed appointments:** A survivor may miss appointments in order to protect themselves or due to a partner's interference.
- **Administrative discharge due to toxicology screening results:** Substance use may be a direct result of the abuse someone faces or coercion to use by a partner. Regardless, this is neither trauma-informed nor considered best practice.
- **Administrative discharge due to inability to pay:** Financial abuse is common and using health

Palm Card on Substance Use Coercion

Substance Use Coercion

When You Can Talk Privately

"People have shared with us that their (ex-)partner pressured them to use substances, use in ways that they didn't want to, or used their substance use as a way to control them. Using substances is a common way to deal with physical and emotional pain. If you can relate to any of this, know that we're here to help."

Common Forms of Substance Use Coercion

Introduction to or escalation of substance use

Forced use or withdrawal

Self-medication to cope

Sabotaging treatment access or recovery efforts


Using **stigma** to isolate, discredit, or threaten

Blaming abuse on use

Validate and Affirm

- None of this is your fault
- You deserve to be treated with dignity and respect, no matter what
- I believe you
- You are not alone

"Would it be helpful to talk about some **safety strategies** and **resources**?"



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TRAUMA, AND
MENTAL HEALTH
www.nationalcenterdvtraumamh.org

Safety Plan: Access and Recovery

Collaboratively Strategize:

- Safe communication (telehealth, phone, mail, etc.)
- Stalking risk and appointment schedule
- Staying connected to services if pressured by a (ex-)partner to leave
- Maintaining control of medication(s), including MAR/MAT
- Threats to disclose or subpoena protected health information
- Legal documents that enable a (ex-)partner or social contact to exert control over the person

