

[Music]

Ivette:

Hello, I'm Ivette Torres and welcome to another edition of the *Road to Recovery*. Today we'll be talking about recovery among diverse populations. Joining us in our panel today are Lawrence Medina, President and Chief Executive Officer of Zia Community Services, Inc., Ranchos Dataus, New Mexico; Devin Reaves, Certified Recovery Specialist, Philadelphia, Pennsylvania; Rosslyn Holliday Moore, Public Health Analyst, Office of Behavioral Health Equity, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland; Dr. DJ Ida, Executive Director of the National Asian American Pacific Islander Mental Health Association, Denver, Colorado.

Rosslyn, what is the impact of mental and/or substance use disorder on individuals and families in a culturally diverse community and why can it be particularly challenging for members of diverse communities to deal with these disorders?

Rosslyn:

Ivette, that question really brings us to a point of understanding the data in context, and when we look at numbers, sometimes we forget that culture and language make a significant difference in how people understand health and understand what can be helpful. So when you talk about impact, you really want to think about what are the differential ways in which we experience life and how do we better understand ways in which we can align opportunities for engaging partners across our racial and ethnic groups to support recovery and wellness.

Ivette:

Very good. Lawrence, how are people from diverse communities affected by behavioral health disparities? What are some of the efforts to address these disparities?

Lawrence:

Well, one of the biggest things, and I know in New Mexico is access to treatment is a big issue. You know, real basic, especially in poorer states where there's not a lot of resource, the lack of detox centers, treatment centers, and I think some other challenges that we see is through public funded treatment we're seeing a lot of court mandated people that are mandated to go to treatment and we're dealing with coerced treatment and I see that a need to, you know, how do we address access to treatment, and then also bridging the gap between treatment and long-term recovery.

Ivette:

Devin, I see you "mm-hmm". Do you have something to add?

Devin:

Yeah. I think that we also must look at the correlation between the criminal justice system and access to mental health care. A lot of our large urban centers, the larger provider of mental health services in those cities are the criminal justice system; Cook County, Clark County, Philadelphia County.

Ivette:

Certainly, they act as a referral source to treatment.

Devin:

Absolutely, but I think also we have this criminalization of mental health and I think that it's important that we create and kind of lift up specialty programs like mental health courts, drug courts, because when you combine being kind of poor, from an impoverished background with a mental health, it's almost a life sentence and we want to really disrupt that because those factors together make it worse than maybe some other communities face.

Ivette:

Let's expand on that, DJ. What does it mean to have a life sentence? Let's talk about some of the real impact to an individual who's culturally diverse and to the family.

DJ:

I'd like to pick up on the access and then follow up on that because access for many different populations whenever they say that you eliminate health disparities or better services, it's access and for many communities they don't have access so they end up in the criminal system or they end up not getting services at all. And inner communities, let's say if it's a parent; if they either get incarcerated, they don't receive the services they need, the children are the ones that also suffer and so there is this kind of domino affect that's going on, and because when we're looking at it, a lot of our communities have different ways of either looking at the issues or getting treatment that completely changes the way a lot of us have been trained. So this continues on generation after generation and these are the kinds of issues where there really are long term affects. Sometimes it's not really visible but they're very much there and the impact the way our children are raised and just the ongoing mental health issues and substance use issues that we're seeing.

Ivette:

Rosslyn, let's expand more....

Rosslyn:

I was just about to jump in there because I think the point around access is one that we've taken very seriously at SAMHSA and we've framed our work around access, use and outcomes intentionally because we know that when we are talking about access, it's not just the geography, it's also making sure that we

have access to services that are designed to respect and support the cultural framework that people bring, and that we also want to make sure that in terms of availability, that the menu of services and treatment options are aligned with the frameworks that people will accept the most. So that partnership between the formal service provider community whether it's in the justice system or other systems, and those that are indigenous to the community is very important.

Ivette:

But Lawrence, getting back to the whole issue of what the family is experiencing and really I need for you to broaden on what is the generational impact because oftentimes, as you know, the grandchild begins to act out in school and begins to have problems and really this is something that's been going on generation after generation after generation.

Lawrence:

Good question. I see that one long timer—I'm in long term recover and I was asking an elder about seeing generation after generation of addiction and the whole package that comes with it, and one of the things that I see is that we suffer amongst the Latino communities from "mijito" and "mijita" syndrome. It's a term of endearment, my little baby, and it's a form of enabling that we see a lot and it's hard in terms of mutual support groups you don't see a lot of minority Latinos Native Americans in support groups. And also I think there's the stigma that it's hard for—I know personally for me and my family and others around, it can be very difficult to ask for help for whatever reason; pride, you know, the stigma with addiction or mental health and it's a lack of awareness and education amongst Latinos that it's okay to ask for help. And also that families are being educated on it's not good to enable your child and how do you administer tough love and what type of interventions can be done. And I just think overall when you're seeing three or four generations lost due to addiction, I think we have to work diligently to raise awareness about this.

