

*The Road to Recovery*  
Discussion Guide  
2017 Television and Radio Series



**September Show**

**Recovery Among Diverse Populations**

FINAL March 29, 2017

**Discussion Guide**

The show will be filmed in a panel format, with free discussion between the show host and other panelists. This discussion guide is not to be considered a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring their own keen anecdotal experiences to the show in addition to discussing ongoing research in the field.

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Show Description. “E pluribus unum” (“Out of many, one”) is more than the motto of the United States: It is an essential part of the American experience. The U.S. population is increasingly ethnically diverse—for example, Hispanics/Latinos now make up 16 percent of the population. Racial diversity is also evident, with Whites (72 percent), African Americans (13 percent), Asian Americans (5 percent), American Indians and Alaska Natives (0.9 percent), Native Hawaiians and Other Pacific Islanders (0.2 percent), people of more than one race (3 percent), and those from other groups (6 percent) making up the population.<sup>1</sup> Recovery processes from mental and/or substance use disorders—through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential—shares similarities for all on this journey, regardless of community or background. For example, the major dimensions that support a life in recovery—health, home, purpose, and community—as well as the guiding principles are similar for everyone.<sup>2</sup> However, the ways that recovery is sought, supported, and maintained are diverse and very much influenced by culture. Panelists will discuss some of the different ways that people from diverse communities find their pathways to recovery and the various challenges they may face. The show will also review resources for understanding different cultural perspectives about behavioral health conditions and those designed to enhance the cultural competency of providers and organizations.

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<sup>1</sup> U.S. Census Bureau. (2011, March 24). 2010 census shows America’s diversity. From <http://www.census.gov/2010census/news/releases/operations/cb11-cn125.html> (accessed August 26, 2016).

<sup>2</sup> Substance Abuse and Mental Health Services Administration. (2015, October 5). Recovery and recovery support. From <http://www.samhsa.gov/recovery> (accessed August 26, 2016).

## Panel 1: Mental and/or Substance Use Disorders Among Diverse Populations: Challenges Faced by Every Community

### Key Questions:

1. What is the impact of mental and/or substance use disorders on individuals and families in culturally diverse communities? Why can it be particularly challenging for members of diverse communities to deal with these disorders?
2. How are people from diverse communities affected by behavioral health disparities? What are some efforts to address these disparities?
3. How do various cultural perspectives influence the perception of behavioral health disorders? What are some of the challenges that can arise from these perceptions?
4. What role does culture play in views of wellness and how wellness is achieved?
5. How can culture influence seeking help for mental and/or substance use disorders?
6. Within diverse communities, how does gender affect help seeking and support for recovery from mental and/or substance use disorders?
7. How can generational differences in perceptions of behavioral health conditions affect family recovery?

What is the impact of mental and/or substance use disorders on individuals and families in culturally diverse communities? Why can it be particularly challenging for members of diverse communities to deal with these disorders?

Source: Center for Behavioral Health Statistics and Quality. (2016). *2015 National Survey on Drug Use and Health: Detailed Tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD.

- The rate of illicit drug use in the last month among African Americans ages 12 and up in 2015 was 12.5 percent, which was higher than the national average of 10.1%.
- American Indians or Alaska Natives experience some of the highest rates of substance use (14.2 percent for illicit drug use in the last month for 2015 for those 12 and older).

Source: Center for Behavioral Health Statistics and Quality. (2016). *2015 National Survey on Drug Use and Health: Detailed Tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD. From <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.htm#tab8-87b> (accessed March 27, 2017).

Poverty level affects mental health status. African Americans living below the poverty level, as compared to those over twice the poverty level, are 3 times more likely to report psychological distress.

- Over five percent of African Americans aged 18 or older reported serious psychological distress in the past month for 2015. Specifically:
  - American Indian or Alaskan Native: 7.4 percent
  - African Americans: 5.5 percent
  - National average: 5.1 percent
  - Asians: 2.9 percent
  - Non-Hispanic Whites: 5.1 percent
- Of these, only Asians were significantly different from the national average, and they were lower.
- African Americans had a significantly lower percentage of receipt of mental health treatment compared to the national average for 2015 (8.7 percent versus 14.2 percent).

Source: Office of Minority Health. (2016, October 19). Mental health and Asian Americans. From <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=54> (accessed December 5, 2016).

- Southeast Asian refugees are at risk for post-traumatic stress disorder (PTSD) associated with trauma experienced before and after immigration to the U.S. One study found that 70% of Southeast Asian refugees receiving mental health care were diagnosed with PTSD.
- For Asian Americans, the rate of serious psychological distress increases with lower levels of income, as it does in most other ethnic populations.

Source: Center for Behavioral Health Statistics and Quality. (2016). *2015 National Survey on Drug Use and Health: Detailed Tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD. From <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.htm#tab10-6b> (accessed March 27, 2017).

- Asians had a significantly lower percentage of receipt of mental health treatment compared to the national average for 2015 (5.0 percent versus 14.2 percent).

Source: Office of Minority Health. (2016, October 20). Mental health and Hispanics. From <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=69> (accessed December 5, 2016).

- Poverty level affects mental health status. Hispanics living below the poverty level, as compared to Hispanics over twice the poverty level, are over twice as likely to report psychological distress.

Source: Center for Behavioral Health Statistics and Quality. (2016). *2015 National Survey on Drug Use and Health: Detailed Tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD. From <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.htm#tab10-6b> (accessed March 27, 2017).

- Hispanics had a significantly lower percentage of receipt of mental health treatment compared to the national average for 2015 (8.1 percent versus 14.2 percent).

Source: Office of Minority Health. (2016, October 18). Mental health and American Indians/Alaska Natives. From <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=39> (accessed December 5, 2016).

- In 2014, suicide was the second leading cause of death for American Indian/Alaska Natives between the ages of 10 and 34.
- In 2014, suicide was the leading cause of death for American Indian/Alaska Native girls between the ages of 10 and 14.
- American Indian/Alaska Natives are 50% more likely to experience feelings of nervousness or restlessness as compared to non-Hispanic whites.
- Violent deaths—unintentional injuries, homicide, and suicide—account for 75% of all mortality in the second decade of life for American Indian/Alaska Natives.

Source: Substance Abuse and Mental Health Services Administration. (2014, October 9). Health disparities. From <http://www.samhsa.gov/health-disparities> (accessed December 12, 2016).

- Significant behavioral health disparities persist in diverse communities across the United States, including racial and ethnic groups.
- Various subpopulations face elevated levels of mental and substance use disorders, and experience higher rates of suicide, poverty, domestic violence, childhood and historical trauma, as well as involvement in the foster care and criminal justice systems. Historically, these diverse populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes. These disparities may be related to factors such as a lack of access to health care, the need for a diverse health care workforce, a lack of information, and the need for culturally and linguistically competent care and programs.

Source: Sanchez, K., Ybarra, R., Chapa, T., and Martinez, O. N. (2016). Eliminating behavioral health disparities and improving outcomes for racial and ethnic minority populations. *Psychiatric Services*, 67(1), 13–15.

- Individuals from racial and ethnic minority groups who have diagnosed disorders of any type often face problems accessing medical care. [Limited English proficiency] LEP, limited health literacy, geographic inaccessibility, and lack of medical insurance are all more common among immigrants, minority populations, individuals of low socioeconomic status, and people in rural areas.

How do behavioral health disparities affect people from diverse communities? What are some efforts to address these disparities?

Source: Substance Abuse and Mental Health Services Administration. (2014, October 9). Health disparities. From <http://www.samhsa.gov/health-disparities> (accessed December 12, 2016).

- Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Source: Substance Abuse and Mental Health Services Administration. (2016, February 18). Racial and ethnic minority populations. From <http://www.samhsa.gov/specific-populations/racial-ethnic-minority> (accessed December 5, 2016).

- Communities of color tend to experience greater burden of mental and substance use disorders often due to poorer access to care; inappropriate care; and higher social, environmental, and economic risk factors.

Source: U.S. Department of Health and Human Services (HHS). (2011, April). HHS action plan to reduce racial and ethnic disparities: A nation free of disparities in health and health care. Washington, D.C.: U.S. Department of Health and Human Services.