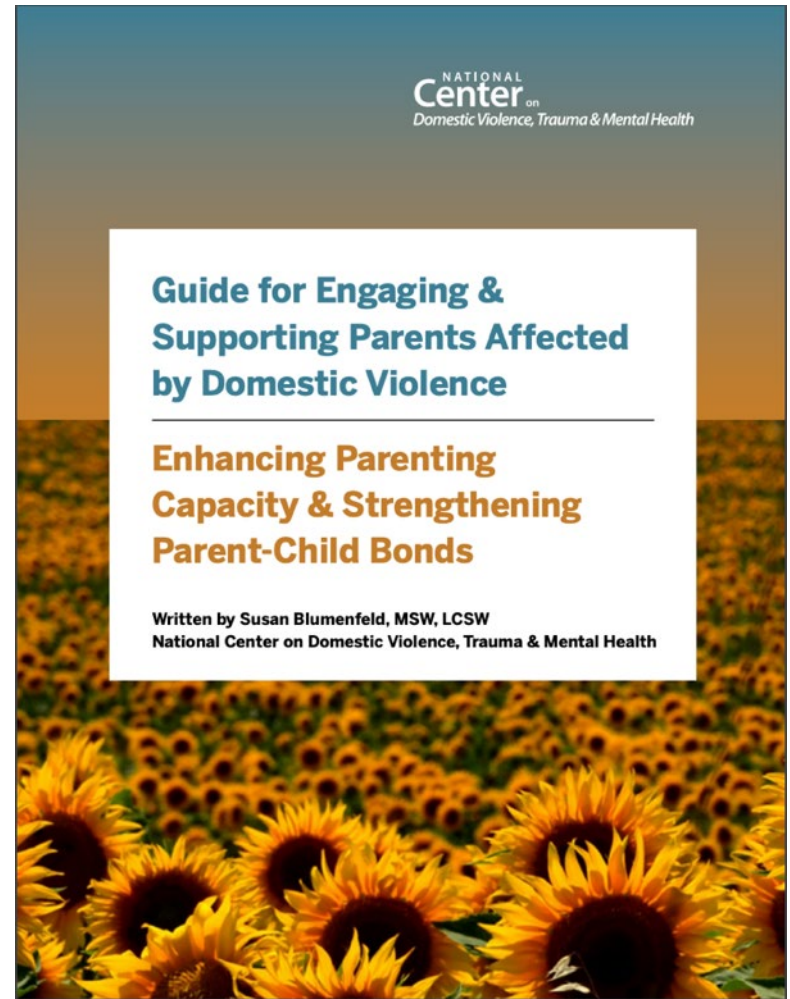
Connect

National Domestic Violence Hotline: 1 (800) 799-SAFE and 1 (800) 787-3224 (TTY)
RAINN National Sexual Assault Hotline: 1 (800) 656-HOPE
StrongHearts Native Helpline: 1 (844) 7NATIVE
Love is Respect (for teenagers): 1 (866) 331-9474 and 1 (866) 331-8453 (TTY)



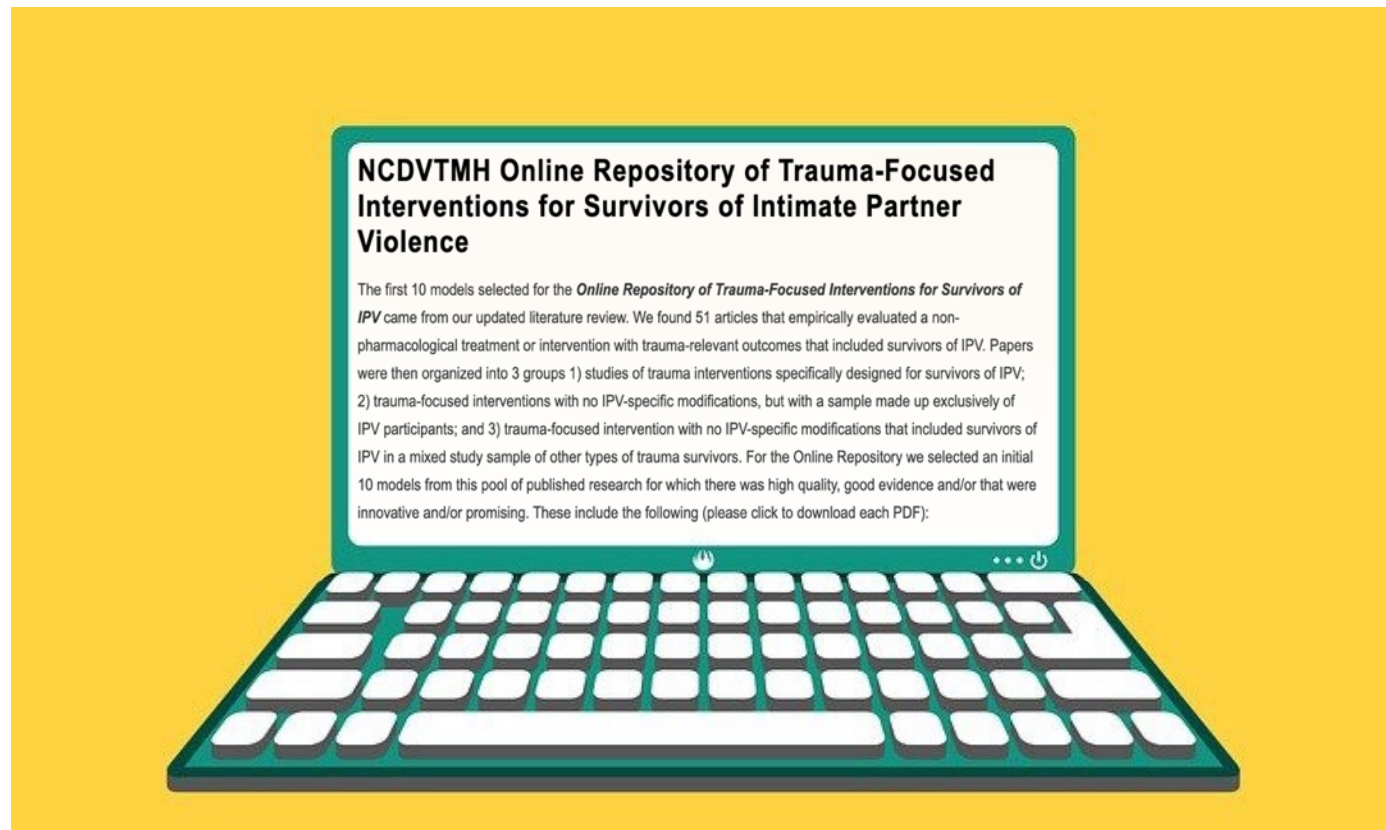
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www.nationalcenterdvtraumamh.org