Ivette:

Devin, does that sound familiar in the African American community in your own experience?

Devin:

Absolutely. As a man that's blessed to be in recovery, my grandfather lost his family due to his substance use disorder. My father lost his family due to a substance use disorder and luckily I was able to get into recovery almost ten years ago and now that my young daughter will never know a father that uses and misuses substances, and her trajectory growing up will be so much better because I'm going to be there. We know all the research around single mother households and I'm not gonna have that and that's what recovery brings. It brings healing to a whole family but I had to overcome so much because my father wasn't there. My mother struggled so hard. And that's not just me, right,

there's a whole generation of people especially young people that grew up in the crack epidemic of the 1980's whose fathers just weren't there.

Ivette:

Very good. DJ, let me get back to perceptions of substance use disorder issues and mental health issues within our communities. What is it like—I mean we've sort of began to hear that there's a hesitancy to seek services. What does that look like?

DJ:

One of the reasons I think there's such a hesitancy, it goes back to there's a shame, and we're seeing also within some of our communities where there's been so much trauma and a lot of pain. We're seeing the young ones that they may want to seek help but they won't do it because they say my parents have suffered so much; they're refugees, they've survived the war, I cannot bring anymore pain onto them. The other thing that I think topics like this are so important as we talk about recovery. Very much within our communities there's a sense if you have a substance use disorder, if you have a mental health problem, it's a one-way street and it's pretty much you hang it up, things are over. There wasn't the sense that things do get better, that there is such a thing as wellness and recovery, so there is no hope. I think our communities have a more accurate sense of what mental health issues are all about. There still is going to be some challenges to seeking help but there isn't that sense of, oh, there's nothing you can do about it, or the best you can do is just get back to some level playing field but not actually progress and grow. And that's why I think educating around what recovery actually looks like and what it is from a cultural standpoint. So it might look different from the refugee population versus the immigrant population, a fifth generation, but recovery is possible and it's something that our communities really need to understand so they're not afraid to seek help.

Ivette:

We'll be right back.

[Music]

Dr. Everett:

So individuals from diverse communities have unique and special needs and it's very important for providers and service systems to understand some of those and to take the time to learn some of the differences that are represented by diverse populations. So it's important the way SAMHSA thinks about wellness to have individuals understand that there are many elements that contribute to a whole sense of wellness or a whole health of wellness. That's an important ingredient in recovery, in initial recovery as well as sustaining recovery, that whole health aspect is really important.

[Music]

Devin:

My recovery journey today with almost ten years sober looks so much different than it did in the very beginning. In the very beginning, I went to a substance use disorder treatment program, I went to a recovery residence which helped me kind of launch back into society. I worked a full-time job and then I transitioned to school. And in school I found that I could become a professional to help other people and that was so exciting and I had professors that encouraged me to pursue a master's degree and to go on, and I did. I went and got an MSW and I learned there that I really wanted to not work only with individuals but to try to change communities. And that, ever since then, has been my passion and that's really what it's all about for me. I want to change the world. The first thing I would say to young black men today is ignore what the music says. It's not about lean, percs and xanis. That's not what's cool. What's cool is going to college, finishing high school, listening to your parents, volunteering in your community, investing in your community. And that's not the message that they're getting and I want them to hear it loud and clear that they are valuable young men and they're part of our community and that they can make a huge difference in their community if they make the right decisions. The first thing I'd like to say to a family member that has somebody that's struggling is that you're not alone and you don't have to be afraid. Talk about it. I know you're afraid, I know you're ashamed but there's other people in your community that have been where you are and they can help you navigate that and once you get through this, you can be a guiding light to other people.

[Music]

Male VO:

My family and friends are always with me, no matter where I may be. Sharing stories from home helps me sustain my recovery from my mental and substance use disorder. Join the voices for Recovery: our families, our stories, our recovery!

Female VO:

For confidential information on mental and substance use disorders including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health & Human Services.

Ivette:

Welcome back, Rosslyn, we've been talking about what affects the families and everything but let's talk gender differences. Are there gender differences in these culturally diverse communities in terms of how one approaches the issues related to substance use and mental health issues?