- This first-ever HHS Disparities Action Plan and the [National Partnership for Action] NPA Stakeholder Strategy can be used together to coordinate action that will effectively address racial and ethnic health disparities across the country.
- With the HHS Disparities Action Plan, the Department commits to continuously assessing the impact of all policies and programs on racial and ethnic health disparities. Furthermore, the Department can now promote integrated approaches, evidence-based programs and best practices to reduce these disparities.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2014, October 9). SAMHSA’s efforts related to behavioral health equity. From <http://www.samhsa.gov/health-disparities/samhsas-efforts> (accessed December 5, 2016).

- SAMHSA established an Office of Behavioral Health Equity (OBHE) to coordinate agency efforts to reduce behavioral health disparities for diverse populations.
- OBHE seeks to impact SAMHSA policy and initiatives by:
  - Creating a more strategic focus on racial, ethnic, and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations in SAMHSA investments
  - Using a data-informed quality improvement approach to address racial and ethnic disparities in SAMHSA programs

How do various cultural perspectives influence the perception of behavioral health disorders? What are some of the challenges that can arise from these perceptions?

Source: Office of the Surgeon General (US), Center for Mental Health Services (US), and National Institute of Mental Health (US). (2001, August). Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the Surgeon General. Rockville, MD: Substance Abuse and Mental Health Services Administration (US). From <https://www.ncbi.nlm.nih.gov/books/NBK44249/> (accessed December 5, 2016).

- Culture bears on whether people even seek help in the first place, what types of help they seek, what types of coping styles and social supports they have, and how much [prejudice] they attach to mental illness.
- Culture also influences the meanings that people impart to their illness, [treatment, and recovery]. Consumers of mental health services, whose cultures vary both between and within groups, naturally carry [these cultural interpretations] directly to the service setting.
- One way in which culture affects mental illness is through how patients describe (or present) their symptoms to their clinicians.

Source: Office of the Surgeon General (US), Center for Mental Health Services (US), and National Institute of Mental Health (US). (2001, August). Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the Surgeon General. Rockville, MD: Substance Abuse and Mental Health Services Administration (US). From <https://www.ncbi.nlm.nih.gov/books/NBK44249/> (accessed December 5, 2016).

- Cultural meanings of illness have real consequences in terms of whether people are motivated to seek treatment, how they cope with their symptoms, how supportive their families and communities are, where they seek help (mental health specialist, primary care provider, clergy, and/or traditional healer), the pathways they take to get services, and how well they fare in treatment.
- In response to [the negative attitudes within a larger society or specific culture], people with mental [illness] internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment.

What role does culture play in views of wellness and how is wellness achieved?

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2015, July 2). Wellness. From <http://www.samhsa.gov/wellness> (accessed December 6, 2016).

- [There are many different ways to define wellness.]
- SAMHSA defines wellness not as the absence of disease, illness, or stress but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness.
- Focusing on health and wellness is particularly important for people with, or at risk for, behavioral health conditions. Behavioral health is a critical aspect of maintaining physical health and wellness. People with mental and/or substance use disorders typically die years earlier than the general population.

Source: The Bravewell Collaborative. (n.d.). The power of beliefs and importance of culture. From [http://www.bravewell.org/integrative\\_medicine/philosophical\\_foundation/beliefs\\_and\\_culture/](http://www.bravewell.org/integrative_medicine/philosophical_foundation/beliefs_and_culture/) (accessed December 6, 2016).

- Beliefs can be powerful forces that affect our health and capacity to heal. Whether personal or cultural, they influence us in one of two ways—they modify our behavior or they stimulate physiological changes in our endocrine or immune systems.

- Understanding how social, structural, psychological, and cultural factors affect physical health and being sensitive to these factors can make an important difference in health outcomes. Beliefs affect how and from whom a person will seek care, how self-care is managed, how health choices are made, and often, how a patient responds to a specific therapy.
- Cultural beliefs are also reflected in a society's health care system. It is not surprising, for example, that a dominant theme in Western medicine has been to fight or vanquish disease, while in the traditional medical systems of the East, the prevailing image in health care is one of balance.

How can culture influence seeking help for mental and/or substance use disorders?

Source: Center for Behavioral Health Statistics and Quality. (2016). *2015 National Survey on Drug Use and Health: Detailed Tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD. From <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.htm#tab1-63b> (accessed March 27, 2017).

- The adults most likely to use mental health services in the past year were in the group reporting two or more races (17.5%) in 2015. Along with white adults (17.3%), and Hispanic adults (15.3%), they had higher rates of utilization compared to the national average (14.2%).
- The racial/ethnic groups most likely to use prescribed psychotherapeutic medication in the past year for 2015 were people that reported two or more races (52.9%) and Non-Hispanic whites (48.2%), compared to the national average (44.5%).
- Using outpatient mental health services in the past year was most common for adults reporting two or more races (8.8%), white adults (7.8%), and American Indian or Alaska Native adults (7.7%), [who had higher utilization than] black (4.7%), Hispanic (3.8%), and Asian (2.5%) adults for 2008-2012. (Per <https://www.samhsa.gov/data/sites/default/files/MHServicesUseAmongAdults/MHServicesUseAmongAdults.pdf>)
- Cost of services/lack of insurance coverage was the most common reason for not using mental health services across all racial/ethnic groups for those that perceived an unmet need for services for 2008-2012. [The least often cited reason across all racial/ethnic groups was believing that mental health services would not help for those that perceived an unmet need for services for 2008-2012.] ( per <https://www.samhsa.gov/data/sites/default/files/MHServicesUseAmongAdults/MHServicesUseAmongAdults.pdf>)

Source: Substance Abuse and Mental Health Services Administration. (2015). *Racial/ethnic differences in mental health service use among adults*. HHS Publication No. SMA-15-4906. Rockville, MD: Substance Abuse and Mental Health Services Administration. From <https://www.samhsa.gov/data/sites/default/files/MHServicesUseAmongAdults/MHServicesUseAmongAdults.pdf> (accessed March 27, 2017).

- Estimates of low perceived need for services, concern over prejudice and discrimination, and structural barriers as reasons for not using mental health services did not differ significantly by race/ethnicity among adults with [any mental illness] (AMI) who had an unmet need for services for 2008-2012.

Source: Acevedo, A., Garnick, D., Ritter, G., Horgan, C., and Lundgren, L. (2015). Race/ethnicity and quality indicators for outpatient treatment for substance use disorders. *American Journal on Addictions*, 24(6), 523–531.

- Among [substance use disorder] SUD clients, American Indians are less likely to complete alcohol treatment than Whites, and both Blacks and Latinos are less likely than Whites to complete treatment for alcohol and drugs. Additionally, Latinos and Blacks report lower satisfaction with treatment compared to Whites.

- Racial/ethnic disparities in initiation and engagement have been found, although the minority groups most affected have differed across states. Examining disparities at the state level is important because most policies and initiatives for quality improvement for publicly funded substance [misuse] treatment are carried out at the state level.
- We found that although Latinos were equally likely as Whites to receive a second service within the first two weeks of a treatment episode (initiation), Latinos who are young adults are especially vulnerable to not doing so. This result suggests the need for strategies to increase initiation rates among younger Latinos.

Within diverse communities, how does gender affect help seeking and support for recovery from mental and/or substance use disorders?

Source: National Institute on Drug Abuse. (2015, September). Sex and gender differences in substance use. From <https://www.drugabuse.gov/publications/drugfacts/substance-use-in-women> (accessed March 7, 2017).

- [Substances affect men and women differently. These differences arise from sex (differences based in biology) and gender (differences based on culturally defined roles for men and women)].

Source: Substance Abuse and Mental Health Services Administration. (2013). *Addressing the specific behavioral health needs of men*. Treatment Improvement Protocol (TIP) Series 56. HHS Publication No. (SMA) 13-4736. Rockville, MD: Substance Abuse and Mental Health Services Administration.

