CULTURAL COMPETENCE IN SUBSTANCE ABUSE

Southeast Addiction Technology Transfer Center
Morehouse School of Medicine
720 Westview Drive S.W.
Atlanta, GA 30310
www.sattc.org
CULTURAL COMPETENCE IN SUBSTANCE ABUSE

July 2002
Southeast ATTC
Morehouse School of Medicine
Department of Psychiatry and Behavioral Sciences/CORK Institute
Atlanta, GA
www.sattc.org
WHAT’S INSIDE

■ AGENDA

■ REFERENCES

■ APPENDIX:
  POWERPOINT PRESENTATION
IMPROVING CULTURAL COMPETENCE IN SUBSTANCE ABUSE TREATMENT — AGENDA

1:00 PM, 7/31/02 - 12:00 PM, 8/2/02

I. Introduction & Background
   a) Self (resumé)
   b) Participants—Exercise, “Who Do You Want the World to Be Safer for...?”

II. Methodology: “Moving from Race to Culture a Bio-Behavioral Paradigm”
   a) Health Disparities, Surgeon General’s Reports on MH, MH and Ethnicity
      CSAT’s publication
   b) Definitions of Culture, Salim’s Outline(s)
   c) Bio-Psycho-Social-Spiritual Dimensions
      ASAM PPC2
      DSM IV Outline for a Cultural Formulation
   d) The world’s great civilizations / macro cultures
      1. African
      2. Asian
      3. European
      4. Hispanic
      5. Native American / Amerindian
      6. Middle Eastern
   e) Etic vs. Emic Distinctions (examples) Maslow Reconsidered
      Hilliard’s Socialization Model
      SAMHSA Household Survey
      Cultural Prescriptions of Learned Behavior
      Nichol’s Model
      Identity Development Models
   f) Triad Model Exercise (small groups)
III. Cultural Competence
   a) Cultural Competence Continuum, current & historical models
   b) KSA’s, Multicultural Counseling (ACA Endorsed Model)
   c) CLAS Standards
   d) Self-Assessment Exercises: individual and organizational

IV. Culturally Appropriate Interventions / Examples
   Using ritual and ceremony:
   Exercise - Grandparent Stories
      a) Umoja Circle
      b) Talking Stick
      c) Self-Help Movements
      d) Andikra Symbols
      e) Rites of Passage Processes
      f) IBCA
      g) Tai Chi, Yoga, Drumming
REFERENCES


Cultural Competence in Substance Abuse Treatment

Onaje M. Salim, MA, LAPC, MAC, CCS
Substance Abuse Division Manager
Fulton Co. Dept. of MH/MR/SA
265 Boulevard NE
Atlanta, GA 30312
404-730-1617
onajes@hotmail.com

Changing the Conversation: CSAT’s National Tx. Plan Initiative

• Invest for results – achieve parity
• No “wrong door” to treatment
• Commit to Quality – connect services w/ research (CSR)
• Change Attitudes – Reduce Stigma
• Build Partnerships – effective collaboration

Focus of Scientific Research and Understanding

• The 1990’s was declared to be the decade of the brain. (US Congress, DHHS)

• The first decade of the new millenium has been declared to be the decade of behavior. (American Psychological Association)

• “Three decades of scientific research and clinical practice have yielded a variety of effective approaches to drug addiction treatment.” (NIDA, 1999)

• Addiction is a primary, chronic disease / disorder (of the brain) with genetic, psycho-social, and environmental factors influencing its development and manifestations (ASAM, 1992).

Addiction is a disorder of the biochemistry of the brain (cns)
Substance Abuse & Addiction refer to the 3 C’s resulting from prolonged psychoactive substance use:
• Craving or Compulsion
• Loss of Control
• Continued use in spite of the consequences

NIDA’s Principles of Effective Treatment

• No single treatment is appropriate for all individuals.
• Treatment needs to be readily available. (Access!)
• Effective treatment attends to the multiple needs of the individual, not just the drug abuse. (DSM-IV-TR, Multi-axial Dx., ASAM-PPC-2R.)
• An individual’s treatment plan must be assessed continually and modified....
• Remaining in treatment for an adequate period of time is critical for treatment effectiveness. (3 month threshold)
• Counseling and other behavioral therapies are critical components of effective addiction treatment.
• Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.