Rosslyn:

I think the real opportunity when we're talking about gender is to understand perceptions that people bring to the table. So very often families will have ideas

about the roles that men and women have and that children grow up experiencing that. We also see, I think, bringing Devin's point forward is that sometimes systemically we also see differences so that you can see patterns of incarceration rates related to some of the issues around recovery that may affect one gender more than the other but at the end of the day we really want to make sure that our treatment protocols are set up to be appropriate and to not get caught in the stereotypes and not buy into what we know is not the true perception but really the opportunity for engaging people and to see the opportunities for really promoting their wellness.

Ivette:

And Lawrence, in terms of gender differences there are statistics currently that show that Latino women are really increasing their substance use. Has that been your experience?

Lawrence:

Most definitely. You know, just a year and a half ago we opened up a women's transitional living program and it was shocking to see more women being incarcerated, and what's scary is that in the public system you see more male substance abuse treatment that they're built around for male and you see a lack of female programs and I think that's a major concern and we've seen this and especially when you get into women that are pregnant now with the opioid epidemic and how do you address that or women with children, and we've seen a need and we've started this program, Sangre de Cristo House, in New Mexico for women to meet this gender-specific need and I think it's nationwide that you're seeing this and it's not being addressed for women.

Ivette:

And I suspect that your program is language specific so they provide bilingual service.

Lawrence:

Bilingual and also Native American. There's over 20 tribes in New Mexico so we wanted to tailor the program that was a good fit.

Ivette:

To a native community. Very good. DJ, let's talk positive in terms of what one can do within a culturally diverse community to draw on cultural aspects to support the various pathways to recovery.

DJ:

I think it's probably one of the most positive things that we can do is really turning to the culture and asking the community what works for you. Many of us were trained in ways that aren't necessarily bad but don't work for communities, so it really is a very positive thing we ask the community what works for you. And when we look at recovery whether it's in the mental health arena, particularly in

the mental health arena, for many of our communities have been either disenfranchised or they just feel like they don't have any reason or any sense of competence. So instead of doing some of the traditional ways that we've been trained in this country, you go back to the community and you ask, what can you do, what do you enjoy doing? And when we do that, that's part of the healing process is to give them something that feels comfortable, that feels normal and that isn't necessarily recognized by our ways of doing things such as talk therapy. So if they go out and they do gardening or they do fishing, there's a sense of this is something I know, I'm comfortable with this. And when you go back to the community, they will give you the answers of what helps them heal.

Ivette:

Has that been your experience, Devin, as an African American? Talk to me about your recovery journey.

Devin:

Sure. You know, I think that recovery is really a personal process and it's changed over time. What helped me maintain my abstinence and my recovery in the first couple of years really looks a lot different now. One of the big parts of my recovery now is being active in my church and I think especially in the black community that's so important. Traditionally, the black church has been the community, the extended family, for African Americans in this country and we need pastors to be at the pulpit talking about mental health, talking about drugs and then also have to have the substance use recovery ministry where men and women can come in and talk to their peers and get that peer support. In Philadelphia they've done a great job of engaging some of the larger churches and I think we could see more of that because recovery is a spiritual journey for so many people and we want to marry the two and we want to educate the people that are providing those spiritual kind of services if you will to know how to talk about recovery in a way that's not stigmatizing because that's what spirituality is all about.

Ivette:

What did you look for in your own recovery when you were in the throws of your addiction? What was your pathway?

Devin:

I was looking for relief, you know. At the very end I was homeless, nobody in my family wanted to talk to me, and when the first time ever somebody said to me, you can go to rehab and you can get help, you don't have to live this way; when I woke up from the overdose in the University of Pennsylvania Hospital and the drug and alcohol counselor said to me, there's another way to live, I was shocked. I thought using and abusing drugs was going to be my life forever and I was going to die young. And I took that opportunity and I went away to treatment, then I went to a recovery residence, then I moved in with other peers in recovery, then I went back to school, then I went to graduate school, and the

entire time I kept myself surrounded by people who were also working programs of recovery so I could model after them and invite them to help me change things and improve myself and that's been the difference maker for me.

Ivette:

And was your family supportive, Devin?

Devin:

Absolutely. You know, my mother said it quite simply. She said, you're either going to go to rehab or you're out of the family. And I understood quite clearly that she meant that. But when I chose recovery, she was there to support me and that's a beautiful thing.

Roslyn:

Ivette? I'd like to just use this conversation, because I think it reminds me of some work at SAMSA that would be most relevant and all the panels have talked about ways in which the community and the knowledge in the community rises up to be helpful, and SAMHSA has supported a network for that reason of community-based organizations where we are acknowledging the value of the indigenous knowledge and the ways in which communities are solving problems and supporting people that live there, to organize it in a way that it's available for the entire country and to lift that science or those practices up so that everyone can have access to it, and I think each of your examples reminds me of that in a very good way and I hope that we can share that information broadly and encourage others to make their best practices.