- The physical, psychological, social, and spiritual effects of substance use and [misuse] on men can be quite different from the effects on women, and those differences have implications for treatment in behavioral health settings.
- Men are also affected by social and cultural forces in different ways than women, and physical differences between the genders influence substance use and recovery as well.
- Providers should also recognize the motivations that typically bring men to treatment (such as criminal justice system involvement, referrals from other behavioral health resources, and family or work-related pressures ...) and the possible resentment of treatment staff that can result. In treatment planning, consider approaches that have been found effective with men or with men who have particular characteristics.

Source: Center for Substance Abuse Treatment. (2009). *Substance abuse treatment: Addressing the specific needs of women*. Treatment Improvement Protocol (TIP) Series, No. 51. HHS Publication No. (SMA) 15-4426. Rockville, MD: Substance Abuse and Mental Health Services Administration.

- Treatment engagement approaches are important regardless of gender, yet women are likely to benefit from services that support the initiation of treatment and address the diverse challenges that often hamper treatment involvement.
- Promising engagement practices have evolved by integrating and centralizing services to meet the wide range of treatment needs and social services for women and children. Today, some programs and communities provide very formal strategies such as comprehensive case management and incentive programs to promote engagement.

Source: U.S. Department of Health and Human Services, Behavioral Health Coordinating Council Subcommittee on Prescription Drug Abuse. (2017, January 19). *Protecting Our Infants Act: Report to Congress*.

- Prenatal maternal opioid use, whether related to pain management or [opioid use disorder], has increased considerably in recent years. This increase has contributed to a significant rise in the rate of [neonatal abstinence syndrome], a constellation of symptoms in newborns exposed to any of a variety of substances *in utero*, including opioids.

- [To address this issue, the U.S. Department of Health and Human Services recommended various steps, including:
  - [Expanding] implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to allow hazardous and harmful substance use to be addressed and SUD to be treated prior to conception, and to provide women at risk with access to the full range of contraceptive options.
  - [Increasing] the likelihood that women who use opioids will obtain needed prenatal care and be comfortable disclosing opioid misuse to their health care providers.

How can generational differences in perceptions of behavioral health conditions affect family recovery?

Source: National Institute on Drug Abuse. (2016, August). Misuse of prescription drugs: Older adults. From <https://www.drugabuse.gov/publications/research-reports/prescription-drugs/trends-in-prescription-drug-abuse/older-adults> (accessed March 7, 2017).

- [As people age, substance use is more harmful and exacerbates chronic conditions. Use of multiple prescription drugs and other substances among older adults increases the risk of falls and significant morbidity and mortality.]

Source: Mackenzie, C. S., Scott, T., Mather, A., and Sareen, J. (2008). Older adults' help-seeking attitudes and treatment beliefs concerning mental health problems. *American Journal of Geriatric Psychiatry*, 16(12), 1010–1019.

- Older adults' positive attitudes and treatment beliefs are unlikely barriers to their use of mental health services. This finding, which is consistent with recent positive views of aging, suggests that enabling resources and need factors are more likely explanations for older adults' low rates of mental health service use.
- Adults 55 to 74 years of age were approximately two to three times more likely to report positive help-seeking attitudes than younger adults.

Source: Conner, K. O., Copeland, V. C., Grote, N. K., Koeske, G., Rosen, D., Reynolds, C. F., 3rd, et al. (2010). Mental health treatment seeking among older adults with depression: The impact of stigma and race. *American Journal of Geriatric Psychiatry*, 18(6), 531–543.

- African Americans and African American older adults are significantly less likely to seek mental health services than their White counterparts. While only one-third of all individuals with a diagnosable mood disorder seek mental health treatment, African Americans seek treatment at a rate half that of their White counterparts.
- These disparities continue even after initial barriers have been overcome. African Americans attend fewer sessions when they do seek specialty mental health treatment, and are more likely than their White counterparts to terminate treatment prematurely.
- The [negative attitudes] associated with having a mental illness may be an important factor which influences treatment-seeking attitudes and behaviors and may, in part, account for existing disparities in service utilization among African American older adults.

Source: Center for Substance Abuse Treatment. (1998). *Substance abuse among older adults*. Treatment Improvement Protocol (TIP) Series, No. 26. HHS Publication No. (SMA) 12-3918. Rockville, MD: Substance Abuse and Mental Health Services Administration (revised 2002, 2004, 2007, 2008, 2010, and 2012).

- [Substance misuse, particularly of alcohol and prescription drugs, often goes undetected among adults over 60 in part due to societal reasons—older adults may feel ashamed about drinking or drug problems and see them as a moral failing.]
- Other factors responsible for the lack of attention to substance [misuse] include the current older cohort's disapproval of and shame about use and misuse of substances, along with a reluctance to seek professional help

for what many in this age group consider a private matter. Many relatives of older individuals with substance use disorders, particularly their adult children, are also ashamed of the problem and choose not to address it.

Source: Bhatia, U., Nadkarni, A., Murthy, P., Rao, R., and Crome, I. (2015). Recent advances in treatment for older people with substance use problems: An updated systematic and narrative review. *European Geriatric Medicine*, 6(6), 580–586.

- The elderly form a vulnerable group for substance use related problems for many reasons, including early exposure of the baby-boom cohort (born between 1946–1964) to alcohol and drugs—which subsequently resulted in favorable attitudes towards substance use, and easy access to and reliance on prescription medications.
- Despite the magnitude of this public health problem, there are multiple barriers in the detection and management of substance [misuse] in the elderly. The lack of awareness and knowledge regarding alcohol and substance [misuse] in the elderly—especially the mistakenly held belief that substance [misuse] is rare in that age group—and the lack of universally recognized diagnostic criteria for the elderly pose a major barrier to detection and diagnosis.
- Other challenges to early detection and timely treatment of substance [misuse] in the elderly are absence of routine screening for substance use, denial of the problem, low rates of help-seeking and masking by comorbid conditions.

## **Panel 2: Practices That Support Recovery and Wellness in Diverse Communities**

### **Key Questions:**

- 1. How do members of culturally diverse communities draw on their culture to support various pathways to recovery?**
- 2. What are some examples of cultural practices and traditions that boost recovery? How do storytelling and other forms of expression help empower diverse communities?**
- 3. What are some cultural traditions that can help people in recovery achieve and maintain wellness? What role can spirituality and faith play in recovery?**
- 4. Why are relationships and social networks particularly important in the recovery of individuals from culturally diverse communities? How can peers help support recovery in diverse communities?**
- 5. What are some examples of practices that strengthen the behavioral health of families from diverse communities? How can behavioral health providers engage these families in the recovery of their loved ones?**
- 6. How do practices that attend to the specific needs and role expectations of women from diverse cultural backgrounds promote recovery and wellness?**

How do members of culturally diverse communities draw on their culture to support various pathways to recovery?

Source: Abbott, P., and Chase, D. M. (2008, January 1). Culture and substance abuse: Impact of culture affects approach to treatment. *Psychiatric Times*. From <http://www.psychiatristimes.com/articles/culture-and-substance-abuse-impact-culture-affects-approach-treatment> (accessed December 6, 2016).

- One aspect of recovery that is often overlooked is that of cultural recovery. Cultural recovery involves regaining a viable ethnic identity and acquiring a functional social network committed to the person’s recovery; making a religious, spiritual, or moral recommitment; re-engaging in recreational or vocational activities; and gaining a social role in the recovering community, society at large, or both. Those individuals who fail to make a satisfactory cultural recovery are at risk for re-addiction.
- Family involvement is an important focus in working with Hispanic and Native American communities. Both the patient’s immediate family and extended family are significant and should be involved in the intervention process because alcohol and drug [misuse] can erode important family and social ties, and restorative efforts to repair an individual’s familial and social network can buffer the effects of alcohol or drug [misuse].

- Finally, the community must re-establish a culturally integrated fabric, only part of which may be related to drug and alcohol use. Efforts to re-establish a culturally integrated community must precede, or at least parallel, the development of a meaningful intervention; efforts must combine basic community cultural values with the most recent advances in treatment intervention.
- Tribal groups, families, traditional healers, religious entities, legal authorities, and local health care providers should all be involved in the healing and recovery process.

What are some examples of cultural practices and traditions that boost recovery? How do storytelling and other forms of expression help empower diverse communities?

Source: Trauma recovery. (2013). The world's cultural and spiritual heritage. From <http://trauma-recovery.ca/recovery/cultural-practices/> (accessed December 6, 2016).