Family and Parenting Resources



NCDVTMH's Online Repository of IPV-Specific Trauma Interventions

www.nationalcenterdvtraumamh.org/publications-products/ncdvtmh-online-repository-of-trauma-focused-interventions-for-survivors-of-intimate-partner-violence/



Coercion Toolkit

NATIONAL
Center on
Domestic Violence, Trauma & Mental Health

Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence:

*A Toolkit for Screening, Assessment, and Brief Counseling
in Primary Care and Behavioral Health Settings*

Carole Warshaw, MD and Erin Tinnon, MSW, LSW

March 2018

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Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations

An Organizational Reflection Toolkit

Carole Warshaw, MD, Erin Tinnon, MSW, LSW, and Cathy Cave

April 2018

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Accessible, Culturally Responsive, and Trauma-Informed Resources

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More ways to connect

www.nationalcenterdvtraumamh.org/newsletter-sign-up/

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Instagram: [@ncdvtmh](https://www.instagram.com/ncdvtmh)

Facebook: www.facebook.com/ncdvtmh

Thank You!



Question and Answer



References

- Ahmmad, Z, & Adkins, DE. (2020) Ethnicity and acculturation: Asian American substance use from early adolescence to mature adulthood, *Journal of Ethnic and Migration Studies*, DOI: [10.1080/1369183X.2020.1788927](https://doi.org/10.1080/1369183X.2020.1788927)
- Amaro, H., Melendez, M. P., & Melnick, S. (2005). Integrated substance abuse, mental health and trauma treatment with women, August 2005: A case study workbook for staff training. Boston, MA: The Institute on Urban Health Research.
- Amaro, H., Arévalo, S., Gonzalez, G., Szapocznik, J., & Iguchi, M.Y. (2006). Needs and scientific opportunities for research on substance abuse treatment among Hispanic adults. *Drug and Alcohol Dependence* 84(Suppl 1):S64–S75.
- Berger, M., & Sarnyai, Z. (2015) “More than skin deep”: stress neurobiology and mental health consequences of racial discrimination, *Stress*, 18:1, 1-10, DOI: [10.3109/10253890.2014.989204](https://doi.org/10.3109/10253890.2014.989204)
- Blumenfeld, S., & Baca, J. (2021). Family-Centered Toolkit for Domestic Violence Programs. National Center on Domestic Violence, Trauma, and Mental Health.
- Burlew, AK, Carr Copeland, V, Ahuama-Jona, C, & Calsyn, DA. (2013). Does cultural adaptation have a role in substance abuse treatment? *Social Work Public Health*, 28, 440-460.

References 2

- Cummings, J. R., Wen, H., Ko, M., & Druss, B. G. (2014). Race/ethnicity and geographic access to Medicaid substance use disorder treatment facilities in the United States. *JAMA psychiatry*, 71(2), 190–196.
- Germán M, Gonzales NA, & Dumka L (2009). Familism values as a protective factor for Mexican-origin adolescents exposed to deviant peers. *The Journal of Early Adolescence*, 29(1), 16–42.
- Gibbons, F. X., Etcheverry, P. E., Stock, M. L., Gerrard, M., Weng, C.-Y., Kiviniemi, M., & O'Hara, R. E. (2010). Exploring the link between racial discrimination and substance use: What mediates? What buffers? *Journal of Personality and Social Psychology*, 99(5), 785–801.
- Hall, G. C. N., Ibaraki, A. Y., Huang, E. R., Marti, C. N., & Stice, E. (2016). A meta-analysis of cultural adaptations of psychological interventions. *Behavior Therapy*, 47(6), 993-1014. doi: 10.1016/j.beth.2016.09.005
- Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational interviewing. *Annual review of clinical psychology*, 1, 91–111.
- Iguchi, M. Y., Bell, J., Ramchand, R. N., & Fain, T. (2005). How criminal system racial disparities may translate into health disparities. *Journal of health care for the poor and underserved*, 16(4 Suppl B), 48–56.