Ivette:

Absolutely. I also want to mention that our component within the Center for Substance Abuse Treatment has training programs for clergy because we think that it is imperative not only for the culturally diverse communities but for all communities to really begin to take a look at what happens within those congregations regardless of the nature of congregation or the belief system. We think that the clergy and the religious community can be a conduit for referrals so I'm glad that you mentioned that we have those resources.

Roslyn:

We also follow your lead in partnering with the Center for Faith Based and Community Leaders for that very reason because we know the faith community and those leaders that are working with organizations and community resources are really important to round out what we have to offer.

Ivette:

Thank you, Ross. And Lawrence, from the native side, talk to us about the idiosyncrasies of what works within the native community to get them to a place where they accept recovery.

Lawrence:

One of the things we looked at is how we could collaborate with elders from different tribes to be able to communicate properly or speak the same language, not necessarily by language but that there's this connection or identification that one, if there was an elder who was now clean and sober and is walking the red road that we could connect these women with these elders so there's identification, they understand and, again, it fits them. I think there's other mutual support groups, again, that supported Native Americans, again, even if they were from different tribes but they had some sort of similarities that they can share an identification with one, as Devin shared his story, I could really relate and that was a connection. Also, when you get into other types of non-traditional treatments such as sweat lodge, you know, that setting up that allows these individuals to participate in their traditions, I think that really helps and the sky's the limit because there's many pathways to recovery. There's not just one and I think that is a good way to reach out to Native Americans by this identification and connecting and kind of pointing them in the right direction.

Ivette:

DJ, I don't want to leave out the Asian community. Very quickly, I know you've mentioned some but what is the best approach to take if someone is working with the Asian Pacific Islander community?

DJ:

The first thing is to recognize the huge diversity among the Asian Americans. There is no such one thing, so a 5th generation Japanese-American who is biracial is very, very different from a 1st generation Bhutanese or Cambodian refugee, and yet we all check off the Asian American box. So that's the first thing is just knowing who you're talking to and who you're talking with. Then the other thing is going out to the community. The faith base really is a good place to be but it's wherever the community congregates and, again, I'd like to go back to what Lawrence was saying is that when you begin to incorporate either cultural values, cultural practices, that's really a good way to bring back something that's very common and normal to them but it's something they can feel very comfortable with.

Ivette:

Very good, and when we come back I want to begin to deal with the roles that individuals and family members play within the culturally diverse community in addressing these issues. We'll be right back.

[Music]

Julie:

We're here in Naytahwaush Minnesota on the White Earth Reservation. The MOMS Program kind of took off 2 years ago, we just seen a lot of heroin use, we knew that it was a problem especially with pregnant women because they were

scared to go into the doctor or get help or even see a doctor for OB appointments because they were scared that they would get their babies taken away. We really knew that even though they were using, these moms loved their babies.

Joanne:

The MOMs program is an inclusive and holistic program for each individual and their families that enter in to the program, so here in the program we look at mental health, we look at substance abuse, we look at culture, we look at spirituality.

Julie:

We offer intensive outpatient, we offer suboxone treatment for the moms so they don't have to go through withdrawals, we offer help with day care so that they can attend group, we offer mental health services, everything wrapped up right here that they don't have to go anywhere else.

Donovan:

The program made you feel like you belonged there and you just didn't want to go home because it felt like this was home and no other treatment program was ever like that.

Joanne:

If we just treat the mother, we are missing the bigger picture and so allowing the spouses to be part of it.

Julie:

It's a family and we want to keep that family whole, keep them together, and why not bring them into treatment together so that has been hugely successful.

Lucas:

The MOMS program helped me, first of all they helped me become sober and then they helped me with getting my children back, they helped me with getting my own place, they helped me with getting a job, they helped me with finding myself again through the culture, they introduced me back into the community as a nice healthy father that's got it together now.

[Music]

Lawrence:

What recovery means to me is it's my world. You know, coming in at the age of 22 and hitting my bottom with drugs and alcohol, lost, you know, given that gift of hope, it changed my whole life and I've been in long-term recovery now over 25 years and, you know, the major change agent in my recovery, I feel, is mutual support groups, being a part of a strong recovery group, I am so grateful because it was hard with my family that, you know, I love my family but I didn't want to recover around them, but with these strangers that were also in recovery, we had

so much in common, we identified not only with the problem but they also presented a solution and a way out and I was so grateful. The spirituality that recovery has given me that complements mind, body and spirit. It's a big part of my life, when I sobered up, it wasn't just not drinking or drugging anymore, it was that not only just not drinking and drugging but I had to look at other areas of my life of wellness such as my spirituality, my belief if I was either gonna go to church or in a higher power and how I walked my spiritual path. And then the body. I really look at it today but my daily exercise or during the week and my diet, some of the basics on self-care, it's so important and especially the older that I get that I feel it, you know. I didn't get into recovery to be miserable. I want to be healthy...not only inner peace is my priority today and also my health, that I get to enjoy recovery through wellness.