- Cultural practices and traditions serve many purposes. Often these traditions not only help define a community, they help create a community. They also have healing qualities in that they help us make connections within ourselves, to feel a sense of belonging and to strengthen a sense of identity and purpose. Exploring our own cultural heritage and practices can make an important contribution to recovery and well-being.

Source: Hodge, F. S., Pasqua, A., Marquez, C. A., Geishirt-Cantrell, B. (2002, January). Utilizing traditional storytelling to promote wellness in American Indian communities. *J Transcult Nurs.* 13(1):6-11.

- Utilizing storytelling to transmit educational messages is a traditional pedagogical method practiced by many American Indian tribes. American Indian stories are effective because they present essential ideas and values in a simple, entertaining form.
- Different story characters show positive and negative behaviors. The stories illustrate consequences of behaviors and invite listeners to come to their own conclusions after personal reflection. Because stories have been passed down through tribal communities for generations, listeners also have the opportunity to reconnect and identify with past tribal realities.
- [The authors describe] a research intervention that is unique in promoting health and wellness through the use of storytelling. The project utilized stories to help motivate tribal members to once more adopt healthy, traditional life-styles and practices.
- The authors present and discuss the stories selected, techniques used in their telling, the preparation and setting for the storytelling, and the involvement and interaction of the group.

Source: Substance Abuse and Mental Health Services Administration. (2016, August 23). Healing in Hawaii—The role of culture in addiction recovery. *SAMHSA News.* From <http://newsletter.samhsa.gov/2016/08/23/hawaiian-substance-abuse-treatment-program/> (accessed December 6, 2016).

- Like western treatment programs, Ho'omaui Ke Ola uses cognitive behavioral therapy and a 12-step program, but they are nuanced to be culturally sensitive.
- A unique aspect of the program is that students also go out to the 'Āina, sacred and historical land that the program acquired some years ago. The Hawaiian belief is that there is a natural order of connectivity among their ancestors, the earth, and people. Out in the 'Āina they can call upon their ancestors, talk with each other, and take care of the earth.
- The general belief for treatment is that if the focus is just on the mind and brain—and if the spirit, community, and culture aren't included—providers will miss an important part of the makeup of a person, and it is much more difficult to establish and maintain wellness.

Source: Eliot, S. (2012, December 26). Native American tribal communities provide hope for overcoming historical trauma. Peers Envisioning and Engaging in Recovery Services. From <http://www.peersnet.org/articles/2014/may/native-american-tribal-communities-provide-hope-overcoming-historical-trauma> (accessed December 7, 2016).

- The key to recovery from historical trauma lies in restoring a community’s “original instructions” and returning to cultural roots, according to Native American mental health leader Elicia Goodsoldier.
- Multiple periods of emotional and spiritual trauma in Native American history need to be addressed. While difficult and often time painful, Goodsoldier believes [fully understanding the trauma] is an essential step in the road towards becoming well.
- Once the trauma is fully understood, it needs to be released [—allowing individuals to feel and express the emotions and pain tied to the trauma. By releasing trauma, people can transcend the trauma—healing and moving beyond trauma, to no longer define themselves by it.]

Source: Wexler L. (2014). Looking across three generations of Alaska Natives to explore how culture fosters indigenous resilience. *Transcultural Psychiatry*, 51(1), 73–92.

- Research has established connection between indigenous culture—often described in terms of cultural identity, enculturation, and participation in traditional activities—and resilience, the process by which people overcome acute and ongoing challenges.
- Findings suggest that “culture” can galvanize Inupiaq people’s sense of identity, feeling of commitment, and purpose, all of which are protective.
- However, young people need support in developing particular ideas around cultural identity and group membership that can contribute to resilience.

Source: National Institute of Mental Health. (n.d.). Psychotherapies: What other types of therapies are used? From [http://www.gulfbend.org/poc/view\\_doc.php?type=doc&id=58789&cn=91](http://www.gulfbend.org/poc/view_doc.php?type=doc&id=58789&cn=91) (accessed December 20, 2016).

- Other types of therapies sometimes used in conjunction with the more established therapies include:
  - *Expressive or creative arts therapy*. Expressive or creative arts therapy is based on the idea that people can help heal themselves through art, music, dance, writing, or other expressive acts.
  - *Animal-assisted therapy*. Working with animals, such as horses, dogs, or cats, may help some people cope with trauma, develop empathy, and encourage better communication. Companion animals are sometimes introduced in hospitals, psychiatric wards, nursing homes, and other places where they may bring comfort and have a mild therapeutic effect. Animal-assisted therapy has also been used as an added therapy for children with mental disorders.

What are some cultural traditions that can help people in recovery achieve and maintain wellness? What role can spirituality and faith play in recovery?

Source: Substance Abuse and Mental Health Services Administration. (2015, November). *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. From <http://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849> (accessed November 18, 2016).

- [Cultural traditions, including some spiritual practices, can be sources of strength for some individuals in recovery.]
- Religious traditions or spiritual beliefs are often very important factors for defining an individual’s cultural background. In turn, attention to religion and spirituality during the course of treatment is one facet of culturally competent services

Source: Ai, A. L., Aisenberg, E., Weiss, S. I., and Salazar, D. (2014). Racial/ethnic identity and subjective physical and mental health of Latino Americans: An asset within? *American Journal of Community Psychology*, 53(1–2), 173–184.

- Social Identity Theory indicates that ethnic identity could benefit minority members in a society because of its promotion of a sense of belonging, or of its buffering of the damage of discrimination.
- Using the National Latino and Asian American Study, we examine the potential predictive value of these cultural strength factors on Latinos' Self-Rated Mental and Physical Health (SRMH and SRPH).
- [Analyses] revealed significant positive effects of racial/ethnic identity on both mental and physical health of Latinos, above and beyond the effect of known demographic and acculturation factors, such as discrimination.
- Religious attendance had a positive effect on SRMH but not on SRPH.
- The independent direct effect of racial/ethnic identity among Latinos nationwide may suggest that this cultural strength is an internalized protective asset.

Source: Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies. (2016, January). *Ensuring the well-being of boys and young men of color: Factors that promote success and protect against substance use and misuse*. From <http://www.samhsa.gov/capt/tools-learning-resources/ensuring-well-being-boys-young-men-color> (accessed December 7, 2016).

- This practice-support tool distills information from the research literature on (1) factors that have been shown to either protect boys and young men of color from substance misuse or to mitigate risks associated with adverse experiences or situations, and (2) factors that have been shown to promote well-being and positive youth development for boys and young men of color in the [United States].
- Those with internal assets such as confidence, optimism, hope, and motivation also report greater social and emotional well-being.

Source: Iwamasa, G. Y. (n.d.). Recommendations for the treatment of Asian-American/Pacific Islander populations. American Psychological Association. From <http://www.apa.org/pi/oema/resources/ethnicity-health/asian-american/psychological-treatment.aspx> (accessed December 7, 2016).

- Understanding the mental health issues of Asian-Americans/Pacific Islanders is important because of the vast heterogeneity of the group, the various Asian cultures' beliefs about mental health, and the emphasis on the connection between the mind and body. Among many Asian-Americans/Pacific Islanders, interpersonal harmony and the focus on family influence the experience, interpretation and expression of psychological distress.
- For many Asian-Americans and Pacific Islanders, mental health is strongly related to physical health. In many Asian-American/Pacific Islander ethnic groups, the belief is that if one is physically healthy, then one is more likely to be emotionally healthy. Emotional or psychological health is also believed to be strongly influenced by willpower or cognitive control.
- Indigenous healing has long been a practice of many Asian-Americans and Pacific Islanders. Traditional healers are often religious leaders, community leaders or older family members. Religion/spirituality, community, and family may also be seen as protective factors for the development of psychological distress among Asian-Americans and Pacific Islanders.

Source: Iwasaki, Y., Byrd, N. G., and Onda, T. (2011). Promoting identities and mental health via cultural/community activities among racially/ethnically mixed urban American Indians. *Family and Community Health*, 34(3), 256–265.