• Possible drug use during treatment must be monitored continuously. (objective means)
• Treatment programs should provide assessment for infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
• Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

• Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
• Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
• Treatment does not need to be voluntary to be effective.

TAP 21 – Addiction Counseling Competencies: Knowledge, Skills and Attitudes (KSA’s)
• Clinical Evaluation
• Treatment Planning (Collaborative)
• Referral
• Service Coordination/Case management

Becoming Naturally Therapeutic
Small, J. (1981)
• Empathy
• Genuineness
• Respect
• Self-Disclosure
• Warmth
• Immediacy
Moving from Race to Culture: a Bio-Behavioral paradigm.

- Bio-Psycho-Social
- Bio-Psycho-Social-Spiritual
- Bio-Social
- Bio-Behavioral
- Tools: ASAM-PPC-2R, DSM Multi-axial Diagnostic Process (note: cultural formulation not required)

CULTURE
Characteristics:

- ...is based on symbols – abstract references to ideas, objects, feelings or behaviors.
- ...is shared – common to a given society
- ...is learned – socially inherited
- ...is adaptive – used to adjust to changes in the environment.


Cultural Perspectives

- Etic – External Observer
- Emic – Internal Participant
- Universal – Applies or is Evidenced Cross-Culturally

High-Low Context Communication

- H.C. – Relies heavily on non-verbals, group identification/understanding.
- L.C. – Explicit code and defined content

- Proxemics
- Kinesics
- Paralanguage
(Sue, D., 1999)

Maslow’s Hierarchy of Needs
Transtheoretical Model of Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- *Recurrence

Cultural Sensitivity is a prerequisite to professional competence. This is not merely a fairness issue.

Dr. Asa G. Hilliard, Ill  
Georgia State university  
1984

Cultural Influences on Psychoactive Substance Use

- Culture (various definitions)
- Culture of Origin
- Mass Popular Culture
- Global Culture
- Hard Core Drug Sub-Culture
- Socio-Cultural Movements, eg. Self-help

National Household Survey on Drug Abuse

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whites</td>
<td>6.6</td>
<td>6.4</td>
</tr>
<tr>
<td>Hispanics</td>
<td>6.8</td>
<td>5.3</td>
</tr>
<tr>
<td>Blacks</td>
<td>7.7</td>
<td>6.4</td>
</tr>
<tr>
<td>AI/AN's</td>
<td>10.6</td>
<td>12.6</td>
</tr>
<tr>
<td>Asians</td>
<td>3.2</td>
<td>2.7</td>
</tr>
<tr>
<td>Multiple Race</td>
<td>11.2</td>
<td>14.8</td>
</tr>
<tr>
<td>(percentage of population)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cultural Competence Continuum

Early conceptualizations:

- Culturally Sensitive
- Culturally Specific
- Culturally Congruent
- Culturally Appropriate

CSAP’s Cultural Continuum

---------------------------------------------
CD  CI  CB  CO  CC  CP
---------------------------------------------
Cultural: Destructiveness, Incapacity, Blindness, Open, Competent, Proficient
MSM – Cork Institute
Cultural Continuum for Psychiatry

Cultural:
1. Destructiveness
2. Incapacity
3. Blindness
4. Pre-competence
5. Basic Competence
6. Advanced Competence

Stone Center
Boston, MA

- Relational Competence
- Competence working with individuals and families across cultures and life circumstances (Gender, SES, Disability, Sexual Orientation, etc.)

In order to become culturally competent/proficient one must be able to move conceptually from Macro to Micro frames of reference, and back again, with ease and facility. Note: these are essential skills utilized by Systems and Narrative therapists.

Multicultural Counseling Competencies
Domains of Education and Practice

I. Counselor
Awareness of Own Cultural Values and Biases

II. Counselor
Awareness of Client’s Worldview

III. Culturally Appropriate Intervention Strategies

DSM Outline for Cultural Formulation

- Cultural identity of the individual.
- Cultural explanations of the individual’s illness.
- Cultural factors related to psychosocial environment & levels of functioning.