[Music]

Male VO:

It takes many hands to build a healthy life. Recovery from mental and substance use disorders is possible with the support of my community. Join the voices for recovery: visible, vocal, valuable!

Female VO:

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Ivette:

Welcome back. Devin, let's start with you. Let's talk about individuals and families as they're beginning their recovery journeys and why it's important for them to understand that there are many pathways to recovery.

Devin:

I think this is the first thing I want to highlight is that recovery is a family process. We want to get away from this idea of the identified patient that needs to do all the changing and then the parents just keep doing what they're doing. My experience over four or five years as a clinician is that when both parts of the family enter the recovery process, the outcomes are so much better. SAMHSA put out a great shared decision-making tool recently which really highlighted what some of the pathways are and some information for people. So much of the treatment that's available in my community is abstinence 12-step based and I think that's great but I think that there's other types of recovery that are out there. There's medically-assisted recovery, there's kind of faith-based recovery, there's smart recovery, rational recovery, and we're seeing a real kind of uptake in wellness-based recovery, so kind of cross fit, working out, running groups, things like that, and all of those alone or in combination are a viable path if it works for that person and if parents don't have that and if they're getting information that

“x” is the only way, then they’re gonna kind of shoehorn their loved ones into that and I don’t think that’s gonna lead to the best outcomes.

Lawrence:

Can I add to that? This is so important. When I was young in recovery, my family—you know, there’s a lot of harm and damage that is done within the family and it just continues to promote this continuous dysfunction from generation to generation, and I remember my parents getting help. They went to counseling and I was shocked. They shocked me because they started putting some boundaries with me and looking back they were affected just like I was to my own addiction and they were treating it accordingly both through counseling and through their church and I found that to be very affective and now that I get calls from friends or family calling about their children and we’re giving them—making referrals for different types of treatment and so forth, but I also strongly suggest to families what are you doing to take care of yourself because addiction is a family disease and it should be treated as, and I think when it comes to dysfunction within families, one could be getting sober, they’re clean, and family members are not but how do we address the dysfunction and I think that’s so important that they get help as well.

Roslyn:

This whole conversation about the individual in the family—Devin, when you mentioned that menu, it’s really an opportunity that we have now and your theme around culture and language, how this opportunity stretches across the family constellation but it says you can pick what works for you, it’s not forced upon you, and that the issues of shame that sometimes come along with it can be couched in a way that people can really feel better as the helper as well as the one receiving help.

Ivette:

So let me have you expand on the cultural influences within the family and how culturally diverse families need to begin to treat addictions and mental illness.

Roslyn:

Well, I might want to switch that a little bit and not only just think about how families need to treat the recovery process but also the way systems need to support families in the work that they do and to really elevate the knowledge and the practices that are emerging from the national class standards as a framework. So it’s a way in which we can all see ourselves coming together from an organizational perspective because we’re all touching families and individuals but also from the place of knowing how do I honor your culture? How do I do it in a way that is respectful? And sometimes people just don’t know.

Ivette:

And honoring also means I provide you with services in your own language, for example.

Ross:

Yes. Not only your own language but the language you prefer to use when you're talking about your health and wellness, and there is a fine line there but it's a significant difference.

Ivette:

DJ?

DJ:

The issue of language is really, really critical for many of our communities; I know very much within the Asian-American community, within the Latino community and the growing number of African Americans because language is more than just translating and interpreting so there's a number of issues; 1) never use a child as the interpreter which people use because it's easier, whatever. We won't have time to go into it today but there's a lot of issues that are just fraught with problems when you use that, but it's also when you're using it, it's not just a verbatim translating, it's really understanding the nuances of the culture. When you can effectively communicate, there's so much at stake. You get misinformation, you can misdiagnose, you can do treatment problems that are completely inappropriate and possibly dangerous, or you make the assumption, oh, it's just an English problem when it could be something else, or you say—again, language is absolutely core because if you don't understand, then you can't figure out where to go.

Ivette:

Devin.

Devin:

I think, you know, we think so much in America about this nuclear family; mom, dad, kids, what have you. A lot of times when I'm doing initial sessions, I want to bring in grandparents, aunts, uncles, because a lot of that dysfunction will exist in the nuclear family and there will be the animosity back and forth, but when grandma says, I remember when you were like this and you didn't behave "X" way, there's not a dry eye in the room. And leaning on the matriarch of the family is so important in so many different cultures and I think that's something that the average clinician is just not thinking about, especially not in diverse communities.