- The study identified a variety of unique benefits of cultural/community activities including [their] role in nurturing identity, belongingness, spiritual wakening and renewal, and mental health. Overall, these activity-induced benefits helped urban American Indians gain a feeling of oneness to experience peace of mind and harmony within oneself and with other people and the environment/nature.

Source: DiClemente, C. C. (2013, September). Paths through addiction and recovery: The impact of spirituality and religion. *Substance Use & Misuse*, 48(12), 1260–1261.

- [Interactions between spirituality or religion and the process of recovery and change] influence motivation and readiness to change, values and decision making, commitment, support for drug use or for recovery, stress production or reduction, sustaining change, and creating the foundation for a new lifestyle.
- Spiritual crises, epiphanies, and values embodied in various religious traditions such as forgiveness, a merciful god, humility, and redemption can also serve as important motivators that can spur readiness and strengthen commitment to move into recovery.
- If stress, [substance use], and struggling with mental health [conditions] exhaust self-control strength, then religious practices such as mindfulness, meditation, and prayer can offer some respite and can provide the scaffolding needed to support compromised self-regulation.
- Spirituality can serve as a source of strength as well as motivation for recovery.

Why are relationships and social networks particularly important in the recovery of individuals from culturally diverse communities? How can peers help support recovery in diverse communities?

Source: del Vecchio, P. (2012, March 23). SAMHSA’s working definition of recovery updated. From <http://blog.samhsa.gov/2012/03/23/defintion-of-recovery-updated/#.VowudpMrJZ0> (accessed December 7, 2016).

- [Two of the Substance Abuse and Mental Health Services Administration’s (SAMHSA) guiding principles of recovery are:]
  - **Recovery is supported by peers and allies:** Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one’s self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness.
  - **Recovery is supported through relationship and social networks:** An important factor in the recovery process is the presence and involvement of people who believe in the person’s ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people [take steps toward healthier or more fulfilling life roles] and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Source: Substance Abuse and Mental Health Services Administration. (2015, July 2). Peer support and social inclusion. From <http://www.samhsa.gov/recovery/peer-support-social-inclusion> (accessed December 7, 2016).

- By sharing their experiences, peers bring hope to people in recovery and promote a sense of belonging within the community.
- Peer support services are delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience. In self-help and mutual support, people offer this support, strength, and hope to their peers, which allows for personal growth, wellness promotion, and recovery.

- Research has shown that peer support facilitates recovery and reduces health care costs. Peers also provide assistance that promotes a sense of belonging within the community. The ability to contribute to and enjoy one's community is key to recovery and well-being. Another critical component that peers provide is the development of self-efficacy through role modeling and assisting peers with ongoing recovery through mastery of experiences and finding meaning, purpose, and social connections in their lives.

What are some examples of practices that strengthen the behavioral health of families from diverse communities? How can behavioral health providers engage these families in the recovery of their loved ones?

Source: Substance Abuse and Mental Health Services Administration. (2013, October). *Family therapy can help: For people in recovery from mental illness or addiction*. From <http://store.samhsa.gov/product/Family-Therapy-Can-Help-For-People-in-Recovery-From-Mental-Illness-or-Addiction/SMA15-4784> (accessed December 7, 2016).

- There are two main goals in family therapy. One goal is to help everyone give the right kind of support to the family member in behavioral health treatment, so that recovery sticks and relapse is avoided. The other goal is to strengthen the whole family's emotional health, so that everyone can thrive.
- Research suggests that behavioral health treatment that includes family therapy works better than treatment that does not. For people with mental illness, family therapy in conjunction with individual treatment can increase medication adherence, reduce rates of relapse and rehospitalization, reduce psychiatric symptoms, and relieve stress.
- For people with addiction, family therapy can help them decide to enter or stay in treatment. It can reduce their risk of dropping out of treatment. It also can reduce their continued use of alcohol or drugs, discourage relapse, and promote long-term recovery.
- Family therapy benefits other family members besides the person in treatment. By making positive changes in family dynamics, the therapy can reduce the burden of stress that other family members feel. It can prevent additional family members from moving into drug or alcohol use. Research also shows that family therapy can improve how couples treat each other, how children behave, how the whole family gets along, and how the family connects with its neighbors.

Source: Addiction Technology Transfer Center Network. (2005, January). Family treatment—Part 1: Family counseling in addiction treatment. *Addiction Messenger*, 8(1). From <http://www.attcnetwork.org/userfiles/file/NorthwestFrontier/Vol.%208%20Issue%201.pdf> (accessed December 8, 2016).

- No single definition of the word "family" includes all cultural and belief systems that are reflected in modern family structures. There are traditional families, extended families (grandparents, aunts, uncles, cousins and other relatives) and elected families (emancipated youth who live with peers, godparents, and gay and lesbian couples).
- For practical purposes, family can be defined by the individual's closest emotional connections. Anyone who is instrumental in providing support, maintaining the household, providing financial resources, and with whom there is a strong and enduring emotional bond may be considered family for the purposes of therapy. No one should be automatically included or excluded.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2012, February). *SAMHSA's working definition of recovery*. From <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> (accessed December 8, 2016).

- An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members ... and other allies form vital support networks. Through these

relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles ... that lead to a greater sense of belonging, empowerment, autonomy, social inclusion, and community participation.

- Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery.

Source: Komro, K. A., Livingston, M. D., Wagenaar, A. C., Kominsky, T. K., Pettigrew, D. W., Garrett, B. A.; Cherokee Nation Prevention Trial Team. (2017, March). Multilevel prevention trial of alcohol use among American Indian and White high school students in the Cherokee Nation. *American Journal of Public Health* 107(3):453-459.

- [The researchers compared the effectiveness of a multilevel intervention designed to prevent underage alcohol use among youths living in the Cherokee Nation.]
- [They] randomly assigned six communities to a control, Communities Mobilizing for Change on Alcohol (CMCA; a community-organizing intervention targeting alcohol access) only, CONNECT (a school-based universal screening and brief intervention) only, or a combined condition.
- [They] collected quarterly surveys 2012-2015 from students starting in 9th and 10th grades and ending in 11th and 12th grades.
- [About] 46% of students were American Indian (of which 80% were Cherokee) and 46% were White only.
- Students exposed to CMCA, CONNECT, and both showed a significant reduction in the probability over time of 30-day alcohol use (25%, 22%, and 12% reduction, respectively) and heavy episodic drinking (24%, 19%, and 13% reduction) compared with students in the control condition, with variation in magnitude of effects over the 2.5-year intervention period.

How do practices that attend to the specific needs and role expectations of women from diverse cultural backgrounds promote recovery and wellness?

Source: One Sky Center. (n.d.). Alaska Women's Recovery Project. From <http://www.oneskycenter.org/native-program/alaska-womens-recovery-project/> (accessed December 12, 2016).

- The Alaska Women's Recovery Project trains women in recovery to interact with various service systems via peer led support groups, skill building workshops, and opportunities for leadership.

Source: Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices. (n.d.). Healer Women Fighting Disease Integrated Substance Abuse and HIV Prevention Program for African American Women (HWFD). From <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=172> (accessed December 7, 2016).

- Healer Women Fighting Disease Integrated Substance Abuse and HIV Prevention Program for African American Women (HWFD) targets African American women who are 13 to 55 years old and at risk of contracting HIV/AIDS and transmitting HIV through unsafe sexual activity and substance [misuse].

Source: Kruk E, Sandberg K. (2013, December 20). A home for body and soul: substance using women in recovery. *Harm Reduct J.*, 10:39. doi: 10.1186/1477-7517-10-39.

- [The authors conducted] an in-depth qualitative study of 28 active and former substance addicted women of low or marginal income on the core components of a harm reduction-based addiction recovery program. They [gathered data] about women's experiences and essential needs in addiction recovery, what helped and what hindered their past efforts in recovery, and their views of what would constitute an effective [woman-centered] recovery program.
- Three core needs were identified by study participants: normalization and structure, biopsychosocial-spiritual safety, and social connection.

- What hindered recovery efforts as identified by participants was an inner urban location, prescriptive recovery, invidious treatment, lack of safety, distress-derived distraction, problem-focused treatment, coercive elements of mutual support groups, and social marginalization.
- What helped included connection in [counseling] and therapy, multidisciplinary service provision, spirituality focus, opportunities for learning and work, and a safe and flexible structure.