DSM Outline for Cultural Formulation

- Cultural elements of the relationship between the individual and the clinician.
- Overall cultural assessment for diagnosis and care.
Mental Health: Culture Race and Ethnicity
- A supplement Mental Health: A Report of the Surgeon General
- www.surgeongeneral.gov
- Findings:

Cultural Subgroups
- Acculturated
- Bi-Cultural Interpersonal Style
- Culturally Immersed
- Traditional

Racial/Cultural Identity Development
The Cross Model of Black Identity Development:
- Preencounter
- Encounter
- Immersion–Emersion
- Internalization

Racial/Cultural Identity Development Model (R/CID)
- Conformity
- Dissonance
- Resistance & Immersion
- Introspection
- Integrative Awareness

Identity Transformation: Gay Men and Lesbians
Cass (1979)
- Identity Confusion
- Identity Comparison
- Identity Tolerance
- Identity Acceptance
- Identity Pride
- Identity Synthesis

Human lifespan or life cycle:
- Perinatal: Addiction is an intergenerational (genetic) phenomenon. At issue, are the myriad pre-conception, conception, pregnancy, birth, and infantile environmental influences.
- Early Years: Critical periods of development. Intoxication = poisoning
- Young Adult: behavioral patterns & habits become set. Problems in living move from acute to chronic.
- Mature Adult: Self-medication of stress and physical pain
- Senior Adult: Adjustment to end of life issues, prescription medicine
Stages of Psychosocial Development

<table>
<thead>
<tr>
<th>Stage</th>
<th>Dilemma</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>Trust v. mistrust</td>
<td>Hope</td>
</tr>
<tr>
<td>2nd Yr.</td>
<td>Autonomy v. shame</td>
<td>Will</td>
</tr>
<tr>
<td>School</td>
<td>Industry v. inferiority</td>
<td>Purpose</td>
</tr>
<tr>
<td>Adolescence</td>
<td>Identity v. confusion</td>
<td>Fidelity</td>
</tr>
<tr>
<td>Young Adult</td>
<td>Intimacy v. isolation</td>
<td>Love</td>
</tr>
<tr>
<td>Mature Adult</td>
<td>Generativity v. stagnation</td>
<td>Care</td>
</tr>
<tr>
<td>Old Age</td>
<td>Integrity v. despair</td>
<td>Wisdom</td>
</tr>
</tbody>
</table>

Rites of Passage Perspective:
- Spiritual World: Yet to be born
- Birth
- Naming
- Puberty
- Marriage or Partnering
- Procreation
- Eldership
- Transition - Final Rites
- Spiritual World: Ancestorhood

The Media Literacy Ladder

5 - Reality: Sender’s social reality?
4 - Interpretation: How do you respond to the message?
3 - Construction: What types of communication methods are used and how are they put together?
2 - Purpose: Who Created the message and why?
1 - Form: Through what medium is the message delivered?

Social Movements – Commonalities

Based on the Nguzo Saba, Dr. M. Karenga
- Umoja: Unity
- Kujichagulia: Self-Determination
- Ujima: Collective Work & Responsibility
- Ujamaa: Cooperative Economics
- Nia: Purpose
- Kuumba: Creativity
- Imani: Faith

MH Consumer Movement Values
- Empowerment
- Independence
- Responsibility
- Choice
- Respect and Dignity
- Social Action

Characteristics and Values of Self-Help
- Non-Reliance on Professionals
- Voluntary
- Equality
- Non-Judgmental
- Informality
Benefits of Self-Help

- Peer Support
- Coping Strategies
- Role Models
- Affordability
- Education
- Advocacy
- Non-Stigmatizing
- “Helper’s Principle”

The following principles are suggested as necessary for successful technology transfer planning:

- 1) Relevant, 2) Timely, 3) Clear,
- 4) Credible, 5) Multifaceted,
- 6) Continuous, and 7) Bi-directional.

Useful Links

- www.samhsa.gov/csat, CSAT
- www.nida.nih.gov, NIDA
- www.treatment.org/taps, TAP’s
- www.treatment.org.external/tips.html, TIP’s
- www.health.org/about/questions.htm, Principles of Drug Addiction Treatment
- www.nattc.org ATTC Network Resources

---

SOUTHEAST ADDICTION TECHNOLOGY TRANSFER CENTER

— 13