Lawrence:

I wanted to give a light example of culture and speaking language. We started a recovery community organization and one of our taglines is to do more in efforts to reach out to Latinos. The saying was promoting *una vida buena sana* and promoting a good and healthy life, and when you look at models such as recovery-oriented systems of care, that it's just not just substance abuse treatment, it's the whole body. You know, mind, body and spirit. So *una vida buena sana* is a saying and it's a "dicho", an old saying from our communities

that we use and there's other "dichos", sayings, that could be helpful in a way to communicate with Latinos and making that connection. I think sometimes addiction takes away my conscience. When I was out actively using and drinking, you know, I had no conscience and in our teachings from our elders through these "dichos" is a way that we stayed connected to our culture. So it's kind of reminding and it's a renewal opportunity and sometimes it's even a point of entry.

Ivette:

And I'm very glad that you brought up the whole notion of wellness, Ross. How important is the whole concept of holistic and keeping a mindset on the wellness for the whole individual in the recovery process?

Roslyn:

It sets the tone. It is the foundation of how we move forward and I think now it's also one that we're recognizing that as public health 3.0 becomes more of a reality—

Ivette:

And what is that public health 3.0?

Roslyn:

It means everybody is a part of the solution; that it's not one stop that you go to, that everyone that touches a life has a role and that is a critical change, I think, in not only just the focus of wellness but importing wellness as a priority no matter where you land.

DJ:

I think one of the things we talk about wellness, we don't start off with—which is a traditional way of tell me the problem, instead to figure out ways to make the community healthier and the focus is on the health. What is also does is when you have a holistic approach, when you don't separate the mind, the body and the spirit, that's more of a traditional way that really goes back to our cultures, all of our cultures. We don't split the mind and the body. That's a very foreign way of looking at things. It also is a way to not talk about the mental health diagnosis or problem. So when you heal the body, you heal the spirit, you heal the heart and vice versa, so you can heal the entire person in ways—you stay away from the negative or the problematic—

Ivette:

Or the labeling.

DJ:

Absolutely.

Devin:

I think this whole idea of western medicine and the professionalization of medicine is this quote-unquote gold standard for a long time, but now we're kind of circling back to eastern medicines, to native medicines, to native healing and the research says that that actually is really good. Pairing detox with acupuncture, the research is through the roof on that. Sweat lodges, drum circles, all of these different things are so therapeutic and we must embrace them.

Ivette:

I just have a couple of minutes and within that, Devin, I do want to ask you—you had mentioned medication-assisted therapy and we're trying to get away from that medication-assisted because some people think that that is moving from one substance to another which is not the case. So how can we introduce that whole notion? Do you include medication treatment for substance use disorders within that approach that you just mentioned?

Devin:

Absolutely. Sometimes I like to use the term medically-assisted recovery and I think, again, for a person any combination of recovery tools, it's like I have my tool belt, right. On Sunday's I like to go to church, I like to sing, I like to meditate, I like to play videogames, I like to hold my daughter, I like to go to 12-step meetings, and I can grab all these different tools and use them to get through life and to thrive in life and it's not my place, even as a professional, to tell you which tools to use and to not use. I want to put the bucket of tools in front of you and say, what makes sense to you? And that's where we need to get professionals, too, where they're not saying I'm the expert, but where they're looking to the client saying, you're the expert of you. And that's such an important transition that we need to make both in current clinicians in the field but also in the next generation.

Ivette:

Very good and when we come back we're going to talk more about the tools on how to address these issues in diverse communities. We'll be right back.

[Music]

Joanne:

In the experienced I've had with clients, is that they are walking in two worlds, they're a Native American individual but they haven't gotten a lot of background about their culture and they're working and living in a European fast paced Americanized environment and so it's a battle. Do I follow what everyone else is doing or my peers are doing or do I sort of step away from that and go to the elders and the teachings that I know will benefit me?

Donovan:

I would say while you're using I wouldn't say you lost it all but you didn't care about the tradition or how it was going, you just cared more about the drug.

Joanne:

If we remove culture from the program we are only treating part of the individual, we are compartmentalizing what that person is and we are not looking at them as a whole being and so that would have a definite impact on the longevity of their ability to live in a good way.

Lucas:

Being reconnected to ceremonies makes you feel like you are doing what you should have always been doing, what your ancestors did, makes me feel almost like complete.

Lacy:

It means a lot to have our culture and our traditions carried on to our kids.