### **Panel 3: The Roles of Individuals, Families, Providers, and Communities in Supporting Recovery and Wellness Among Diverse Populations**

#### **Key Questions:**

- 1. When individuals and families are beginning their recovery journeys, why is it important for them to understand that there are many different pathways to recovery? What are some of the first steps they can take to initiate recovery?**
- 2. How does culture influence the role that families play in recovery? How does family involvement benefit the recovery of individuals? How can family behavior and role expectations be detrimental to an individual's recovery?**
- 3. What role can community-based organizations—including faith-based organizations—play in supporting recovery among individuals and families from diverse cultural backgrounds?**
- 4. How can individuals tap into their cultural traditions regarding recovery and overall wellness?**
- 5. What is meant when it is said that recovery is “holistic”? How does a holistic approach help support and maintain recovery and wellness?**
- 6. Why is it important for behavioral health providers to be aware of cultural influences on recovery?**
- 7. What does it mean for a behavioral health specialist or organization to provide culturally competent and linguistically appropriate care? Why is it important?**

When individuals and families are beginning their recovery journeys, why is it important for them to understand that there are many different pathways to recovery? What are some of the first steps they can take to initiate recovery?

Source: Substance Abuse and Mental Health Services Administration. (2015, October 5). Recovery and recovery support. From <http://www.samhsa.gov/recovery> (accessed December 8, 2016).

- The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery is characterized by continual growth and improvement in one's health and wellness that may involve setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.

Source: Addiction.com. (n.d.). The first 90 days. From <https://www.addiction.com/in-recovery/living-sober/first-90-days/> (accessed December 7, 2016).

- [This article lists steps for beginning recovery from substance misuse. These include creating and keeping to a daily schedule; finding a sponsor, trusted mentor, or therapist and maintaining the relationship; creating a safe environment for yourself; asking for help from your loved ones; making a list of goals; paying attention to diet, sleep, and physical activity; and learning your triggers and practicing healthy coping skills.]

Source: Mental Health Americas. (n.d.). Recovery is a journey. From <http://www.nmha.org/recovery-journey> (accessed December 7, 2016).

- Early on in the recovery process, treatment may focus on finding the right diagnosis and relieving the most severe symptoms. It's important to realize at this early stage that it is vital to find support from people who

understand what you're going through. Family, friends, your faith community, self-help groups, and community organizations can all be of help.

How does culture influence the role that families play in recovery? How does family involvement benefit the recovery of individuals? How can family behavior and role expectations be detrimental to an individual's recovery?

Source: Substance Abuse and Mental Health Services Administration. (2016, June). *Practicing recovery: The importance of family in diverse communities*. (Issue 7). From [http://www.ahpnet.com/files/Newsletter\\_7\\_June\\_2016.pdf](http://www.ahpnet.com/files/Newsletter_7_June_2016.pdf) (accessed December 6, 2016). The following is from different articles in this newsletter.

- Mathai, C. A note from the field: Honoring diverse families. We must aspire for all systems to be culturally competent, strengths-based, and person- and family-centered, and much work remains to reach these aspirations. Even within imperfect systems, however, we can make small, but significant, changes to honor and respect the roles of families.
- Beckstead, D. J. Program spotlight: Combining evidence-based practice with cultural, spiritual, and traditional interventions. Research suggests that incorporating culturally based practices into services can serve as a protective factor and increase recovery levels.
- Dain, D. Thought leader: Family support is key to whole health in African American families. William Lawson, MD, PhD, DLFAPA, has spent decades researching and teaching about the powerful and important need to incorporate family support into recovery for people with serious behavioral health conditions. Research shows that people of color, African Americans in particular, receive less optimistic diagnoses than do whites. Another finding is that people of color frequently do not receive necessary services, which is reflected in the health disparities among underserved communities.

Source: Center for Substance Abuse Treatment. (2006, August). Session 8: Families in recovery (PowerPoint slides)—part of *Counselor's family education manual: Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders*. From <http://store.samhsa.gov/product/Matrix-Intensive-Outpatient-Treatment-for-People-with-Stimulant-Use-Disorders-Counselor-s-Family-Education-Manual-w-CD/SMA13-4153> (accessed December 8, 2016).

- Benefits of family involvement [in recovery include]
  - Participation by family members is associated with better treatment compliance and outcome.
  - Family members gain a clearer understanding of recovery.
  - Family members and the person in recovery understand their respective roles and goals.
  - Family members and the person in recovery get support in the recovery process.

Source: Reardon C. (2011). Families and addiction—surviving the season of stress. *Social Work Today*, Vol. 11, No. 6. From <http://www.socialworktoday.com/archive/111511p10.shtml> (accessed January 11, 2017).

- [This article describes some potentially negative influences and expectations that can affect recovery—particularly during the holidays].
- Holding onto expectations of perfection—such as that [a family member with a substance use disorder] will be magically “cured” [can be a problem].
- False expectations can be built up around the [person in early recovery] as well. Once a loved one goes into recovery, his or her family members often expect the person to be joyous and outgoing when he or she actually may be struggling with the effects of living without the drug of choice, [according to experts.]
- Many families with members who are actively using may think the best approach is to ban these people from holiday celebrations. In fact, a ban may backfire because it may increase the estrangement, isolation, and shame the [person] feels.

Source: AlcoholRehab.com (n.d.) Dealing with negative people in recovery. From <http://alcoholrehab.com/addiction-recovery/dealing-with-negative-people-in-recovery/> (accessed January 11, 2017).

- [This article discusses people with negative attitudes and their influence on others' recovery. Such negativity can affect the attitudes of individuals in recovery and jeopardize their healing. Negative individuals can have the following damaging influences: be so self-absorbed that they drain the energy from people in recovery, cause problems related to lack of tact and cynical comments, and fail to support attempts to build a new life during recovery.]

What role can community-based organizations—including faith-based organizations—play in supporting recovery among individuals and families from diverse cultural backgrounds?

Source: Substance Abuse and Mental Health Services Administration. (2014, March). Everyone can play a role in the conversation about mental health. From <http://store.samhsa.gov/product/PEP14-FAITHFS> (accessed December 8, 2016).

- Faith and community leaders can play a significant role in helping to educate individuals and families about mental health. This fact sheet can help communities and congregations raise awareness about mental health issues and emphasize the importance of people to seek help when needed. This fact sheet can be used as a bulletin insert or announcement to faith communities about the importance of mental health issues in our communities.

Source: Substance Abuse and Mental Health Services Administration. (2014, March). Information for faith-based and community leaders. From <http://store.samhsa.gov/product/PEP14-FAITHLTP> (accessed December 8, 2016).

- Increasing awareness of mental health issues and making it easier for people to seek help will take partners working together. Faith and community leaders can play a significant role in helping to educate individuals and families about mental health. These talking points can help faith leaders develop messages for their congregations and communities about the importance of mental health.

How can individuals tap into their cultural traditions regarding recovery and overall wellness?

Source: Psychiatric Rehabilitation Association. (n.d.). Principles of multicultural psychiatric rehabilitation services. From <http://www.psychrehabassociation.org/principles-multicultural-psychiatric-rehabilitation-services> (accessed December 8, 2016).

- Principle 1: Psychiatric rehabilitation practitioners recognize that culture is central, not peripheral, to recovery, as culture is the context that shapes and defines all human activity.
- Principle 2: Psychiatric rehabilitation practitioners study, understand, accept, and appreciate their own cultures as a basis for relating to the cultures of others.
- Principle 3: Psychiatric rehabilitation practitioners engage in the development of ongoing cultural competency, in order to increase their awareness and knowledge, and to develop the skills necessary for appropriate, effective cross-cultural interventions.
- Principle 4: Psychiatric rehabilitation practitioners recognize that thought patterns and behaviors are influenced by a person's worldview, ethnicity and culture, of which there are many. Each worldview is valid and influences how people perceive and define problems; perceive and judge the nature of help given; choose goals; and develop or support alternative solutions to identified problems.
- Principle 5: Psychiatric rehabilitation practitioners recognize that discrimination and oppression exist within society; these take many forms, and are often based on perceived differences in color, physical characteristics, language, ethnicity, gender, gender identity, sexual orientation, class, disability, age, and/or religion.
- Principle 6: Practitioners apply the strengths/wellness approach to all cultures.