References 3

- Lenz, A. S., Rosenbaum, L., & Sheperis, D. (2016b). Meta-analysis of randomized controlled trials of motivational enhancement therapy for reducing substance use. *Journal of Addictions & Offender Counseling*, 37(2), 66- 86.
- Martinez CR (2006). Effects of differential family acculturation on latino adolescent substance use. *Family Relations*, 55(3), 306–317.
- Oh, Hans & Lee, Christina. (2016). Culture and motivational interviewing. Patient Education and Counseling. 99. 10.1016/j.pec.2016.06.010.
- Otiniano Verissimo, A. D., Gee, G. C., Ford, C. L., & Iguchi, M. Y. (2014). Racial discrimination, gender discrimination, and substance abuse among Latina/os nationwide. *Cultural Diversity and Ethnic Minority Psychology*, 20(1), 43–51.
- Otiniano Verissimo, A. D, & Grella, CE. (2017). Influence of gender and race/ethnicity on perceived barriers to help-seeking for alcohol or drug problems. *Journal of Substance Abuse Treatment*, 75, 54-61.
- Perez Foster, RM. (2001). When immigrations is trauma: Guidelines for the individual and family clinician. *American Journal of Orthopsychiatry*, 71(2), 153-170.
- Petry N. M. (2003). A comparison of African American and non-Hispanic Caucasian cocaine-abusing outpatients. *Drug and alcohol dependence*, 69(1), 43–49.

References 4

- Redmond, M. L., Smith, S., & Collins, T. C. (2020). Exploring African-American women's experiences with substance use treatment: A review of the literature. *Journal of community psychology*, 48(2), 337–350.
- Substance Abuse and Mental Health Services Administration. Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) Series, No. 51. HHS Publication No. (SMA) 13-4426. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009.
- Schmidt, L, Greenfield, T, & Mulia, N. (2006). Unequal treatment: Racial and ethnic disparities in alcoholism treatment services. *Alcohol Research Health*, 29(1), 49-54.
- Southeast Addiction Technology Transfer Center. (n.d.). “Improving African-American Retention in Substance Abuse Treatment: The Role of Implicit Racial Discrimination.” <https://attcnetwork.org/centers/southeast-attc/minority-priority-0>
- Suvarna, B., Suvarna, A., Phillips, R., Juster, R.-P., McDermott, B., & Sarnyai, Z. (2020). Health risk behaviours and allostatic load: A systematic review. *Neuroscience & Biobehavioral Reviews*, 108, 694–711.
<https://doi.org/10.1016/j.neubiorev.2019.12.020>
- Substance Abuse and Mental Health Services Administration. (2014). *Improving Cultural Competence*. Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. Rockville, MD.

References 5

- Tonigan, J.S. (2003), Project Match Treatment Participation and Outcome by Self-Reported Ethnicity. *Alcoholism: Clinical and Experimental Research*, 27: 1340-1344. doi:[10.1097/01.ALC.0000080673.83739.F3](https://doi.org/10.1097/01.ALC.0000080673.83739.F3)
- Wells K, Klap R, Koike A, Sherbourne C. Ethnic disparities in unmet need for alcoholism, drug abuse, and mental health care. *American Journal of Psychiatry*. 2001;158(12):2027–2032.
- White, W. & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. *Counselor*, 9(5), 22-27. Retrieve from <http://www.williamwhitepapers.com/pr/2008RecoveryCapitalPrimer.pdf>
- Wu L-T, Kouzis AC, Schlenger WE. Substance use, dependence, and service utilization among the U.S. uninsured nonelderly population. *American Journal of Public Health*. 2003;93:2079–2085.