Lucas:

Because a lot of us are sobering up now through these programs, they understand that culture, our traditions, our ceremonies are a big part of who we are and it's really is working to keep people sober and in the right direction.

Donovan and Lacy:

Since the MOMS Program came along ... We never thought we'd be where we're at right now. We got our own place, we have a vehicle and our son wasn't born with heroin withdrawal, and we're both working full time.

Julie:

I don't think we're healing the traditions or culture. I think the traditions and culture are helping us heal. 9:56:28

Lacy:

We all have to heal together as one. And that's what the MOMS Program is providing for the White Earth Reservation.

[Music]

Dr. Johnson:

Culture affects everything that we do, everything we think, how we perceive things, and if we as clinicians or organizations or as policy makers like SAMHSA, if we aren't aware of that fact, then we are imposing our culture on other people and we're doing them a disservice by doing that. We are here to serve individuals and every individual is a different person who has experiences unique to themselves, right, but that is influenced by the other people who have been around them and trying to understand that and respond to that is really what we're talking about. SAMHSA has TIP 59 of the Treatment Improvement

Protocol 59 which is about cultural competence, it really is a resource for you to help you figure out how to incorporate cultural competence into your organization. And the way to think about what does adding that sort of component to the work that you do is to really think about treatment engagement and how important that is. So we know that the most common thing that happens when someone comes to a treatment program is they do the intake, they do the hour, hour and half, two hour, however long the intake is and they never come back. That is the most common occurrence and so we have to nationally do a better job of engaging people in care and one of the important things of engaging people in care is to understand what their needs are and cultural competence is a huge component of that.

[Music]

Male VO:

For more information on ***National Recovery Month***, to find out how to get involved or to locate an event near you. Visit the Recovery Month website at Recoverymonth.gov

Ivette:

Welcome back. Lawrence, let's start with you. So you were talking about the sweat lodges, you were talking about different approaches, but for those starting out on a recovery journey what resources are available to introduce them to the concept and help them find their pathways?

Lawrence:

Well, I'll give you a good example like the women's program, a women's transitional living program that also we integrated substance abuse and mental health treatment. It was tailored gender-specific and also that a mother could bring a child with them or there was a pregnant woman and so being able to have access that a woman and a child have access to services is I think so important. Then the type of programming such as in addition to substance abuse and treatment but like pre-employment and getting them ready if they need to get their GED and it all goes back to this recovery-oriented systems of care that kind of like wrap-around services that they could—you know, and it's preparing them so when they're released and they go back to their respective communities that it's not that we just treat substance abuse but it's the whole mind, body and spirit to prepare them.

Ivette:

And that the systems themselves are talking to each other so that you can better coordinate the services. It's not just doing a treatment plan for each individual person but it's really getting all those partnerships, DJ, that you were mentioning before.

DJ:

Right and one of the partners that's really important—again, going back to the community—is that as we're training the workforce, it's to really understand the power of the community and what they have to offer. So it's training para professionals and to recognize that they give you access to the community. And so one of the programs that we've developed is Achieving Whole Health Program and it's really based on SAMHSA's WHAM program and on the work that the—there's a coalition in Georgia. What they've done is peer recovery services and it's really training para professionals to talk about the mind, the body and spirit into a whole health approach and using them to be able to do outreach. It really expands what the professionals are able to do and I think they're also able to provide services in a way that we hadn't really recognized before. So that's an untapped source that all of our communities really have taken advantage of and we really need to get more resources out there, but it's training the para professional workforce.

Ivette:

That's a very good point, Devin, and how do we get more communities, culturally specific communities to get engaged and want to become? I know at SAMHSA we're working with ProAct to try and get more people of color to be trained as peer—particularly for the young people that are engaged in criminal activity or have been adjudicated and are coming out of the system so we can pair them up. I'll be honest with you, it's been quite a challenge. So how do we get within our own communities—so what should our communities be aware of when we're looking at these issues and how should we be approaching it as communities?

Devin:

I think a lot of times people talk about community-based organizations where we're hiring people from that community, we're servicing this kind of niche in the community, but I really think a lot about transitioning to like grassroots organizations. So finding leaders inside of the community, giving them the knowledge, the skills to open their own organization, to provide their own services and let them drive that 100% because in Philadelphia if you live across this street, we can't talk to you. And we don't know that as professionals. We don't know where those boundaries are, and when we start elevating grassroots programs and grassroots social service delivery where we're giving them the education they need and really guiding them, we're gonna see a whole new level. We're gonna see a whole new level. We're gonna see more people with CRS's, we're gonna see more people from that community reaching out to their peers because when I'm an outsider, I can't help you the same way as Johnny that grew up in high school with you that you knew all the way back in 3rd grade. It's a different connection and it's a different relation and that's what we need to elevate.