- Principle 7: Psychiatric rehabilitation practitioners show respect towards others by accepting cultural values and beliefs that emphasize process or product, as well as harmony or achievement. They demonstrate that respect by appreciating cultural preferences that value relationships and interdependence, in addition to individuality and independence.
- Principle 8: Psychiatric rehabilitation practitioners accept that solutions to any problem are to be sought within individuals, their families (however they define them), and their cultures.
- Principle 9: Psychiatric rehabilitation practitioners provide interventions that are culturally syntonetic, and accommodate culturally determined strengths, needs, beliefs, values, traditions, and behaviors.
- Principle 10: Psychiatric rehabilitation practitioners are responsible for actively promoting positive inter-group relations, particularly between the people who attend their programs and with the larger community.

Source: Ponteroto, J., Casas, J., Suzukil, A. C., (1995). *Handbook of Multi-Cultural Counseling*. Sage Publications.

- [Counseling practice can integrate familial cultural healing practices by incorporating music, dance, food, art, folktales, and healing rituals to augment conventional therapeutic practices.]

What is meant when it is said that recovery is “holistic”? How does a holistic approach help support and maintain recovery and wellness?

Source: del Vecchio, P. (2012, March 23). SAMHSA’s working definition of recovery updated. From <http://blog.samhsa.gov/2012/03/23/defintion-of-recovery-updated/#.VowudpMrJZO> (accessed December 8, 2016).

- [One of the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Guiding Principles of Recovery is that] **Recovery is holistic:** Recovery encompasses an individual’s whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Source: MentalHealth.gov. (n.d.). Recovery is possible. From <http://www.mentalhealth.gov/basics/recovery/> (accessed December 8, 2016).

- Most people with mental health [conditions] can get better. Treatment and recovery are ongoing processes that happen over time. The first step is getting help.
- Recovery from [mental and/or substance use disorders] is a process of change through which individuals:
  - Improve their health and wellness
  - Live a self-directed life
  - Strive to achieve their full potential
- If you are struggling with a mental health [condition], you may want to develop a written recovery plan.
 

Recovery plans

  - Enable you to identify goals for achieving wellness
  - Specify what you can do to reach those goals
  - Include daily activities as well as longer term goals
  - Track any changes in your mental health [condition]
  - Identify triggers or other stressful events that can make you feel worse, and help you learn how to manage them
- [A guide to developing a recovery plan, *Action Planning for Prevention and Recovery: A Self-Help Guide*, can be found at <http://store.samhsa.gov/product/Action-Planning-for-Prevention-and-Recovery-A-Self-Help-Guide/SMA-3720>.]

### Why is it important for behavioral health providers to be aware of cultural influences on recovery?

Source: Office of the Surgeon General (US), Center for Mental Health Services (US), and National Institute of Mental Health (US). (2001, August). Chapter 2 Culture counts: The influence of culture and society on mental health. In *Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the Surgeon General*. Rockville, MD: Substance Abuse and Mental Health Services Administration (US). From <https://www.ncbi.nlm.nih.gov/books/NBK44249/> (accessed December 8, 2016).

- The cultures of the clinician and the service system also factor into the clinical equation. Those cultures most visibly shape the interaction with the mental health consumer through diagnosis, treatment, and organization and financing of services.
- Because of the professional culture of the clinician, some degree of distance between clinician and patient always exists, regardless of the ethnicity of each. Clinicians also bring to the therapeutic setting their own personal cultures. Thus, when clinician and patient do not come from the same ethnic or cultural background, there is greater potential for cultural differences to emerge.
- Clinicians may be more likely to ignore symptoms that the patient deems important, or less likely to understand the patient's fears, concerns, and needs. The clinician and the patient also may harbor different assumptions about what a clinician is supposed to do, how a patient should act, what causes the illness, and what treatments are available. For these reasons, *DSM-IV* exhorts clinicians to understand how their relationship with the patient is affected by cultural differences.

### What does it mean for a behavioral health specialist or organization to provide culturally competent and linguistically appropriate care? Why is it important?

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2016, November 10). Cultural competence. From <http://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence> (accessed December 8, 2016).

- Cultural competence, the ability to interact effectively with people of different cultures, helps to ensure the needs of all community members are addressed.
- Cultural competence means to be respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups. Developing cultural competence is also an evolving, dynamic process that takes time and occurs along a continuum. [Information on this continuum can be found at <https://www.samhsa.gov/capt/applying-strategic-prevention-framework/cultural-competence/cultural-competence-spf#cultural-competence-continuum>].
- [Practitioners may also wish to consult the blueprint for advancing the National Standards for Culturally and Linguistically Appropriate Services at <https://www.thinkculturalhealth.hhs.gov/clas/blueprint>.]
- SAMHSA's Center for Substance Abuse Prevention (CSAP) has identified the following principles of cultural competence:
  - Ensure community involvement in all areas
  - Use a population-based definition of community (let the community define itself)
  - Stress the importance of relevant, culturally-appropriate prevention approaches
  - Employ culturally-competent evaluators
  - Promote cultural competence among program staff that reflect the community they serve
  - Include the target population in all aspects of prevention planning

Source: Substance Abuse and Mental Health Services Administration. (2015, November). *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. From <http://store.samhsa.gov/product/TIP-59-Improving-Cultural->

[Competence/SMA15-4849](#) (accessed November 18, 2016).

- Foremost, cultural competence provides clients with more opportunities to access services that reflect a cultural perspective on and alternative, culturally congruent approaches to their presenting problems. Culturally responsive services will likely provide a greater sense of safety from the client's perspective, supporting the belief that culture is essential to healing.
- For clients, culturally responsive services honor the beliefs that culture is embedded in the clients' language and their implicit and explicit communication styles and that language-accommodating services can have a positive effect on clients' responses to treatment and subsequent engagement in recovery services.

## Panel 4: Resources That Support Recovery Among Diverse Populations

### Key Questions:

1. For those who are just starting out on a recovery journey, what resources are available to introduce them to this concept and help them find their own pathway?
2. What culturally relevant resources are available to support the recovery of individuals from diverse communities or populations?
3. What resources on recovery are available to educate and inform family members?
4. What are some resources available to support improving and maintaining wellness?
5. What kinds of resources are available to help those in recovery who are seeking mutual assistance or peer-support groups?
6. What resources are available to support behavioral health providers as they work to attain greater cultural awareness?

For those who are just starting out on a recovery journey, what resources are available to introduce them to this concept and help them find their own pathway?

Source: Substance Abuse and Mental Health Services Administration. (n.d.). Behavioral Health Treatment Services Locator. From <https://findtreatment.samhsa.gov/> (accessed December 8, 2016).

- [This website is an online] source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance [misuse]/addiction and/or mental health [conditions].

Source: Substance Abuse and Mental Health Services Administration. (2015, October 5). Recovery and recovery support. From <http://www.samhsa.gov/recovery> (accessed December 8, 2016).

- [This website describes how recovery-oriented care and recovery support systems help people with mental and/or substance use disorders manage their conditions successfully.]

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2015, July 2). Publications and resources on recovery and recovery support. From <http://www.samhsa.gov/recovery/publications-resources> (accessed December 8, 2016).

- [This website provides links to SAMHSA publications and other resources on recovery and recovery support.]

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.) Decisions in recovery: Treatment for opioid use disorder. From <http://archive.samhsa.gov/MAT-Decisions-in-Recovery/> (accessed March 7, 2017).

- [Individuals considering treatment for opioid use disorders can find information on various options and recovery tools on this website.]

What culturally relevant resources are available to support the recovery of individuals from diverse communities or populations?

Source: Substance Abuse and Mental Health Services Administration. (2002, January). *Action planning for prevention and recovery: A self-help guide*. From <http://store.samhsa.gov/product/Action-Planning-for-Prevention-and-Recovery-A-Self-Help-Guide/SMA-3720> (accessed December 8, 2016).

- [This resource] guides people with mental illness or disability in developing an action plan for prevention and recovery. [It] addresses wellness, daily maintenance, triggers, early warning signs, signs that things are breaking down, and crisis intervention.

Source: Substance Abuse and Mental Health Services Administration. (2001, January). *Recovering your mental health—A self-help guide*. From <http://store.samhsa.gov/product/Recovering-Your-Mental-Health-A-Self-Help-Guide/SMA-3504> (accessed December 8, 2016).

- [This resource] suggests self-help strategies that people can use to manage their mental illness and recovery. [It] discusses signs of depression or other mental disorder, what to do about serious symptoms, patient rights, and questions to ask about medications.

Source: Substance Abuse and Mental Health Services Administration. (2002, January). *Dealing with the effects of trauma: A self-help guide*. From <http://store.samhsa.gov/product/Dealing-with-the-Effects-of-Trauma-A-Self-Help-Guide/SMA-3717> (accessed December 8, 2016).

- [This resource] gives guidance on coping with the mental health effects of trauma and taking charge of one's own recovery. [It] discusses the process of seeking help [from a professional care provider, and lists daily and long-range activities to feel better.

What resources on recovery are available to educate and inform family members?

Source: Substance Abuse and Mental Health Services Administration. (2012, June). Families are the frontline: Preventing, treating, and recovering from substance use and mental disorders. From <http://store.samhsa.gov/product/Families-are-the-Frontline-Preventing-Treating-and-Recovering-from-Substance-Use-and-Mental-Disorders/SMA12-4675DVD> (accessed December 8, 2016).

- [This **Recovery Month** webcast] explores prevention, treatment, and recovery from [mental and/or substance use] disorders within the context of the family. [It] examines factors in a strong family support environment and ways to educate families to provide support through recovery.

Source: Substance Abuse and Mental Health Services Administration. (2013, July 3). Recovery is a family affair: The complex dynamics in families struggling with mental and substance use disorders. From <http://store.samhsa.gov/product/Recovery-is-a-Family-Affair-The-Complex-Dynamics-in-Families-Struggling-with-Mental-and-Substance-Use-Disorders/SMA13-4749DVD> (accessed December 8, 2016).

- [This **Recovery Month** webcast] discusses the importance of engaging the entire family in the treatment and recovery process for the person with a mental [and/or] substance use disorder. [It] includes discussion of family issues in certain settings, such as military and nontraditional families.

What are some resources available to support improving and maintaining wellness?

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2016, April). Creating a healthier life: A step-by-step guide to wellness. From <http://store.samhsa.gov/product/Creating-a-Healthier-Life/SMA16-4958> (accessed December 8, 2016).

- A component of SAMHSA’s wellness initiative, this guide defines the meaning of wellness as it pertains to behavioral health, explains the eight dimensions of wellness, and provides tips for self-improvement in each dimension.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2011, January). What individuals in recovery need to know about wellness. From <http://store.samhsa.gov/product/SAMHSA-s-Wellness-Initiative-Information-For-Consumers/SMA12-4567> (accessed December 8, 2016).

- [This document] explains to consumers what wellness is and how it affects overall quality of life, particularly for people with mental [health conditions]. [It] describes eight dimensions of wellness and offers suggestions for how people can apply them to their own lives to improve their overall [well-being.]

Source: Substance Abuse and Mental Health Services Administration. (2016, April). Learn the eight dimensions of wellness [Poster]. From <http://store.samhsa.gov/product/SAMHSA-s-Wellness-Initiative-Eight-Dimensions-of-Wellness/SMA12-4568> (accessed December 8, 2016).

- [This resource is] part of a wellness initiative, [and] lists the eight dimensions of wellness: social, environmental, physical, emotional, spiritual, occupational, intellectual, and financial. [It] promotes communication among mental health consumers, professionals, and primary care providers.

What kinds of resources are available to help those in recovery who are seeking mutual assistance or peer-support groups?

Source: Faces and Voices of Recovery. Guide to mutual aid resources. From <http://www.facesandvoicesofrecovery.org/guide/support/> (accessed December 8, 2016).

- [This website] provides contact information and descriptions of a variety of mutual aid groups, as well as supplemental written resources, for people in or seeking recovery from [substance use disorders], their families and friends, treatment service providers and allied professionals.

Source: Substance Abuse and Mental Health Services Administration. (2004, September). Mutual support groups: What everyone needs to know. From <http://store.samhsa.gov/product/Mutual-Support-Groups-What-Everyone-Needs-to-Know/DVD188> (accessed December 8, 2016).

- [This **Recovery Month** webcast] explores how ... self-help groups, and mutual support groups help individuals and families overcome [substance use disorders]. [It] gives tips for providing mutual support groups in health care, business, criminal justice, and education settings.

Source: Substance Abuse and Mental Health Services Administration. (2013, September). Peer recovery support: Leveraging personal experience in helping others. From <http://store.samhsa.gov/product/Peer-Recovery-Support-Leveraging-Personal-Experience-In-Helping-Others/SMA13-4751DVD> (accessed December 8, 2016).

- [This **Recovery Month** webcast] addresses the use of peer support in mental health and substance [use treatment] settings. [It] defines peer recovery support, explores its application in recovery community centers and recovery living settings, and provides examples of successful peer support programs.

What resources are available to support behavioral health providers as they work to attain greater cultural awareness?

Source: Substance Abuse and Mental Health Services Administration. (2015, November 19). Core competencies for peer workers. From <https://www.samhsa.gov/brss-tacs/core-competencies-peer-workers> (accessed March 7, 2017).

- [On this website, individuals can learn about the foundation and essential core competencies required by a range of peer workers within behavioral health services.]

Source: Substance Abuse and Mental Health Services Administration. (2015, November). *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. From <http://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849> (accessed December 8, 2016).

- [This resource] assists professional care providers and administrators in understanding the role of culture in the delivery of substance [misuse] and mental health services. [It] discusses racial, ethnic, and cultural considerations and the core elements of cultural competence.

Source: Center for Substance Abuse Treatment. (2001). *A provider's introduction to substance abuse treatment for lesbian, gay, bisexual, and transgender individuals*. HHS Publication No. (SMA) 12-4104. Rockville, MD: Substance Abuse and Mental Health Services Administration. (Revised 2003, 2009, and 2012). From <http://store.samhsa.gov/product/A-Provider-s-Introduction-to-Substance-Abuse-Treatment-for-Lesbian-Gay-Bisexual-and-Transgender-Individuals/SMA12-4104> (accessed December 8, 2016).

- [This resource] informs clinicians and administrators about substance [misuse] treatment approaches that are sensitive to lesbian, gay, bisexual, and transgender (LGBT) clients. [It] covers cultural, clinical, health, administrative, and legal issues as well as alliance building.

Source: Substance Abuse and Mental Health Services Administration. (2011, October). *Addressing the needs of women and girls: Core competencies for mental health and substance abuse service professionals*. HHS Pub. No. (SMA) 11-4657. Rockville, MD: Substance Abuse and Mental Health Services Administration. From <http://store.samhsa.gov/product/Addressing-the-Needs-of-Women-and-Girls-Core-Competencies-for-Mental-Health-and-Substance-Abuse-Service-Professionals/SMA11-4657> (accessed December 8, 2016).

- [This resource] arms mental health and substance [misuse] professionals with a comprehensive overview of unique prevention, treatment and recovery skills and practices, including trauma-informed care, to effectively serve women and girls. [It is] useful for the full spectrum of behavioral health professionals.

Source: Substance Abuse and Mental Health Services Administration. (2009, March). *American Indian and Alaska Native culture card: A guide to build cultural awareness*. From <http://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/SMA08-4354> (accessed December 8, 2016).

- [This resource is] intended to enhance cultural competence when serving American Indian and Alaska Native communities. [It] covers regional differences; cultural customs; spirituality; communications styles; the role of veterans and the elderly, and health disparities, such as suicide.

*A link check was run on all the external websites listed in the discussion guide to identify and fix any broken links as of 1/10/16. However, we acknowledge that URLs change frequently and may require ongoing link checks for accuracy. Last updated: 1/10/16.*