Ivette:

And how do we do that?

Devin:

I think it's investing in the community. It's about finding leaders in the community, it's about providing trainings and really, again, it's about investment. It's not so much about money but it's about time, it's about leadership development. So much of the recovery movement is about leadership development and I think the DBH IDS under the leadership of Author Evans the last 12 years has really done a lot to support that.

DJ:

I'd like to add something briefly on that. They showed me the films because I don't speak Cambodian, but when you have somebody from the community talking to them, the level of engagement that the community had versus using an interpreter, an outsider professional working with them, it was wonderful to see because we were talking about the relationship between diabetes, cardiovascular disease and depression. And their eyes would just light up because they speak in language. They didn't have to start using an interpreter and the pacing, everything, and there was just a level of comfort that was an absolute joy to see.

Ivette:

Very good. Ross, talk to me about more resources that we may have within SAMSA to address all of these issues that we've been talking about.

Roslyn:

Well, there are two things I want to push in a hard way. One, building on the engagement of community-based organizations. So everyone I'm hoping will join the National Network to Eliminate Disparities in Behavioral Health. It's one stop but it gets you training, it gets you exposure to peers, it gets a way in which people can be connected to the science. And then the other is, of course, my website, SAMHSA's Office of Behavioral Health Equity has a site that coordinates all of the resources within SAMHSA. It links to all of our centers and offices in a way that people can access data, they can access best practice information, toolkits, ways in which whether you're working with specific populations or in a general way wanting to learn more about the cultural linguistic support that you can extend. This is a way in which we can make it happen.

Ivette:

And we're just about the time where I'm going to allow you about a minute each to give us your final thoughts, and I'm gonna start with Lawrence.

Lawrence:

Thank you. As a person in long term recovery, Latino, I just see amongst Latinos—and not that we're different but within our culture that a lot of communities, families and individuals are suffering and I see that the more Latinos that get sober and have this transformation that we can be an example to reach out to individuals that are suffering and families. I really believe that

there's a time of healing within our communities that we need because with the opioid epidemic that's destroying not only our communities but our families is that we need to continue to speak up and raise the awareness of addiction and to let people know that there's help. My biggest dream, and it's been my experience, is that I came from hurting and then in recovery allowed me to begin healing, and I hope today and others that we can come to a place that we're helping others. So thank you so much for having me here.

Ivette:

Wonderful. Ross.

Rosslyn:

So I want to draw on the words of Mya Angelo. When you know better, you do better. And at this point we have data, we have practice, we have opportunities through policy that we can do better because we are leveraging knowledge that's both from within the community and beyond. So that is a point of encouragement, an opportunity that I want to extend.

Ivette:

Along with all the wonderful information that you've offered. DJ.

DJ:

I think probably over the last 15, 20 years the biggest change is one, the focus on recovery wellness, but equally and probably more important is the focus on culture and language because for our communities it's so critical. They begin to look at other world views, other ways of doing things, other ways of healing. So when we find the courage of respecting what the community has to offer, I think that's one of the biggest changes we could've possibly made.

Ivette:

Devin

Devin:

As a person in recovery, I want to remember that my place is to first and foremost take care of myself and take care of my family and then take care of my community. And I think that what I want to leave other professionals a message of is that don't be afraid to have these hard conversations about race. In 2017, it can be really hard to do that, and that's okay. You don't have to know everything but you ask, how do you see yourself? Is Latino the correct word or is it not the correct word? How would you like to be identified? Do these boxes I'm asking you to check make sense? And if we start at that place of deference and respect, we're on the past.

Ivette:

Twenty seconds for anyone in the panel. Only one of you can answer. How do we begin to really dispel the discriminatory way that we look at getting treatment within these communities?

Devin:

We need more people of prominence to really say that it's okay to seek recovery. I also think we need to elevate the things that SAMHSA does. SAMHSA does such an excellent job with recovery month. We're visible, we're vocal and we're valuable. I love it.

Ivette:

And I'm so glad that you mentioned recovery month because I want to remind our audience that September is **National Recovery Month**. You can go to recoverymonth.gov and get information about the observance. We encourage you to take a look at all the tools that we have so that you can create your own events and you can engage your entire community in this observance. It makes a difference. I want to thank you for being here. It's been a great show.

Male VO:

To watch this program or other programs in the *Road to Recovery* series, visit the website at recoverymonth.gov.

[Music]

Female VO:

Every September, **National Recovery Month** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's **Recovery Month** observance, the free online **Recovery Month** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's **Recovery Month** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the **Recovery Month** website at recoverymonth.gov, or call 1-800-662-HELP.

[Music]